

Attachment 10:  
2021 BRFSS Data Collection Protocol  
with  
Disposition Table



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## **Introduction**

In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS)—a cross-sectional telephone survey that state health departments conduct monthly over landline telephones and, since 2011, cell phones; the states conduct the BRFSS survey with the use of a standardized questionnaire and the technical and methodologic assistance from CDC. BRFSS collects prevalence data among noninstitutionalized adult US residents regarding their risk behaviors and preventive health practices that can affect their health. Respondent data are forwarded to CDC to be aggregated for each state, returned with standard tabulations, and published at year's end by each state. In 2018, over 430,000 interviews were conducted in the states, the District of Columbia, and participating US territories and other geographic areas.

This document provides data collectors with a BRFSS overview and outlines the processes involved with calling, disposition-code assignment, and data submission. This document does not cover details of sampling and weighting, as they are not data-collectors' responsibility. Specific information regarding data quality, response and/or cooperation rates, or calling outcome can be found in the yearly Summary Data Quality Report released with the annual data set.

Find yearly data and support documents here: [http://www.cdc.gov/brfss/data\\_documentation/index.htm](http://www.cdc.gov/brfss/data_documentation/index.htm).

Details of the data collection process are discussed in regularly scheduled conference calls and at the annual BRFSS meetings/training workshops. BRFSS encourages data collectors to participate in these events, as updating BRFSS data-collection protocol is a collective process that is strengthened when organizations and day-to-day stakeholders provide their input.

## **The BRFSS Process**

The BRFSS questionnaire was developed in collaboration with CDC and public health departments in each of the states, the District of Columbia, and participating territories. Data derived from the questionnaire provide health departments, public health officials, and policy makers with behavioral and health status information that, when combined with mortality and morbidity statistics, guide the development of health-related policies and priorities as well as help decision makers address and assess strategies to promote good health. A finalized version of the questionnaire is sent to the states each year. CDC also provides computer-assisted telephone interviewing (CATI) programming to states, but they may opt to use their own CATI programming software using the final version of the BRFSS questionnaire as a guide. States which develop their own programming systems are required to test it accurately against the CDC provided programming. States may not change the skip patterns or wording of questions in the questionnaire but are free to create state-added questions that can be customized to states' individual needs (see below). In some instances, states may insert state-added questions into the questionnaire--with permission from CDC--when such questions fit into the context of extant topics/sections and do not impede the flow of the interview. Requests should be submitted to the state project officer or the survey methodologist on the Survey Operations Team.

*Annual questionnaire construction*

The BRFSS questionnaire is comprised of an **annual standard core**, which includes questions asked of respondents each year; a **biannual rotating core**, which includes questions asked only in even- or odd-numbered years; a **three-year rotation component**, which includes some questions collected on the core questionnaire every third year; **optional modules**, which include standardized questions adopted verbatim by the states; and **state-added questions**, which states individually customized. Appendix A provides a copy of the 2021 BRFSS questionnaire, including modules with skip patterns. Data collectors will note that the 2021 questionnaire includes skip patterns for landline and cell phone interviews that administrators should follow when they are conducting interviews using a sample provided by CDC (see Sampling below). Beginning in 2021, states will be highly encouraged to adhere to cell phone samples and drop landline samples. In states where this change is not a possibility, states must receive approval through the process of sampling design to include or exclude landline samples beginning in 2021.

**Standard Core Questions:** The portion of the questionnaire that is included each year and must be asked by all states. The core may include Emerging Core questions about “late-breaking” health issues. After 1 year, these questions are either discontinued, incorporated back into the standard core or become part of the rotating core or optional modules.

**Rotating Core Questions:** The portion of the questionnaire asked by all states on an every-other-year basis. These questions regularly appear in even- and odd-numbered years.

**Three-year Core Rotation Questions:** A few questions (dealing with immunization) have been scheduled in the past to appear on the BRFSS core in three-year rotating cycles. States may use rotation core questions as optional modules in off-year questionnaires. Beginning in 2021, additional core sections will be moved from the two-year Rotating Core to the Three-Year Core Rotation.

**Optional Modules:** Optional modules are sets of standardized questions on various topics that each state may select and include in its questionnaire. Once selected, a module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way (e.g., if a question is omitted), then the questions will be treated as state-added questions (see below).

In order to achieve a wide range of data, states may choose to “split” samples in order to give different modules to each smaller group of participants. For example, if a state adopts a questionnaire that is too long to ensure respondent cooperation, the state may choose to provide a version of the questionnaire with the core and a subset of modules. In this way a greater number of modules may be used if the state uses different modules on different versions of the questionnaire. Some respondents, therefore, will answer the core questionnaire and one set of modules, while others answer the core questionnaire and a different set of modules. States are required to conduct at least 2,500 interviews for each of the versions of the split questionnaire in order to have enough responses for weighting purposes. States may adopt up to three versions of the questionnaire, each including the core (with standard and rotating core questions) and a specified number of modules, which will differ by version. States must include modules on both landline and cell phone interviews. Versions must also be included in both samples.

In many instances, states may prefer to insert optional modules into the core questionnaire. This may be done to improve the flow of the questionnaire by grouping questions on similar topics. The following optional modules may be inserted into the questionnaire **at the discretion** of the BRFSS coordinators:

| <b>Name of Optional Module</b>                   | <b>Approved section of questionnaire</b>  |
|--|---|
| Industry and Occupation                          | After the employment question in the demographics section   |
| Food Stamps                                      | After employment question or (I/O module) in demographics   |
| Diabetes/<br>Pre-diabetes                        | After the diabetes question in the chronic disease section  |
| Healthcare access                                | After core healthcare access questions  |
| Adult HPV, Place of Flu vaccination,<br>Shingles | In Immunization section   |
| Sexual Orientation and Gender Identity           | In Demographics section just after the question on sex at birth (C08.05), if asked or just after C08.04 if C08.05 is not asked. |
| Home/ Self-measured Blood Pressure               | Just after the Hypertension Awareness section of the core   |

All other insertions of optional modules into the core sections should be approved by CDC prior to implementation of the survey.

**State-added Questions:** BRFSS encourages states to add their own extra questions to their questionnaire, so they can gather data on additional topics related to their specific health priorities. All questions included in the BRFSS, with the exception of state-added questions, are cognitively tested prior to inclusion in the questionnaire. It is up to each state to decide whether or not it will cognitively test its state-added questions before use. State-added questions may not be inserted into the text of the core questionnaire or optional modules without approval from BRFSS. States should contact their project officers to request insertion of state-added questions into text that has been approved for use by all states.

The wording of the questions in any part of the BRFSS, with the exception of state-added questions, is determined at the annual BRFSS meeting (in spring or early summer), where BRFSS partners vote to adopt questions submitted by CDC programs. A governing group including state BRFSS coordinators, CDC staff and others known as the BRFSS Working Group, may add questions on emerging issues (such as the H1N1 flu questions added in 2009 and e-cigarette use in 2014). A field test of new questions, modules and those sections of the questionnaire affected by new questions is conducted after the state voting process. CDC then designs core components and optional modules and produces data processing layouts, while considering state priorities, potential funding, and other practical aspects. Minor changes in question wording and format may be made after the field test. The new BRFSS materials for the next surveillance year are then sent to the states, which may add their own questions that they

have designed or acquired. A target of October 1 is set for finalization of the questionnaire for the upcoming year.

Data collectors should have the capacity to make modifications, including addition of questions, during the course of the year. In addition, data collectors must be capable of adjusting screening questions that determine eligibility during the course of the year.

## **Data Collection**

Data collection follows a suggested BRFSS interviewing schedule; all calls for a given survey month should be completed in the same sample month if possible. In some cases, samples begun in one month may be completed in the first 7-10 days of the next month. Up to 6 calling attempts may be made for each landline and cell phone number in the sample, depending on state regulations for calling and outcomes of previous calling attempts. Although states have some flexibility in distribution of calling times, *in general*, surveys are conducted using the following calling occasions<sup>1</sup>:

Landline calling hours:

- Conduct 40% of landline calling attempts on weekdays (before 5:00 PM)
- Conduct 40% of landline calling attempts on weeknights (after 5:00 PM) and weekends
- Conduct 20% of landline calling attempts on the weekend.

Cellphone calling hours:

- Conduct cell phone calling attempts during all three calling occasions (weekday, weeknight, and weekend), with approximately 30% on weekend calling occasions.
- Change schedules to accommodate holidays and special events.
- Make weeknight calls after 5:00 PM.
- Adhere to respondents' requests for specific callback/appointment times whenever possible. Weekends have been shown to be good times for callback scheduling.

With larger portions of state-level samples or the entire sample allocated to cell phone numbers, states may modify the calling schedule for efficiency. Data collectors must develop and maintain procedures to ensure respondents' confidentiality, assure and document the quality of the interviewing process, and supervise and monitor the interviewers. CDC does not authorize the taping of interviews. Data collectors should keep in mind that state laws on recording

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<sup>1</sup> Vicente P., Marques C. & Reis E. (2017). Effects of call patterns on the likelihood of contact and of interview in mobile CATI surveys. Retrieved from <https://surveyinsights.org/?p=9044>  
DOI:10.13094/SMIF-2017-00003; Reimer B, Roth V, Montgomery R (2012) Optimizing Call Patterns for Landline and Cell Phone Surveys. Am Stat Assoc. 2012 ; 2012: 4648–4660.

conversations may vary, and there is no certainty when dialing a cell phone number as to where respondents are currently residing and accepting calls. Should a data collector record a call for any reason (such as training), CDC must be notified and approve of the procedure. In all cases where quality is being monitored by recording calls, respondents should be notified before the first questions are posed.

