

2022 BRFSS Field Test for 2023 Questionnaire

DRAFT



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OMB Header and Introductory Text

| Read if necessary | Read | Interviewer instructions (not read) |
|---|---|---|
| <p>Public reporting burden of this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p> | | <p>Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p> |
| | <p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p> | <p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p> |

Landline Introduction

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---------------|----------------|--|----------------------|----------------------|-----------|
| Landline screening section removed from field test since sample consists of only cell phone sample. | | | | | | |
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Cell Phone Introduction

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------------------------------|----------------|--|---|--|---|
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 | | |
| | | | 2 No | Go to CP02 ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time. | |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 | | |
| | | | 2 No | TERMINATE | | |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT1 | | |
| | | | 2 No | TERMINATE | If "no": thank you very much, but we are only interviewing persons on cellular telephones at this time | |
| CP04. | Are you 18 years of age or older? | CADULT1 | 1 Yes | | | |
| | | | 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. | |
| CP05a. | Are you ? | ***NEW*** | Please read: 1 Male 2 Female 3 Unspecified or another gender identity | Go to CP06. | | New question tested with half the field test sample from Collecting |

| | | | | | | |
|---------------|-------------------------------------|-----------|--|--|---|--|
| | | | Do not read: 7 Don't know/Not sure 9 Refused | | | SOGI Data: Principles and Practices presentation; May 17, 2022 by Bob Sivinski, FCSM SOGI Interest Group |
| CP05b. | Are you male or female? | ***NEW*** | 1 Male 2 Female 7 Don't know/Not sure 9 Refused | Read if necessary: "What sex were you assigned at birth on your original birth certificate?" Go to CP06. | | Sex question from 2022 NHIS to be tested with other half of the field test sample. |
| CP06. | Do you live in a private residence? | PVTRES03 | 1 Yes | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | |

| | | | | | |
|--------------|---------------------------------------|----------|-------|------------|---|
| | | | 2 No | Go to CP07 | |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |
| | | | 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP08. | Do you currently live in__(state)___? | CSTATE1 | 1 Yes | Go to CP10 | |
| | | | 2 No | Go to CP09 | |

| | | | | | | |
|-------|--------------------------------------|----------|--|--|--|--|
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina Carolina | | | |
|-------|--------------------------------------|----------|--|--|--|--|

| | | | | | | |
|--------------|--|----------|--|---|--|--|
| | | | 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands | | | |
| | | | 77 Live outside US and participating territories 99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. | |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. | |
| CP11. | How many members of your household, including yourself, are 18 years of age or | HHADULT | __ Number 77 Don't know/ Not sure 99 Refused | If CP07 = yes then number of adults is automatically set to 1 | | |

| | older? | | | | | |
|---------------------------------|--------|--|---|--|--|--|
| Transition to section 1. | | | <p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p> | | | |

Core Section 1: Health Status

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| CHS.01 | Would you say that in general your health is — | GENHLTH | Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused | | | |

Core Section 2: Healthy Days

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| CHD.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | PHYSHLTH | __ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | |
| CHD.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | MENTHLTH | __ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | |
| | | | | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 | | |
| CHD.03 | During the past 30 days, for about how many days did poor physical | POORHLTH | __ Number of days (01-30) 88 None 77 Don't | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask | |

| | | | | | | |
|--|---|--|-----------------------------|--|--|--|
| | or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | | know/not sure 99 Refused | | respondents to provide a number if they indicate that this never occurs. | |
|--|---|--|-----------------------------|--|--|--|

Core Section 3: Health Care Access

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) | Comments |
|-----------------|---|----------------|--|---------------------|---|---|
| CHCA.01 | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? | HLTHPLN1 | 1 Yes 2 No 7 Don't know/Not Sure 9 Refused | | | Question included for field test |
| CHCA.01 | What is the current primary source of your health insurance? | | <p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care /</p> | | <p>If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p> | <p>This question was taken from an optional module used in BRFSS from 2014 through 2020. The question was used to replace the previous health care coverage question in the 2021 BRFSS core and continues in use for 2022. The phrase "health care coverage" was changed to "health Insurance" to improve understanding of the term by respondents.</p> |

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| | | | CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program 88 No coverage of any type 77 Don't Know/Not Sure 99 Refused | | | |
| CHCA.02 | Do you have one person (or a group of doctors) that you think of as your personal health care provider? | | 1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused | | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. | |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? | | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary: 1 Within the past year (anytime less than 12 | | Read if necessary: A routine checkup is a general physical exam, | |

| | | | | | | |
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| | | | months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused | | not an exam for a specific injury, illness, or condition. | |
|--|--|--|--|--|---|--|

Core Section 4: Exercise (Physical Activity)