Each telephone number in the CDC-provided sample must be assigned a final disposition code to describe the result of calling the number:

- A completed or partially completed interview (see definitions in Appendix B) or
- A determination that:
  - A household was eligible to be included but an interview was not completed or
  - A telephone number was ineligible or could not have its eligibility determined.

The final disposition codes are then used to calculate response rates, cooperation rates, and refusal rates. The distribution of individual disposition codes and the rates of cooperation, refusal, and response are published annually in the Summary Data Quality Reports. BRFSS uses standards set by the American Association of Public Opinion Research (AAPOR) to determine disposition codes and response rates. All BRFSS disposition codes and rules for assigning disposition codes are provided in Appendix B: Disposition Table with Callback Rules. Given the myriad outcomes for assigning specific codes associated with technological barriers, additional guidance is provided in Appendix C: Understanding Coding for Technological/ Telecommunication Barriers. Data collectors must follow the rules for assigning disposition codes and train and monitor interviewers in the use of specific dispositions.

## **Survey Protocol**

BRFSS sets standard protocols for data collection, in order to maintain consistency across states that permits state-to-state data comparison. Data collectors should follow the assignment of disposition codes provided in Appendix B: Disposition Table with Callback Rules. Disposition codes follow the format of 1000-1999 completed/partially completed; 2000-2999 non-completed interviews with eligible respondents/households; 3000-3999 non-completed interviews with unknown eligible persons/households; 4000-4999 ineligible numbers; 5000-5999 interim dispositions. A 2000 level disposition should not be assigned unless the interviewer is certain that both the household and respondent are eligible for the survey. Assigning incorrect disposition codes can lower response rates and efficient use of the sample. The following items are included in the BRFSS survey protocol:

1. All states must include the core questions and introductory scripts without modification. States may choose to add any, all, or none of the optional modules and state-added questions after the core component. Interviewers may not offer information to respondents on the meaning of questions, words, or phrases beyond the interviewer instructions provided by CDC and/or the state BRFSS coordinators. States may not insert state-added questions into the core component or into optional modules without permission. State coordinators should contact their CDC project officers to request the placement of state-added questions into text that has been approved for use by all states.



2. Systematic, unobtrusive electronic monitoring is a routine and integral part of monthly survey procedures for all interviewers. States may also use callback verification procedures to ensure data quality. Unless supervisory monitoring of 10% of all interviews is being routinely conducted, a 5% random sample of each month's interviews must be called back to verify selected responses for quality assurance. Recording calls as part of quality assurance is not part of the BRFSS methodology and recording interviews without respondent knowledge is not legal in all states. Data collectors should remember that cell phone numbers may reach respondents in any state or country, where laws on recording calls may be different than in the state where the call originated.

3. An eligible household is defined as a housing unit that has a separate entrance, where occupants eat separately from other persons on the property, and that is occupied by its members as their principal or secondary place of residence. The following are non-eligible households: vacation homes not occupied by household members for more than 30 consecutive days per year, group homes, institutions, and (in the landline telephone sample) households in states other than the one conducting the BRFSS questionnaire. Persons in a state's cell phone sample who are residents of other states are eligible for interview. The state contacting the respondent should complete the core questionnaire and then provide the data to CDC for transfer to the appropriate state of the respondents' residence. States should especially attempt to obtain the state of residence of respondents who indicate that they have moved and retained their cell phone number from another state. States should collect verbatim county information on persons who live in other states in order to permit the correct weight for the respondent after data are transferred. Since 2012, persons living in college housing have been included as eligible respondents. Although it is rare to contact a college housing resident in the landline sample, this person would also be included as a single adult household. The BRFSS is a self-reported survey. If respondents report that they live in private residences, it is not the role of interviewers to question them. The only instances under which there is discussion of information on whether households qualify as private residences is when respondents initiate the question.

4. Eligible household members include all related adults (aged 18 years or older), unrelated adults, boarders/roomers, live-in au pairs or students and domestic workers who consider the household their home, even though they may not be home at the time of the call. College housing residents are treated as single adult households. Household members do not include adult family members (including students) who are currently living elsewhere.

5. Questions should be read verbatim. In many cases introductory phrases are provided which should also be read as written. Interviewer instructions are optional and can be read if the respondent is confused or needs additional information. Items in parentheses in statements are also optional and may be read for clarification. Interviewers should not offer their own interpretation of questions or response options.

6. Proxy interviews are not conducted in the BRFSS. For people interviewed on landline telephones, individual respondents are randomly selected from all adults living in a household and are interviewed in accordance with BRFSS protocol. Household members include all family members, domestic servants, and au pair or live-in students who have resided at the residence for

at least 3 months. Cell phone interviews are conducted with respondents who answer the number called and are treated as one-person households.

7. An interview is considered complete if data are collected for all questions which would have normally been asked for any selected respondent. Partially completed interviews are defined as those where the first sections of the interview are completed and the portions of the demographic section which are used for weighting are also asked of the selected respondent in regular order of the questionnaire. For the 2021 questionnaire this will include through question CDEM.12 for landline respondents and CDEM.11 for cell phone respondents. If the respondent does not provide substantive responses for weighting variables (that is, the respondent refuses to answer or responds that he/she does not know), imputed values will be generated and used only to assign weights. Respondent sex is the only variable which is not imputed if respondents fail to answer. If a respondent will not answer questions on sex and sex at birth (in states where this module is included) the interviewer should terminate the interview. This is due to the fact that data from persons who refuse these questions cannot be weighted to a known population margin. **If an interviewer codes a number of responses as “don’t know” or “refused” just prior to cut off in order to have an interview count as a partial complete, this will be noted by the CDC staff as potential falsification of data. States should monitor data collection to ensure that the percentage of partial completes is not greater than 10% of the number of completes. A large percentage of partial completes could result in missing data for variables that follow the demographic sections including all optional modules. The number of partial completes which are not part of the RFP may be higher, if the state has contracted with the data collector ONLY on the number of 1100 dispositions.**

8. Data collectors are responsible for ensuring that codes for refusal or DNK are not entered as data for questions which have been skipped and/or not asked due to termination/refusal/drop off.

9. With the exception of verbally abusive respondents, eligible people who initially refuse to be interviewed may be contacted at least one additional time and given the opportunity to be interviewed. Preferably, this second contact will be made by a supervisor or a different interviewer. Some states have regulations on whether refusals should be called again and the manner of the refusal conversion. For example, a period of two days between the initial refusal and second attempt is often standard protocol. Data collectors should contact the state BRFSS coordinator to determine the state’s policy on calling back refusals. Some states maintain an internal list of numbers which connect to households/persons who have been particularly adamant about being taken off calling lists. Numbers from new samples are matched against these lists to prevent calling the numbers. States generally maintain a number on the list for up to two years. Numbers de-duped as a result of such lists should be coded with dispositions of 3700. Just because a potential respondent says that they are on the “do-not-call” list does not mean that this is accurate. Moreover, the do not call lists do not apply to legitimate research calls.

10. States are required to give a final disposition for every number in the sample, usually within the same month of the sample. States should complete all calling on each monthly sample within that month. A few states receive and account for all calling on a sample on a quarterly

basis rather than a monthly basis. Data collectors should contact the state BRFSS coordinator to verify whether the state is receiving a monthly or quarterly sample from CDC.

11. The BRFSS OMB number and burden statement must appear on the header page of all interviewer forms. The CDC will provide the header with the questionnaire each year. Please note that the interviewers do not need to read any part of the OMB number or burden statement to the respondents unless asked. The entire burden statement does not need to be read if the respondent is simply asking how long the interview will take. If the respondent asks for any information at any time about the authority by which information is being collected, it is imperative that the OMB approval information be available to the interviewer. The interviewer may then cite the OMB control information, which would allow the respondent to review the project plan online.

12. CDC provides the states with a Spanish translation of the BRFSS questionnaire. Unlike the English version, states may change wording of the Spanish version in order to match local dialects. The Spanish version may not include translation of CATI programming, but will include questions, responses and any interviewer note which might be read to respondents. Instructions to interviewers which are not read to respondents may not appear on the translated version of the questionnaire.

13. Each data collector must assign a unique identifier to each interviewer, so that state health departments and the CDC may conduct interviewer-level analyses. This identifier should not be assigned to other interviewers working on the BRFSS for that state.

General callback and disposition coding rules are established by CDC (see Appendix B), and states are encouraged to adhere to them whenever possible. The calling rules are not universally applicable to each state. Data collectors contracted by the states should have the capacity to adhere to the calling rules listed below as well as those to in Appendix B.

1. ***All cell phone numbers must be hand dialed.*** Data collectors should seek legal advice if they are uncertain whether their practices are in any way contradictory to the regulations.
2. New callback rules allow for phone numbers without contact to have a maximum number of calling attempts at 6. If any interim disposition indicates that contact has been made, the number of calling attempts will be increased to 8. Interim disposition codes beginning with 5 indicate contact has been made; interim disposition codes beginning with 6 indicate that no person was actually contacted by the calling attempt.
3. Interviewers should be trained specifically for the BRFSS and retrained each year.
4. If possible, calls made to non-English-speaking households and assigned the interim disposition code of 5330 (household language barrier) should be attempted again with an interviewer who is fluent in the household language (e.g., Spanish).
5. States should maximize calling attempts as outlined in Appendix B. The maximum number of attempts (8) may be exceeded if formal appointments are made with potential respondents. There are many instances in which the maximum number of callbacks is not required. States and data collectors should refer to the callback table provided in Appendix B with this document for the required number of callbacks for each calling outcome/ disposition.

6. Calling attempts should allow for a minimum of 6 rings and up to 10 rings if not answered or diverted to answering devices.
7. The maximum number of attempts may be set by the states. CDC recommends a maximum of 8 calling attempts. All numbers must be assigned a final disposition. Data should not be submitted with interim dispositions.
8. Messages left on answering devices/voice mail devices should be left by interviewers. **Messages should never be left by any automated voice devices.** States may have their own standard scripts for messages, describing the reasons for the call and when respondents might expect a return call. Messages can be left after any attempt. It is not recommended that respondents be burdened by repeated messages. States should adopt protocols to leave one or two messages during the calling attempts for a single number during the calling period. In order to minimize the potential effects of spam filters, it is recommended that messages be left on the first or second attempt. Some states have noted that leaving messages may hinder subsequent contact. States may track the benefits associated with leaving messages.
9. If a respondent indicates that they will be available for a callback at a specific time/date, appointments may be made. Data collectors may send texts reminding cell phone respondents of the appointments after receiving verbal permission to text that information.
10. States adopting the Adverse Childhood Experience (ACE) Module, should train interviewers on how to handle respondents who become upset or stressed as a result of the questions. Appendix G provides a crisis protocol to train interviewers who will be administering this module.

### **Using the BRFSS Sample**

In some instances, states design samples within boundaries of sub-state geographic regions. States may determine that they would like to sample by county, public health district, or other sub-state geography in order to make comparisons of geographic areas with their states. To conduct the BRFSS, states get samples of telephone numbers from CDC. States then review their sampling methodology with a state statistician and CDC to make sure data collection procedures are in place to follow the methodology. States must consult with CDC before making changes to methodology. States must maintain sample phone numbers in files that are separate from responses, in order to maintain standards of respondent confidentiality.

In states where landline calls are still being made, the BRFSS uses two separate samples: one for landline telephone respondents and one for cell phone respondents. State BRFSS coordinators work with CDC to produce all samples. The states are ultimately responsible for the distribution between landline and cell phones. Since landline telephones are often shared, household sampling is used in the landline telephone sample. Household sampling requires interviewers to collect information on the number of adults living in a residence and then select randomly from all eligible adults (see questionnaire). Cell phone respondents are treated as single adult households and therefore do not require household sampling. The samples are fully overlapping, so that any eligible person in the landline frame may also be eligible in the cell phone frame. States receive the sample monthly or quarterly, approximately by the 15th. Note that the BRFSS is a sample with replacement. It is possible, therefore, for a single household/respondent to be eligible and appear in a sample more than once within a year. Some states eliminate duplicate

(“de-dup”) numbers that appear within the same quarter. A state with sub-state regions that represent small areas is more likely to encounter repeat numbers in the sample. States that wish to send advance letters should request addresses with their regular landline and cell phone samples. For states that send advance letters, mailing addresses are appended to telephone numbers. Data collections should release all replicates (of 30 numbers) in the sample in the first week of each month. Those who receive samples quarterly should release them in a manner that allows for sufficient calling prior to the end of the quarter. The table below provides the format for the landline and cell phone sample files received by the states.

| <b>Field Name</b>   | <b>Size</b> | <b>Position</b> | <b>Format/Values/Explanation</b>  |
|---|-------------|-----------------|---|
| Phone Number (AREACODS, PREFIXS, SUFFIXS)                                 | 22          | 1-22            | 9,1-NNN-NNN-NNNNv20211  |
| Geographic Stratum (_GEOSTRS)   | 3           | 23-25           | First position = 2 for Cell Phone. Then States with no geographic strata=01 in each record. Others according to provided information. |
| Density Stratum (_DENST2S)  | 1           | 26              | 1=Listed number, 2=Not listed one-plus block, 3=Zero block, 9=Not applicable (GU, PR, VI).  |
| Sequence Number (SEQNO)   | 10          | 27-36           | A unique 10-digit number for a state for a year with year in the first four digits. For example: 2021000001.                          |
| Number of Records Selected From Stratum (NRECSELS)                        | 6           | 37-42           | Number of telephone numbers (eligible sampling units) selected from stratum.  |
| Number of Records in Stratum (NRECSTRS)                                   | 9           | 43-51           | Number of telephone numbers in the stratum from which sample was selected.  |
| Precalling [Cell-WINS Screening] Status (PRECALLS)                        | 1           | 52              | 1=Active, 3=Inactive, 7=Unknown Status, 8=Non-Answerable Device, 9=Temporarily Out of Service   |
| Replicate Number (SMONTH, REPNUM)   | 6           | 53-58           | The first two digits, 01-12, represent months, the last four digits a sequential number starting with 0001 each month.                |
| Replicate Depth (REPDEPTH)  | 2           | 59-60           | A sequential number from 01-30 in each replicate.   |
| State FIPS Code (_STATE)  | 2           | 61-62           | FIPS code of assigned state.  |
| County FIPS Code (ASGCNTY)  | 3           | 63-65           | Blank   |
| County FIPS Code of Listed Number (LISTCNTY)                              | 3           | 66-68           | Blank   |
| Number of Listed Household Numbers in Prefix in Assigned County (NOHHCTY) | 4           | 69-72           | Blank.  |
| NXX Type (NXXTYPE)  | 2           | 73-74           | Blank   |
| Block Size (BLCKSIZE)   | 3           | 75-77           | Blank   |
|   |             |                 |   |

| <b>Field Name</b>  | <b>Size</b> | <b>Position</b> | <b>Format/Values/Explanation</b>   |
|--|-------------|-----------------|--|
| Number of Listed Households in Prefix (LSTHHPRE)   | 5           | 78-82           | Blank  |
| Estimated Total Households in Prefix (TOTHHPRE)  | 5           | 83-87           | Blank  |
| Core Based Statistical Area (CBSACODE)   | 5           | 88-92           | Blank  |
| Metropolitan Status Code (MSCODE)  | 1           | 93              | Blank  |
| Rate Center Name   | 30          | 94-123          | The name of the rate center associated with the phone number.  |
| V&H Coordinate (VNHCOORD)  | 10          | 124-133         | Blank  |
| Date Sample Generated (DATESMP)  | 10          | 134-143         | <i>mm/dd/yyyy</i>  |
| Pre-screening Process Used (PRESCREEN)   | 1           | 144             | 0= Not screened 1=ID 2=ID Plus<br>3 = CSS 4=Cell-WINS  |
| Date Sample Pre-screened (DATESCRN)  | 10          | 145-154         | Blank  |
| Release Date of Active Prefix Database (PHNRLDAT)  | 10          | 155-164         | Blank  |
| Release Date of Listed Phone Number Database (LSTRLDAT)  | 10          | 165-174         | Blank  |
| CLEC Number (CLEC)   | 1           | 175             | Blank  |
| Replicate designated for inclusion in Multi-Mode Mail Survey and address match status (MSREPMCH)           | 1           | 176             | Blank  |
| Time Zone  | 1           | 177             | Blank  |
| Primary or Secondary Phone (PRISECPH)  | 1           | 178             | Blank  |
| Listed in one of the following Databases: InfoUSA, Experian, (DIRLST)                                      | 1           | 179             | Blank  |
| Secondary Screening Flags  | 1           | 180             | Blank  |
| Indication of Address Matching   | 1           | 181             | Blank  |
| Path variable (PATH) used to help identify which questionnaire is used when there are dual questionnaires. | 2           | 182-183         | 10 = Default Genesys value Landline Survey Sample<br>20 = Default Genesys value Cell Phone Survey Sample |

| Field Name   | Size | Position | Format/Values/Explanation |
|--|------|----------|---------------------------|
| <p>Note: Monthly files will be sorted by stratum, replicate, and depth. The order of numbers within a replicate will be randomized before assignment of depth numbers. All numeric fields are right aligned and padded with leading zeros. All character fields are left aligned with trailing blanks.</p> |      |          |                           |

Each phone number is assigned a precall status to indicate whether the number should be called. States may opt to call landline telephone numbers with precall status >1 but are not required to do so. States may also choose not to call landline numbers from the unlisted portion of the sample with precall status = 1 which also have secondary screening status as fax/modem lines or are listed as “busy” by the precall screener. Late in 2019, additional options to not call landline numbers with precall=1, density strata =2 and which also have secondary screeners of 2 or 3. This will continue in the 2021 administration.

States are not required to call cell phone sample numbers with an “inactive” precall status but may choose to do so. States should call all cell phone numbers with active and unknown precall status in the cell phone samples. In 2021, new screening is provided for cell phone numbers which are likely to be used for a device other than a phone (such as a security system or tablet) and numbers which are identified as “temporarily out of service”. States are not required to call cell phone numbers with these new pre-codes (8 and 9, respectively). A review of the portion of the cell phone sample which was categorized as 8 and 9 was conducted in October 2019. It was noted that some states had a very small number of screened cell phone numbers, while in other states, the percentage screened out by using precall 8 or 9 was up to 8% of the sample. The following states had higher than 3% of the sample screened as 8 included CT, IN, ME, MI, MO, OH, and SD. States which have higher proportions of numbers with precall status 8 may choose to dial the numbers once or twice to ensure that the screening is not eliminating active numbers. Given that the precall status indicates the potential for reaching an eligible respondent, calling landline numbers with precall >1 or cell phone numbers with inactive precall status may reduce response rates. States may also use the secondary precall status to assign bilingual interviewers to numbers with language barrier precall assignments or make extra efforts to reach numbers which have precall status indicating residence/household status. In 2021, landline phone numbers will be differentiated in the sample as precall > 1 if a technical review indicates that the number is never answered or a business. This should reduce the calling efforts for landline no answers, which typically represent more than half of the final dispositions for landline sample. In 2021 the number and percentage of landline numbers in the sample will be reduced substantially for many states. Although the BRFSS will maintain the landline sample for several more years, it will eventually be phased out of the sampling process. For some states landline numbers are an important way to ensure that rural residents are included in the sample. As cell phone sampling improves in terms of geographic specificity, the need for landline numbers in the sample will diminish. The 2021 landline sample will also include fewer unlisted numbers (that is that the numbers are not from unlisted blocks). During the course of the year, if internal checks on the use of listed blocks shows that it is feasible, numbers from unlisted blocks may be eliminated from the sample. Data collectors should not change their practices for calling landline numbers in the sample until such a determination is made.