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|-------------------------|--|-----------|
| CEXP.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | EXERANY2 | 1 Yes 2 No 7 Don't know/Not Sure 9 Refused | Go to C 11.08 | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. | |
| CEXP.02 | What type of physical activity or exercise did you spend the most time doing during the past | EXRACT11 | ___ Specify from Physical Activity Coding List 77 Don't know/ Not | Go to C11.08 | See Physical Activity Coding List. If the respondent's activity is not included in the physical activity | |

| | | | | | | |
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| | month? | | Sure 99 Refused | | coding list, choose the option listed as "other". | |
| CEXP.03 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT1 | 1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused | | | |
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | EXERHMM1 | _:__ Hours and minutes 777 Don't know / Not sure 999 Refused | | | |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month? | EXTRACT21 | __ __ Specify from Physical Activity List | | See Physical Activity Coding List. | |
| | | | 88 No other activity 77 Don't know/ Not Sure 99 Refused | Go to CEXP.08 | If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other". | |
| CEXP.06 | How many times per week or per month did you take part in this activity during the past month? | EXEROFT2 | 1__ Times per week 2__ Times per month 777 Don't know / Not sure | | | |

| | | | | | | |
|---------|---|----------|--|--|--|--|
| | | | 999 Refused | | | |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | EXERHMM2 | _: _ Hours and minutes 777 Don't know / Not sure 999 Refused | | | |
| CEXP.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? | STRENGTH | 1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused | | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. | |

Core Section 5: Demographics

| | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|-------------------|----------------|--|----------------------|------------------------|-----------|
| CDEM.0 1 | What is your age? | AGE | __ Code age in years 07 Don't know / Not sure 09 Refused | | | |
| CDEM.0 2 | Are you Hispanic, | HISPANC3 | If yes, read: Are you... 1 Mexican, Mexican | | One or more categories | |

| | | | | | | |
|---------------------|--|---------|---|---|--|--|
| | Latino/a, or Spanish origin? | | American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused | | may be selected. | |
| CDEM.0 3 | Which one or more of the following would you say is your race? | MRACE1 | Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No choices 77 Don't know / Not sure 99 Refused | . | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategori es underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices. | |
| | | | | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 | | |
| CDEM.0 5 | Are you... | MARITAL | Please read: 1 Married 2 Divorced 3 Widowed | | | |

| | | | | | |
|---------------------|---|--------------|--|--|--|
| | | | <p>4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused</p> | | |
| CDEM.0 6 | What is the highest grade or year of school you completed ? | EDUCA | <p>Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused</p> | | |
| CDEM.0 7 | Do you own or rent your home? | RENTHOM 1 | <p>1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused</p> | | <p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health</p> |

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| | | | | | indicators among people with different housing situations. | |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | __ _ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state | | | |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | ----- 77777 Do not know 99999 Refused | | | |
| | | | | If cell interview go to CDEM12 | | |
| CDEM.10 | Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one landline telephone number in your household ? | NUMHHOL 3 | 1 Yes | | | |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to CDEM.12 | | |
| CDEM.11 | How many of these landline telephone numbers are residential numbers? | NUMPHON 3 | __ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | | | |
| CDEM.1 | How many | CPDEMO1 | __ Enter number (1-5) | Last question | Do not | |

| | | | | | | |
|--------------------|--|----------|--|------------------------------|---|--|
| 2 | cell phones do you have for your personal use? | B | 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | needed for partial complete. | include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use. | |
| CDEM.1 3 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | VETERAN3 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. | |
| CDEM.1 4 | Are you currently... ? | EMPLOY1 | Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused | | If more than one, say "select the category which best describes you". | |

| | | | | | | |
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| CDEM.1 5 | How many children less than 18 years of age live in your household ? | CHILDREN | _ _ Number of children 88 None 99 Refused | | | |
| CDEM.1 6 | Is your annual household income from all sources— | INCOME2 | <p>Read if necessary:</p> <p>01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p> | SEE CATI information of order of coding; Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused) | |
| | | | | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49 | | |

| | | | | | | |
|---------------------|--|----------|---|--|---|--|
| CDEM.1 7 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDEM.1 8 | About how much do you weigh without shoes? | WEIGHT2 | ____ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions up | |
| CDEM.1 9 | About how tall are you without shoes? | HEIGHT3 | __ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions down | |

Emerging Core: Long-term COVID Effects

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|----------------------|--|----------------|---|----------------------|----------------------|---|
| COVID.0 1 | Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you | ***REPLACE*** | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Skip to next section | | This question is the one used in the Census Bureau's Household Pulse Survey fielded in June, 2022 |

| | | | | | | |
|------------------|--|---------------|---|----------------------|--|---|
| | have or had COVID-19?" | | | | | |
| COVID.0 2 | Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? | ***REPLACE*** | 1 Yes | | Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes - Symptoms that get worse after physical or mental activities --Loss of taste or smell | The 2022 question assessed period prevalence (from start of pandemic to survey date). Point prevalence will be more useful in 2023 for assessing health care needs because it will more closely reflect ongoing the burden of long-term symptoms as transmission wanes. |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Skip to next section | | |
| COVID.0 3 | Do these long-term symptoms reduce your ability to carry out day-to- | ***NEW*** | 1 Yes, a lot 2 Yes, a little 3 Not at all 7 Don't know / Not sure 9 Refused | | | Assessment of functional impairment is necessary to describe the impact of long-term |