The landline sample is taken from listed and unlisted numbers at a ratio of 1:4. The ratio has changed from previous years due to the changes in stability of the landline samples. In 2021 the landline ratio of listed/unlisted numbers may change as landline sampling continues to be dynamic. Data collectors should expect changes in this ratio, and/or the elimination of unlisted numbers from the landline sample in 2021.

States that request addresses may send advance letters to those households to alert them to the fact that they will be receiving calls and the nature of the survey. States may include a toll-free number for potential respondents to inquire about the BRFSS. Studies have shown that the use of advance letters does improve response rates. However, the proportion of the landline sample that is accurately matched to addresses is declining. Currently about 20-30% of the landline sample is accurately matched to an address. In 2021 the BRFSS will also support sending advance letters to cell phone respondents. The ability to match cell phone numbers to addresses is improving, but states should only expect about 20-23% of cell phone numbers to match correctly to addresses. Since the cell phone sample is at the individual rather than household level, letters should specify which phone number connected to that address has been chosen. In order to maintain confidentiality, it is required that only portions of the phone number (such as the last four digits) be noted in the advance letters for cell phone respondents. The CDC will make every effort to provide addresses for advance letter as early as possible during each month. Data collectors should note that the cell phone sample is appended with landline numbers which have been ported to cell phone in previous months. Therefore, the landline sample files may arrive earlier in the month than cell phone samples. Data collectors should speak to their BRFSS state coordinators about advance letters.

Samples for US territories differ from those from the states. BRFSS coordinators in US territories may deviate from the calling and sampling guidelines to fit the data needs of their jurisdictions. Data collectors should work closely with state BRFSS coordinators to ensure that the sample is properly managed. CDC will provide quarterly sample productivity tables on the upload/download site to alert the state coordinators of any problems with sample management.

Data collectors can track samples and productivity using the YTD Data Quality Reports (DQR) available with assigned logins on the upload site. Appendix F provides information on how to interpret information provided in the YTD Reports. The following table of contents lists the information available in the YTD Data Quality Reports. Changes in the information provided in the DQRs may change according to the needs of the data collectors and state coordinators. A short tutorial for using and understanding the YTD Data Quality Reports is found in Appendix F. BRFSS Coordinators and Data Collectors may attend training on using the YTD reports and Uploading Data at the annual BRFSS Questionnaire Meeting.

|   |
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Summary Data Quality Reports are also available on the BRFSS website for previous years. States may compare their data productivity to that of other states in the summary reports, but will not have access to the YTD reports from other states.

### **Data Submission**

CDC will provide a data layout file for monthly data submission. The BRFSS provides a data submission website to be used for uploading states’ data and monitoring the progress of processing. Access to this site is limited and requires a login accepted by CDC. Details on data submission are included in Appendix D: Uploading BRFSS Data Using OneEdits. Note that 2016 was the first year that OneEdits software will be used for data submission, so procedures have changed recently. Data collectors should download and run edit fix programs from the upload site prior to submitting data. Errors in submitted data will delay processing and may result in data sets being returned to states for corrections. Monthly data submission is preferable (and required during flu season, September-June). Data for each should be submitted by the 25<sup>th</sup> of April, July, October and January, respectively. Following the quarterly submissions, states will receive a data file for checking. Appendix E outlines the steps in submission of data files that have been cleaned through OneEdits.

### **Data Sharing, Security and Rights to the Datasets**

State and territorial health departments are the owners of the datasets. Data Collectors which are contracted by health departments have NO data rights and should not share or publish from state data sets without written permission. States should consider carefully before permitting use of

data which are not part of the public use dataset. Persons seeking access to county code information, industry and occupation information or other variables which are not part of the public use dataset may apply for access through the CDC Research Data Center (RDC) at <https://www.cdc.gov/rdc/index.htm>.

While the Privacy Act is not applicable, the appropriate security controls and Rules of Behavior should be incorporated to protect the confidentiality of information, proprietary, sensitive, and Personally Identifiable Information (PII) the data collector may come in contact with during the BRFSS data collection process. The BRFSS itself does not require any PII to be provided by the respondents.

As is noted elsewhere in this document, sample files and response files should not be merged or linked. Data collections should transmit data only through the upload sites provided by CDC and not by email attachments or other means. Data collectors should maintain the most recent virus protections, operating systems patch levels and other security measures to all computers used to collect BRFSS data. While computers used for CATI data collection are not in all cases accessible to the internet, data collectors should ensure that access to data using flash drives or other devices is restricted to authorized individuals for authorized purposes.

Sample files should not be retained past the data of final use for BRFSS purposes. BRFSS sample file use is restricted to completion of BRFSS data collection and data collection for BRFSS call-back surveys. BRFSS sample files are not to be used for any other or subsequent purpose. Data collectors may not obtain permission for such use from respondents and are restricted from soliciting BRFSS respondent to take part in other surveys, internet panels or any other related use.

Data collectors should not retain sample or data files beyond the time that is necessary to finalize data. During the time that datasets are retained by data collectors, they should meet all security requirements for data storage and firewalls that are included in the most current BRFSS OMB approval. Data collectors may choose to configure computers that contain BRFSS data with the applicable United States Government Configuration Baseline (USGCB) (see <http://usgcb.nist.gov/>). Note: USGCB is applicable to all computing systems, including desktops and laptops—regardless of function—but not including servers.

## **State Pilot Projects Using Protocol Adjustments**

At any time during the data collection process, states may make greater efforts to reach respondents than the protocols listed here. These efforts may include increasing the number of attempts, increasing the ring times, calling all numbers in the sample regardless of the precall status or increased interviewer monitoring or training. On occasion states may wish to make adjustments to the data collection protocol in order to test the efficiency of a new procedure. For example, in 2017, one state determined that response rates might improve if the interviewer took a more conversational tone during the introduction of the survey. The protocol adjustment was approved and the change was made and tested by the state. States, and data collectors who wish to make protocol adjustments must have written approval from CDC in order to make

adjustments. State coordinators should contact their project officers and the survey operations team at the Public Health Surveillance Branch of the Division of Population

**Appendix A 2021 BRFSS Questionnaire**  
(to be inserted)

## Appendix B: Disposition Table with Callback Rules

|                      |  |
|----------------------|--|
| Definitions of terms |  |
| Respondent           | An adult who is contacted by an interviewer and who may be eligible for interview.   |
| Calling attempt      | An attempt is an effort to reach a potential respondent by dialing a phone number, even if the dialing does not reach or connect with a working phone line.  |
| Complete             | An interview in which all questions are complete, including all core and module questions which would be assigned to a selected respondent.  |
| Partial compete      | An interview which in which the selected respondent has been asked all questions up to those which will be used for weighting. For the 2021 questionnaire this will include through CDEM12 for landline respondents and CDEM.11 for cell phone respondents. Questions do not have to be answered substantively to be counted as asked (respondents may have provided answers of “do not know” or refused to answer questions). |
| Landline telephone   | A telephone that is used within a specific location. Includes traditional household telephones, VOIP and internet phones connected to computers in a household.  |
| Cell phone           | A mobile device that is not tied to specific location for use and uses cell towers to connect users.   |
| Selected respondent  | An adult who is eligible for interview. For the cell telephone sample a selected respondent is an adult associated with the  |

|                     |   |
|---------------------|---|
|                     | <p>phone number who lives in a private residence or college housing within the US or territories covered by the BRFSS. For the landline telephone sample a selected respondent is the person selected for interview during the household enumeration section of the screening questions.</p>  |
| Calling occasions   | <p>There are three calling occasions:<br/>         weekday (before 5:00 pm on a weekday);<br/>         weeknight (after 5:00 pm on a weekday), and;<br/>         weekend (any time on Saturday or Sunday).</p>  |
| Personal Cell phone | <p>A cell phone that is used for personal calls. Cell phones that are used for both personal and business calls may be categorized as personal telephones and are eligible for interview. Telephones that are used exclusively as business phones are not personal telephones and, therefore, are not eligible for interview.</p>   |
| Private residence   | <p>A non-institutionalized residence in which persons aged 18 and over reside at least 30 days per year that has a separate entrance and cooking capabilities. It may also be college housing, such as a dormitory, fraternity or sorority house, campus sponsored housing or college family housing, or international student or visiting faculty housing. Personal RVs may be private residences. Group homes, military barracks, vacation homes that are not lived in for 30 days, or other temporary housing are not private residences. The determination of private residence is primarily made by the respondents. If the respondents indicate that they live in private residences, interviewers do not question their interpretation of their living situations.</p> |

| <u>Disposition Code</u>                      | <u>Description</u>                                | <u>Definition</u>  | <u>Range of Number of Attempts</u> | <u>Callback Rules</u>   |
|--|---|--|------------------------------------|---|
| Final Dispositions-- Completes               |   |  |                                    |   |
| 1100   | Complete  | Assign if selected respondent completes questionnaire.   | 1-8 attempts                       |   |
| 1200   | Partial complete                                  | Assign if selected respondent completes demographic questions that are used for weighting. For the 2021 questionnaire this will include through question CDEM12 for landline respondents and CDEM.11 for cell phone respondents.                                     | 1-8 attempts                       | Selected respondent may be called back to fully complete the interview. Give final disposition on 15 <sup>th</sup> 6th or subsequent call attempt even if there is only one occurrence of a refusal or termination. |
| Final Dispositions- Eligible Not Interviewed |   |  |                                    |   |
| 2111   | Household level refusal (landline telephone only) | Assign for landline telephone only if refusal after confirmation of reaching household telephone line used by adults in correct state but before household selection and core BRFSS Q1 in landline telephone. <u>Refusal can be from any member of the household</u> | 1-6 attempts                       | May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of <b>5111</b> (household level refusal).                   |

|      |   |   |              |   |
|------|---|---|--------------|---|
|      |   | (note: if refusal by selected respondent use code 2112). Automated messages should not count as refusals.   |              |   |
| 2112 | Selected respondent refusal                 | Assign if <u>refusal by selected respondent</u> before core BRFSS Q1 is answered by landline telephone. Automated messages should not count as refusals. Assign if cell phone respondent refuses after number determined to be personal phone and respondent confirms living in private residence or college housing. | 1-8 attempts | May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of 5112 (respondent refusal).     |
| 2120 | Break off/ termination within questionnaire | Assign if selected respondent has completed portions of Core BRFSS with responses other than “don’t know” or “refused” and terminates/breaks off prior to the last question used for weighting (in the demographics section). (NOTE: If respondent completes questionnaire through weighting questions, code 1200.)   | 1-8 attempts | May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts with at least one interim disposition of 5120 (break off/termination). |
| 2210 | Selected respondent never available         | Assign if selected respondent is never available during sample period. Selected respondent may not have been contacted or contacted and asked to be called later. Includes repeated unsafe  | 1-8 attempts | Give final disposition when notified or after at least 5 calling occasions with at least 1 weekday, 1 weeknight and 1 weekend attempt. Assign after maximum number of                     |

|  |   |  |              |   |
|--|---|--|--------------|---|
|  |   | location for interview, respondent away during period of interview, respondent not available for appointment. Includes selected respondents who die during interview period.   |              | calling attempts with at least one interim disposition of 5100 (appointment), or 5560 (unsafe location).  |
| 2320   | Selected respondent physically or mentally unable to complete interview | Assign if selected respondent is unable to complete interview due to physical or mental impairment. This includes temporary conditions such as bereavement, which will last beyond the interview period.                                       | 1-6 attempts | Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as physically or mentally incapable of completing survey or the second time a respondent who is physically or mentally impaired is contacted. |
| 2330   | Language barrier, selected respondent                                   | Selected respondent does not speak English or other language for which interviewers are available. (NOTE: If language barriers prevent completion of respondent selection, assign code 3330 (language barrier, physical or mental impairment). | 1-6 attempts | Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as not speaking English or other language (i.e. Spanish) for which interviewers are available.  |
| <b>Final Dispositions- Unknown Eligibility</b> |   |  |              |   |
| 3100   | Unknown if eligible   | Assign if hang up or call back request without confirming private residence/college housing or age of respondent.  | 1-8 attempts | Give final disposition after second hang-up / call back request / termination or when a first time hang up will not be called back because of hard refusal or special   |



|      |  |   |              |   |
|------|--|---|--------------|---|
|      |  |   |              | circumstances and <b>when household eligibility is NOT established</b> . If the first occurrence is on 6th attempt, give final disposition. Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if housing unit). |
| 3130 | No answer                                  | Assign if telephone rings normally but no one answers.  | 4-6 attempts | Give final disposition after at least 4 calling occasions of no more than 1 attempts with at least 1 weekday, 1 weeknight attempt . Assign after maximum number of attempts with plurality of interim dispositions of 6130 (no answer).                               |
| 3140 | Answering device, unknown whether eligible | Assign if a mailbox is full or not yet established.<br>Assign if answering device leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age. | 4 attempts   | Give final disposition after at least 4 calling occasions with at least 1 weekday, 1 weeknight and 1 weekend calls . Assign after maximum number of attempts with plurality of interim dispositions of 6140 (answering device, unknown                                |

|      |   |  |              |  |
|------|---|--|--------------|--|
|      |   |  |              | if eligible residence or respondent).  |
| 3150 | Telecommunication barrier                   | Assign if call blocking, call ID requirements or other respondent-initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time.   | 1-6 attempts | Give final disposition after up to 3 calling occasions of with at least 1 weekday, 1 weeknight, and 1 weekend attempt.<br>Assign after maximum number of attempts with at least one interim disposition of 6150 (telecommunication barrier) and all others noncontact.   |
| 3200 | Household, not known if respondent eligible | Assign for landline telephone sample if private residence confirmed without selecting respondent. (NOTE: If contact is made and <u>household eligibility is unknown</u> , use code 3100). Contact with vacation home may apply. Contact with household where residents are away for interview period may apply.<br><br>Assign for cell phone if contact is made with household resident without determining whether cell phone number and respondent are eligible. | 1-8 attempts | Give final disposition after second hang-up/ termination or when a first time hang up will not be called back because of hard refusal or special circumstances and <b>when respondent eligibility is NOT established</b> . If the first occurrence is on 8 <sup>th</sup> attempt, give final disposition. Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if respondent eligible). |
| 3322 | Physical or mental                          | Assign if physical or mental   | 1-6 attempts | Assign after maximum   |

|                                  |                                     |  |              |  |
|----------------------------------|-------------------------------------|--|--------------|--|
|                                  | impairment (household level)        | impairment prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent is physically or mentally impaired, assign 2320 after first attempt.  |              | number of attempts with at least one interim disposition of 5320 (physical or mental impairment).  |
| 3330                             | Language barrier, (household level) | Assign if language barrier prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent has language barrier assign 2330 when informed. Information may come from respondent or other household member. | 1-6 attempts | Assign after maximum number of attempts with at least one interim disposition of 5330 (household language barrier). Do not assign if there are interviewers within the calling center who could complete the interview in language spoken by household (i.e. Spanish). |
| 3700                             | On never call list                  | Assign only if supervisor can determine that respondent/ household is on never call list. Interviewer should not assign based on respondent information. (NOTE: If respondent insists that he/she is on never call list assign household level refusal (2111) or respondent refusal (2112).                            | No attempt   | Assign with confirmation by supervisor. Interviewer should not assign based on respondent information.   |
| Final Dispositions- Not Eligible |                                     |  |              |  |
| 4100                             | Out of sample                       | Assign if out- of- state for landline  | 1-8 attempts | Assigned as soon as sample   |

|      |                |  |              |  |
|------|----------------|--|--------------|--|
|      |                | <p>telephone or out of country for cell phone. Assign if indication that number reaches vacation home or household members are not living in home during interview period. (NOTE: If contact is made with respondent who indicates that they have been reached at their vacation home where they live for at least 30 consecutive days per year, interview can continue). Assign if no adults available on landline number (teen phone).</p> <p>Assign if landline telephone sample number connects to cell phone or if sample indicates that a number in the landline telephone sample has been ported to a cell phone.</p> |              | <p>ineligibility determined. This should take priority over other final dispositions.</p>  |
| 4200 | Fax/data/modem | <p>Assign if call reaches fax or data line without human contact.</p>  | 1-6 attempts | <p>May be assigned to landline unlisted sample with secondary precall status of fax. May be assigned after one attempt. If states choose to use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight and 1 weekend calls.</p> |

|      |                                    |   |  |  |
|------|------------------------------------|---|--|--|
| 4300 | Nonworking number/<br>disconnected | Assign if tritone. Assign if operator message of nonworking number. States may choose to assign for temporary nonworking number message on first attempt or after repeated temporary nonworking number messages. Assign if "number changed" message. Assign if correctly dialed number rings to incorrect number. Assign if respondent reports that connection has been made to wrong number. A number that does not accept incoming calls (such as a hospital line only used for outgoing calls) | 1-6 attempts.<br>Do not call more than 6 attempts. | May be precall assigned (for both landline and cell phone). May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight, and 1 weekend calls. Assign after maximum number of attempts with at least one interim disposition of 6400 (technological barrier), 6300 (possible nonworking) or 6550 (busy) and all others noncontact. |
| 4400 | Technological Barrier              | Assign if repeated busy, fast busy or circuit busy messages. Assign if repeated ambiguous operator messages. Assign if repeated poor audio quality. Assign if number repeatedly does not connect.<br><br>Assign if number reaches a retrieval or connectivity system (such as Skype or OnStar).<br><br>Assign if cell phone respondent is outside calling area. Assign if   | 1-6 attempts.<br>Do not call more than 6 attempts. | May be assigned to landline unlisted sample with secondary precall status of busy. May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight, and 1 weekend calls for landline telephones. Assign after maximum number of attempts with interim dispositions of 6200  |

|      |                                      |  |   |   |
|------|--------------------------------------|--|---|---|
|      |                                      | respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached.  |   | (fax/data/modem), 6400 (technological barrier), 6300 (possible nonworking) and/or 6550 (busy) and all others noncontact.  |
| 4430 | Call forwarding / pager              | Assign if <u>message</u> indicates number has been forwarded. Assign if number reaches a pager. Assign if connection produces series of beeps. NOTE: Do not select respondents from landline household or location that is different from the original number. Do not enumerate the number of adults at location which is different from original number.<br><br><u>However, landline respondent may be interviewed if number has been temporarily forwarded and the respondent is still living at location of original number.</u> Cell phone respondents who have forwarded their numbers may also be interviewed. | 1-6 attempts. Do not call more than 6 attempts. | May be assigned after one attempt. May give final disposition after respondent or automated message informs that the number has been forwarded after multiple attempts. May give final disposition after series of beeps indicates a pager has been reached. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight, and 1 weekend calls for landline telephone. |
| 4460 | Landline telephone (cell phone only) | Assign if cell phone sample number connects to a landline telephone.   | 1-8 attempts                                    | Can be precall assigned. Given final disposition when informed. This disposition should take priority over other possible final   |