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| | day activities compared with the time before you had COVID-19?" — | | | | | COVID effects and inform and inform the public health response. In 2023, assessing the impact of symptoms on daily activity is now a higher priority (has more information value), as frequencies of various symptoms following COVID will have been well-studied by then. |
|--|---|--|--|--|--|--|

Closing Statement/ Transition to Modules

| Read if necessary | Read | CATI instructions (not read) |
|---|------|---|
| That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation. | | Read if no optional modules follow, otherwise continue to optional modules. |

Optional Modules

Module 1: COVID Vaccination

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Comments |
|-----------------|--|-------------------------------|--|---|----------------------|---|
| MCOV.0 1 | Have you received at least one dose of a COVID-19 vaccination? | COVIDVA1 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to MCOV.03 (COVIDNUM) Go to MCOV.02 (COVACGET) GOTO Next module | | |
| MCOV.0 2 | Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? | COVACGET | 1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused | Go to next section | | |
| MCOV.0 3 | How many COVID-19 vaccinations have you received? | ***RESPONSE CHANGED*** | 1 One 2 Two 3 Three 4 Four 5 Five or more 7 Don't know / Not sure | | | With new recommendations for additional and booster doses possible by 2023, some respondents could have received as many as 5 |

| | | | | | | |
|---------|--|-------------------|---|--|--|---|
| | | | 9 Refused | | | recommended doses |
| MCOV.04 | Which of the following best describes your intent to take COVID vaccinations ? | ***REPLACE** * | 1 = Already received all recommended doses, including boosters 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused | | | Since the creation of this optional module, CDC has changed the definition of "up to date" for COVID-19 vaccination to include booster doses, so adding clarifying language to the question to explain that it includes booster doses and not just the initial COVID-19 vaccine series. Will cognitively test to see if anchoring categories to "recommendations is informative and will compare answers with MCOV.03 to see if both questions are needed.. |

Module 2: Cognitive Decline

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---|----------------------|---|
| | | | | If respondent is 45 years of age or older continue, else go to next module. | | |
| M13.01 | <p>The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.</p> <p>During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?</p> | ***REPLACE*** | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> | Go to next module | | <p>The introduction was shortened to: Reduce time needed to administer. Remove mention of specific activities from the current introduction (i.e. "forgetting how to do things you've always done"). These activities were removed to avoid priming respondents to answer one way or another. The question was changed, Removed "confusion." Current research on subjective cognitive decline (SCD) does not suggest confusion is a major</p> |

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| | | | | | | <p>component of SCD.</p> <p>“Difficulties with thinking or memory” was a specific suggestion for phrasing by the individuals living with early-stage dementia and reflected how they would have first described their subjective symptoms with cognition.</p> |
| M13.02 | Are you worried about these difficulties with thinking or memory? | ***NEW*** | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> | | | <p>This is a new question.</p> <p>Current research on subjective cognitive decline (SCD) suggests a strong correlation between those who express worry about their difficulties with thinking or memory and future risk of developing dementia. This data will further identify population burden of cognitive impairment.</p> |
| M13.03 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? | ***REPLACE*** | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> | | | <p>The change to “provider” is to align with other questions on the BRFSS. The proposed change of order — to move the question to third</p> |

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| | | | | | | rather than last — is to improve the flow of questions and place similar/cascading questions next to one another. |
| M13.04 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? | ***REPLACE*** | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | <p>Based on current research on subjective cognitive decline (SCD), the proposed activities listed align well with difficulties first noted by those experiencing SCD. Clinical researchers on the advisory group noted that the cognitive effort required for “paying bills” was different than the effort required to “clean.”</p> <p>Further, the input from those living with early-stage dementia cited “managing medications” and “paying bills” as two of the activities when they first noticed cognitive issues in themselves. “keeping track of appointments” was added as another example that required similar cognitive</p> |

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| | | | | | | <p>load.</p> <p>The decision to change “given up” to “interfered with” was to resolve the ambiguity around what “given up” meant. The advisory group noted that “interfered with” would be easier for respondents to answer.</p> |
| M13.05 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? | ***REPLACE*** | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> | | | <p>This question was simplified to ascertain additional burden among those experiencing subjective cognitive decline (SCD). “engage in social activities” was removed due to mild confusion over what the phrase meant. “outside the home” was removed since respondents may work or volunteer from home.</p> |

Closing Statement

Read

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

Activity List for Common Leisure Activities (To be used for Section 4: Exercise/Physical Activity)

Code Description (Physical Activity, Questions CEXP.2 and CEXP.5 above)

01. Walking
02. Running or jogging
03. Gardening or yard work
04. Bicycling or bicycling machine exercise
05. Aerobics video or class
06. Calisthenics
07. Elliptical/EFX machine exercise
08. Household activities
09. Weight lifting
10. Yoga, Pilates, or Tai Chi
11. Other

- Proposed reducing from 75 activities to 10 activities
- Derived using most frequently reported activities
- Combined some activities based on intensity and using NHIS as guide