|                                   |                             |  |              |   |
|-----------------------------------|-----------------------------|--|--------------|---|
|                                   |                             |  |              | dispositions for the cell phone sample.   |
| 4500                              | Non-residence               | Assign if business, group home, government, or other organization. For cell phone, assign if telephone is used exclusively for business purposes.  | 1-6 attempts | Given final disposition when informed. This disposition should take priority over other possible final dispositions. This disposition should be assigned to numbers with a precall status of 5. |
| 4900                              | Miscellaneous, non-eligible | Assign for null numbers, special data circumstances only. May be assigned if data are believed by state coordinator or data collection supervisor to be falsified or in error. Notify CDC when this code is used.  | 1-6 attempts | May be assigned after one attempt. Assign only with supervisor approval.  |
| Interim Dispositions with Contact |                             |  |              |   |
| 5050                              | Unknown whether eligible    | Respondent hangs up or refuses before establishing eligibility. <u>The state location question is not needed to establish eligibility for cell phone respondents.</u>  |              | Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.   |
| 5100                              | Appointment                 | Respondent asks for an appointment or asked to be called at some other time. Assign if child answers the phone and does not get an adult to come to the phone. Appointments may be formal or informal statements that the respondent is temporarily not able |              | Schedule a callback for appropriate time.   |

|      |   |  |  |   |
|------|---|--|--|---|
|      |   | to complete the interview from household members or selected respondent.<br>States may ask for permission to text respondents and remind them of appts.  |  |   |
| 5111 | Household level refusal (landline telephone only)   | Assign for landline telephone only if refusal after confirmation of reaching household phone line used by adults in correct state but before core BRFSS Q1 in landline telephone. Refusal can be from any member of the household (note: if refusal by selected respondent, use code 2112). Automated messages should not count as refusals. |  | Give interim disposition when this situation occurs. Call back after an interval of at least one day. May assign final disposition of 2111 if hard refusal. |
| 5112 | Selected Respondent refusal: hang up or termination | Assign if refusal by selected respondent before Core BRFSS Q1 in landline telephone. Automated messages should not count as refusals. Assign if cell phone respondent refuses after number determined to be personal (nonbusiness) phone and respondent confirms living in private residence or college housing.                             |  | Give interim disposition. Schedule callback for as long as practical for up to two weeks after initial refusal.   |
| 5120 | Break off / termination in questionnaire            | Assign after respondent completes through Core BRFSS Q1 with an  |  | Give interim disposition when this situation occurs. Call   |



|      |                               |  |  |   |
|------|-------------------------------|--|--|---|
|      |                               | answer other than “don’t know/not sure” or “refused” but breaks off prior to end of demographic section.   |  | back after an interval of at least one day.   |
| 5121 | Call dropped                  | Assign for cell phone respondent if call is dropped.   |  | Give interim disposition when this situation occurs. Call back may occur immediately or rescheduled after an interval of one hour.  |
| 5320 | Physical or mental impairment | A household respondent or selected respondent is temporarily unable to be interviewed due to physical or mental impairment. NOTE: If <u>selected respondent</u> has permanent physical or mental impairment that renders him/her unable to complete the interview, assign final disposition of 2320 (physical or mental impairment) as soon as informed. |  | Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached. |
| 5330 | Language barrier              | Assign if a respondent who is not the selected respondent does not speak English or other language for which an interviewer is available. (NOTE: If <u>selected respondent</u> does not speak English or language for which there is an interviewer available, give final disposition of 2330 as soon as   |  | Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached. |

|                                 |   |  |  |   |
|---------------------------------|---|--|--|---|
|                                 |   | informed.)   |  |   |
| 5560                            | Unsafe location/ activity for interview                           | Assign if respondent indicates he/she unable to continue due to safety concerns. May be assigned to numbers in cell phone or landline phone sample.  |  | Give interim disposition when this occurs. Schedule a callback time or call back after an interval of at least one hour until maximum call attempts are reached.              |
| 5700                            | Supervisor attention  | Assign if special circumstances require supervisor attention   |  | Assign only for special circumstances.  |
| No Contact Interim Dispositions |   |  |  |   |
| 6130                            | No answer   | Assign if number rings normally without answer.  |  | Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached. May be assigned as 3130 after 4 attempts |
| 6140                            | Answering device, unknown whether eligible                        | Assign if a mailbox is full or not yet established.<br>Assign if answering device whether or not the message leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age. |  | Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.  |
| 6141                            | Call is immediately directed to answering machine without ringing | This is a similar code to 6150, but included to ascertain whether cell phones are blocking calls. Should be assigned if call is immediately  |  | Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call  |

|      |                           |  |  |   |
|------|---------------------------|--|--|---|
|      |                           | (within a single ring) transferred to answering machine/voice mail.  |  | attempts are reached.<br><br>States may opt to final disposition of 3140 after 2 attempts with interim dispositions of 6141.  |
| 6150 | Telecommunication barrier | Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time. |  | Give interim disposition when this occurs. Call back after an interval of at least one hour. May be assigned after 4 attempts. until maximum call attempts are reached.   |
| 6200 | Fax/data/modem            | Assign if number connects to data or fax line without human contact.   |  | States may assign final disposition of 4200 at any attempt, including the first attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one day. |
| 6300 | Possible nonworking       | Assign if message indicates number might be nonworking. Assign if recorded message indicates number is temporarily out of service. Assign if message indicates telephone number cannot   |  | States may assign final disposition of 4300 at any attempt including the first attempt. If states choose to call up to 6 attempts, give interim disposition and   |

|      |                       |   |  |   |
|------|-----------------------|---|--|---|
|      |                       | be reached at this time. Assign if recording indicates that the number is for outgoing calls only (such as a hospital line for outgoing calls only).  |  | schedule callback after an interval of at least one hour.   |
| 6400 | Technological barrier | Assign if fast busy or circuit busy messages. Assign if ambiguous operator messages.<br><br>Assign if number reaches a retrieval or connectivity system (such as Skype or Onstar).<br><br>Assign if poor audio quality. Assign if number does not connect. Assign if cell phone respondent is outside calling area. Assign if respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached. |  | States may assign final disposition of 4400 at any attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one day.  |
| 6550 | Busy                  | Assign if number produces normal busy (not fast busy) signal.   |  | States may assign final disposition of 4400 at any attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one hour. |
| 6900 | Null attempt          | Assign only with supervisor approval for special data   |  | Assign only with supervisor approval for special data   |

|  |  |                |  |                |
|--|--|----------------|--|----------------|
|  |  | circumstances. |  | circumstances. |
|--|--|----------------|--|----------------|

Appendix A  
2021 BRFSS QUESTIONNAIRE

# 2021 BRFSS Questionnaire



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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 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p> |      | <p>Form Approved<br/>           OMB No. 0920-1061<br/>           Exp. Date 3/31/2021</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</p> |

|  |   |  |
|--|---|--|
|  |   | <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a> |
|  | <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> |  |

# Landline Introduction

| Question Number | Question text                | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|------------------------------|----------------|--|----------------------|--|-----------|
| LL01.           | Is this [PHONE NUMBER]?      | CTELENM1       | 1 Yes  | Go to LL02           |  |           |
|                 |                              |                | 2 No   | TERMINATE            | Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.   |           |
| LL02.           | Is this a private residence? | PVTRES1        | 1 Yes  | Go to LL04           | Read if necessary: By private residence we mean someplace like a house or apartment.<br>Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |           |
|                 |                              |                | 2 No   | Go to LL03           | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.<br>NOTE: Business numbers which are also used for personal communication are eligible.  |           |
|                 |                              |                | 3 No, this is                                  |                      | Read: Thank you very much but we are   |           |

|       |   |          |                           |                                       |   |  |
|-------|---|----------|---------------------------|---------------------------------------|---|--|
|       |   |          | a business                |                                       | only interviewing persons on residential phones at this time.<br>TERMINATE  |  |
| LL03. | Do you live in college housing?         | COLGHOUS | 1 Yes                     | Go to LL04                            | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.  |  |
|       |   |          | 2 No                      | TERMINATE                             | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.   |  |
| LL04. | Do you currently live in__(state)_____? | STATERE1 | 1 Yes                     | Go to LL05                            |   |  |
|       |   |          | 2 No                      | TERMINATE                             | Thank you very much but we are only interviewing persons who live in [STATE] at this time.  |  |
| LL05. | Is this a cell phone?                   | CELPHONE | 1 Yes, it is a cell phone | TERMINATE                             | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.  |  |
|       |   |          | 2 Not a cell phone        | Go to LL06                            | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.<br>Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |  |
| LL06. | Are you 18 years of age or older?       | LADULT1  | 1 Yes                     | IF COLLEGE HOUSING = "YES," CONTINUE; |   |  |

|              |   |          |  |   |   |
|--------------|---|----------|--|---|---|
|              |   |          |  | OTHERWISE<br>GO TO ADULT<br>RANDOM<br>SELECTION]  |   |
|              |   |          | 2 No                                     | IF COLLEGE<br>HOUSING =<br>"YES,"<br>Terminate;<br>OTHERWISE<br>GO TO ADULT<br>RANDOM<br>SELECTION]           | Read: Thank you very much but we are<br>only interviewing persons aged 18 or<br>older at this time.   |
| <b>LL07.</b> | Are you male or<br>female?  | COLGSEX  | 1 Male<br>2 Female                       | ONLY for<br>respondents<br>who are LL<br>and<br>COLGHOUS=<br>1.<br><b>Go to<br/>Transition<br/>Section 1.</b> |   |
|              |   |          | 7 Don't<br>know/Not<br>sure<br>9 Refused | TERMINATE   | Thank you for your time, your number<br>may be selected for another survey in the<br>future.  |
| <b>LL08.</b> | I need to<br>randomly select<br>one adult who<br>lives in your<br>household to be<br>interviewed. | NUMADULT | 1  | Go to LL09  | Read: Are you that adult?<br>If yes: Then you are the person I need to<br>speak with.<br>If no: May I speak with the adult in the<br>household? |
|              |   |          | 2-6 or more                              | Go to LL10.   |   |

|       |   |          |  |                                       |  |  |
|-------|---|----------|--|---------------------------------------|--|--|
|       | Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? |          |  |                                       |  |  |
| LL09. | Are you male or female?   | LANDSEX  | 1 Male<br>2 Female                                 | GO to Transition Section 1.           |  |  |
|       |   |          | 7 Don't know/Not sure<br>9 Refused                 | TERMINATE                             | Thank you for your time, your number may be selected for another survey in the future.   |  |
| LL10. | How many of these adults are men?   | NUMMEN   | __ Number<br>77 Don't know/ Not sure<br>99 Refused |                                       |  |  |
| LL11. | So the number of women in the household is [X]. Is that correct?  | NUMWOMEN |  |                                       | Do not read: Confirm the number of adult women or clarify the total number of adults in the household.<br>Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male /Female]. |  |
| LL12  | The person in your household that I need to   | RESPSLCT | 1 Male<br>2 Female                                 | If person indicates that they are not |  |  |



|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  | <p>Speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?</p> |  |   | <p>the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)</p> |  |  |
|  |  |  | <p>7 Don't know/Not sure<br/>9 Refused</p>  | <p>TERMINATE</p>   | <p>Thank you for your time, your number may be selected for another survey in the future.</p>  |  |
| <p><b>Transition to Section 1.</b></p> |  |  | <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</p> |  | <p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p> |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | any time.<br>Any<br>information<br>you give me<br>will not be<br>connected<br>to any<br>personal<br>information<br>If you have<br>any<br>questions<br>about the<br>survey,<br>please call<br>(give<br>appropriate<br>state<br>telephone<br>number). |  |  |  |
|--|--|--|---|--|--|--|

# Cell Phone Introduction

| Question Number | Question text                         | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|---------------------------------------|----------------|--|---|--|-----------|
| CP01.           | Is this a safe time to talk with you? | SAFETIME       | 1 Yes  | Go to CP02  |  |           |
|                 |                                       |                | 2 No   | Go to CP02<br>([set appointment if possible])<br>TERMINATE] | Thank you very much. We will call you back at a more convenient time.                              |           |
| CP02.           | Is this [PHONE NUMBER]?               | CTELNUM1       | 1 Yes  | Go to CP03  |  |           |
|                 |                                       |                | 2 No   | TERMINATE   |  |           |
| CP03.           | Is this a cell phone?                 | CELLFON5       | 1 Yes  | Go to CADULT1   |  |           |
|                 |                                       |                | 2 No   | TERMINATE   | If "no": thank you very much, but we are only interviewing persons on cell telephones at this time |           |
| CP04.           | Are you 18 years                      | CADULT1        | 1 Yes  |   |  |           |

|              |                                     |         |  |            |  |
|--------------|-------------------------------------|---------|--|------------|--|
|              | of age or older?                    |         | 2 No                                   | TERMINATE  | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.                                      |
| <b>CP05.</b> | Are you male or female?             | CELLSEX | 1 Male<br>2 Female                     |            |  |
|              |                                     |         | 7 Don't Know/<br>Not sure<br>9 Refused | TERMINATE  | Thank you for your time, your number may be selected for another survey in the future.   |
| <b>CP06.</b> | Do you live in a private residence? | PVTRES3 | 1 Yes                                  | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartment<br>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 |  |  |
| <b>CP07.</b> | 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 |   |  |

|                     |   |                 |   |  |  |  |
|---------------------|---|-----------------|---|--|--|--|
| <p><b>CP09.</b></p> | <p>In what state do you currently live?</p> | <p>RSPSTAT1</p> | <p>1 Alabama<br/> 2 Alaska<br/> 4 Arizona<br/> 5 Arkansas<br/> 6 California<br/> 8 Colorado<br/> 9 Connecticut<br/> 10 Delaware<br/> 11 District of Columbia<br/> 12 Florida<br/> 13 Georgia<br/> 15 Hawaii<br/> 16 Idaho<br/> 17 Illinois<br/> 18 Indiana<br/> 19 Iowa<br/> 20 Kansas<br/> 21 Kentucky<br/> 22 Louisiana<br/> 23 Maine<br/> 24 Maryland<br/> 25<br/> Massachusetts<br/> 26 Michigan<br/> 27 Minnesota<br/> 28 Mississippi<br/> 29 Missouri<br/> 30 Montana<br/> 31 Nebraska<br/> 32 Nevada</p> |  |  |  |
|---------------------|---|-----------------|---|--|--|--|

|  |  |  |                   |  |  |  |
|--|--|--|-------------------|--|--|--|
|  |  |  | 33 New Hampshire  |  |  |  |
|  |  |  | 34 New Jersey     |  |  |  |
|  |  |  | 35 New Mexico     |  |  |  |
|  |  |  | 36 New York       |  |  |  |
|  |  |  | 37 North Carolina |  |  |  |
|  |  |  | 38 North Dakota   |  |  |  |
|  |  |  | 39 Ohio           |  |  |  |
|  |  |  | 40 Oklahoma       |  |  |  |
|  |  |  | 41 Oregon         |  |  |  |
|  |  |  | 42 Pennsylvania   |  |  |  |
|  |  |  | 44 Rhode Island   |  |  |  |
|  |  |  | 45 South Carolina |  |  |  |
|  |  |  | 46 South Dakota   |  |  |  |
|  |  |  | 47 Tennessee      |  |  |  |
|  |  |  | 48 Texas          |  |  |  |
|  |  |  | 49 Utah           |  |  |  |
|  |  |  | 50 Vermont        |  |  |  |
|  |  |  | 51 Virginia       |  |  |  |
|  |  |  | 53 Washington     |  |  |  |
|  |  |  | 54 West Virginia  |  |  |  |
|  |  |  | 55 Wisconsin      |  |  |  |
|  |  |  | 56 Wyoming        |  |  |  |
|  |  |  | 66 Guam           |  |  |  |
|  |  |  | 72 Puerto Rico    |  |  |  |
|  |  |  | 78 Virgin         |  |  |  |



|              |  |          |   |   |  |  |
|--------------|--|----------|---|---|--|--|
|              |  |          | Islands<br>77 Live outside US and participating territories<br>99 Refused | TERMINATE   | Read: Thank you very much, but we are only interviewing persons who live in the US.  |  |
| <b>CP10.</b> | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes<br>2 No<br>7 Don't know/<br>Not sure<br>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. |  |
| <b>CP11.</b> | How many members of your household, including yourself, are 18 years of age or             | HHADULT  | __ Number<br>77 Don't know/<br>Not sure<br>99 Refused                     | If CP07 = yes then number of adults is automatically set to 1 |  |  |

|                                 | older? |  |   |  |  |  |
|---------------------------------|--------|--|---|--|--|--|
| <b>Transition to section 1.</b> |        |  | <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:<br>1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor<br>Do not read:<br>7 Don't know/Not sure<br>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)<br>88 None<br>77 Don't know/not sure<br>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)<br>88 None<br>77 Don't know/not sure<br>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  | POORHLTH       | __ Number of days (01-30)  |  | 88 may be coded if respondent says "never" or "none" It is not   |           |

|  |  |  |   |  |   |  |
|--|--|--|---|--|---|--|
|  | days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? |  | 88 None<br>77 Don't know/not sure<br>99 Refused |  | necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
|--|--|--|---|--|---|--|

### Core Section 3: Health Care Access

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CHCA.01         | What is the current primary source of your health insurance? | ***NEW***      | <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)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's</p> |                      | <p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>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>Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure</p> <p>99 Refused</p> |  |  |
| <b>CHCA.02</b> | Do you have one person or a group of doctors that you think of as your personal | ***NEW*** | <p>1 Yes, only one</p> <p>2 More than one</p> <p>3 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  |  | 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? |

|         |   |           |  |  |   |  |
|---------|---|-----------|--|--|---|--|
|         | health care provider?   |           |  |  |   |  |
| 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? | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused  |  |   |  |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup?                                     | CHECKUP1  | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / |  | Read if necessary:<br>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. |  |



|  |  |  |           |  |  |  |
|--|--|--|-----------|--|--|--|
|  |  |  | Not sure  |  |  |  |
|  |  |  | 8 Never   |  |  |  |
|  |  |  | 9 Refused |  |  |  |

### Core Section 4: Exercise

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CEX.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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      | Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do |           |

# Core Section 5: Hypertension Awareness

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|----------------------|--|-----------|
| C05.01          | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? | BPHIGH4        | 1 Yes   | Go to next section   | If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"<br><br>By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |           |
|                 |   |                | 2 Yes, but female told only during pregnancy<br>3 No<br>4 Told borderline high or pre-hypertensive or elevated blood pressure<br>7 Don't know / Not sure<br>9 Refused |                      |  |           |
| C05.02          | Are you currently taking prescription medicine for your high blood pressure?                                | BPMEDS         | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                      |  |           |



# Core Section 6: Cholesterol Awareness

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)             | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|-------------------------|----------------------|-----------|
| C06.01          | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <del>blood</del> cholesterol checked? | CHOLCHK2       | 1 Never   | Go to next section.     |                      |           |
|                 |   |                | 2 Within the past year (anytime less than one year ago)       |                         |                      |           |
|                 |   |                | 3 Within the past 2 years (1 year but less than 2 years ago)  |                         |                      |           |
|                 |   |                | 4 Within the past 3 years (2 years but less than 3 years ago) |                         |                      |           |

|               |   |                    |  |                            |   |  |
|---------------|---|--------------------|--|----------------------------|---|--|
|               |   |                    | <p>5 Within the past 4 years (3 years but less than 4 years ago)</p> <p>6 Within the past 5 years (4 years but less than 5 years ago)</p> <p>8 5 or more years ago</p> |                            |   |  |
|               |   |                    | <p>7 Don't know/ Not sure</p> <p>9 Refused</p>   | Go to next section         |   |  |
| <b>C06.02</b> | Have you ever been told by a doctor, nurse or other health professional that your <del>blood</del> cholesterol is | <del>TOLDH12</del> | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>   | <p>Go to next section:</p> | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |

|        | high?   |          |   |  |   |  |
|--------|---|----------|---|--|---|--|
| C06.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your <del>blood</del> cholesterol? | CHOLMED2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines. |  |

# Core Section 7: Chronic Health Conditions

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| <b>Prologue</b> | Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. |                |   |                      |                      |           |
| <b>CCHC.01</b>  | Ever told you that you had a heart attack also called a myocardial infarction?  | CVDINFR4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.02</b>  | (Ever told) (you had) angina or coronary heart  | CVDCRHD4       | 1 Yes<br>2 No<br>7 Don't know                         |                      |                      |           |



|                |  |                 |  |                  |  |  |
|----------------|--|-----------------|--|------------------|--|--|
|                | disease?   |                 | / Not sure<br>9 Refused                                  |                  |  |  |
| <b>CCHC.03</b> | (Ever told) (you had) a stroke?                                      | CVDSTRK3        | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure<br>9 Refused |                  |  |  |
| <b>CCHC.04</b> | (Ever told) (you had) asthma?  | ASTHMA3         | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure<br>9 Refused | Go to<br>CCHC.06 |  |  |
| <b>CCHC.05</b> | Do you still have asthma?  | ASTHNOW         | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure<br>9 Refused |                  |  |  |
| <b>CCHC.06</b> | (Ever told) (you had) skin cancer?                                   | CHCSCNCR        | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure<br>9 Refused |                  |  |  |
| <b>CCHC.07</b> | (Ever told) (you had) any other types of cancer?                     | CHCOCNCR        | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure<br>9 Refused |                  |  |  |
| <b>CCHC.08</b> | (Ever told) (you had) <b>C.O.P.D.</b><br><b>(chronic obstructive</b> | <b>CHCCOPD3</b> | 1 Yes<br>2 No<br>7 Don't know<br>/ Not sure              |                  |  |  |

|                |   |          |   |  |  |  |
|----------------|---|----------|---|--|--|--|
|                | pulmonary disease), emphysema or chronic bronchitis?  |          | 9 Refused   |  |  |  |
| <b>CCHC.09</b> | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>CCHC.10</b> | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?            | CHCKDNY2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow.                                       |  |
| <b>CCHC.11</b> | (Ever told) (you had) diabetes?   | DIABETE4 | 1 Yes   |  | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or |  |

|                |   |          |   |   |   |  |
|----------------|---|----------|---|---|---|--|
|                |   |          |   |   | borderline diabetes, use response code 4. |  |
|                |   |          | 2 Yes, but female told only during pregnancy<br>3 No<br>4 No, pre-diabetes or borderline diabetes<br>7 Don't know / Not sure<br>9 Refused | Go to Pre-Diabetes Optional Module (if used).<br>Otherwise, go to next section. |   |  |
| <b>CCHC.12</b> | How old were you when you were told you had diabetes? | DIABAGE3 | __ Code age in years [97 = 97 and older]<br>98 Don't know / Not sure<br>99 Refused  | Go to Diabetes Module if used, otherwise go to next section.                    |   |  |

## Core Section 8: Arthritis

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)           | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| C08.01          | Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH5       | 1 Yes  |                      | Arthritis diagnoses include: <del>rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis, spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</del> |           |
|                 |   |                | 2 No<br>7 Don't know /<br>Not sure<br>9 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 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 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  | ARTHEDU        | 1 Yes  |                      |   |           |

|               |   |          |   |  |   |  |
|---------------|---|----------|---|--|---|--|
|               | educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused                      |  |   |  |
| <b>C08.04</b> | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?  | LMTJOIN3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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"  |  |
| <b>C08.05</b> | 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 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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." |  |
| <b>C08.06</b> | 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,              | JOINPAI2 | ___ Enter number [00-10]<br>77 Don't know/ Not sure<br>99 Refused |  |   |  |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | 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? |  |  |  |  |  |
|--|---|--|--|--|--|--|

# Core Section 9: Demographics

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|----------------------|---|-----------|
| CDEM.01         | What is your age?  | AGE            | __ Code age in years<br>07 Don't know / Not sure<br>09 Refused   |                      |   |           |
| CDEM.01         | In what year were you born?                                    | YEARBORN       | ==== Code year of birth<br>7777 Don't know<br>9999 Refused   |                      |   |           |
| CDEM.02         | Are you Hispanic, Latino/a, or Spanish origin?                 | HISPANC3       | If yes, read: Are you...<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused |                      | One or more categories may be selected.   |           |
| CDEM.03         | Which one or more of the following would you say is your race? | MRACE1         | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian  | .                    | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath |           |

|                |   |        |  |  |  |  |
|----------------|---|--------|--|--|--|--|
|                |   |        | 41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused |  | major heading. One or more categories may be selected.                         |  |
|                |   |        |  | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 |  |  |
| <b>CDEM.04</b> | Which one of these groups would you say best represents | ORACE3 | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native  |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories |  |



|                |            |         |  |   |  |  |
|----------------|------------|---------|--|---|--|--|
|                | your race? |         | 40 Asian<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused |   | underneath major heading.<br><br>If respondent has selected multiple races in previous and refuses to select a single race, code refused |  |
|                |            |         |  | If using Sex at Birth Module, insert here<br>If using SOGI module, insert here. |  |  |
| <b>CDEM.05</b> | Are you... | MARITAL | Please read:<br>1 Married<br>2 Divorced<br>3 Widowed<br>4 Separated<br>5 Never married   |   |  |  |

|                |  |          |  |  |   |  |
|----------------|--|----------|--|--|---|--|
|                |  |          | <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>  |  |   |  |
| <b>CDEM.06</b> | What is the highest grade or year of school you completed? | EDUCA    | <p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p> <p>5 College 1 year to 3 years (Some college or technical school)</p> <p>6 College 4 years or more (College graduate)</p> <p>Do not read:</p> <p>9 Refused</p> |  |   |  |
| <b>CDEM.07</b> | Do you own or rent your home?                              | RENTHOM1 | <p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know / Not sure</p> <p>9 Refused</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 indicators among people with different housing situations. |  |
| <b>CDEM.08</b> | In what county do you currently live?          | CTYCODE2 | __ __ _ANSI County Code<br>777 Don't know / Not sure<br>999 Refused<br><b>888 County from another state</b> |                   |  |  |
| <b>CDEM.09</b> | What is the ZIP Code where you currently live? | ZIPCODE1 | -----<br>77777 Do not know<br>99999 Refused   |                   |  |  |
|                |  |          |   | If cell interview |  |  |

|                |  |          |   |  |   |  |
|----------------|--|----------|---|--|---|--|
|                |  |          |   | go to CDEM12                               |   |  |
| <b>CDEM.10</b> | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? | NUMHHOL3 | 1 Yes   |  |   |  |
|                |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to CDEM.12                              |   |  |
| <b>CDEM.11</b> | How many of these telephone numbers are residential numbers?   | NUMPHON3 | ___ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused |  |   |  |
| <b>CDEM.12</b> | How many cell phones do you have for personal use?   | CPDEMO1B | ___ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and |  |

|                |  |          |   |  |   |  |
|----------------|--|----------|---|--|---|--|
|                |  |          |   |  | personal use.   |  |
| <b>CDEM.13</b> | 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |  | Read if necessary:<br>Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| <b>CDEM.14</b> | Are you currently...?  | EMPLOY1  | Read:<br>1 Employed for wages<br>2 Self-employed<br>3 Out of work for 1 year or more<br>4 Out of work for less than 1 year<br>5 A Homemaker<br>6 A Student<br>7 Retired<br>Or<br>8 Unable to work<br>Do not read: |  | If more than one, say "select the category which best describes you".   |  |

|                |   |           |  |  |  |  |
|----------------|---|-----------|--|--|--|--|
|                |   |           | 9 Refused  |  |  |  |
| <b>CDEM.15</b> | How many children less than 18 years of age live in your household? | CHILDREN  | __ _ Number of children<br>88 None<br>99 Refused   |  |  |  |
| <b>CDEM.16</b> | Is your annual household income from all sources—                   | ***NEW*** | Read if necessary:<br>01 Less than \$10,000?<br>02 Less than \$15,000? (\$10,000 to less than \$15,000)<br>03 Less than \$20,000? (\$15,000 to less than \$20,000)<br>04 Less than \$25,000<br>05 Less than \$35,000 If (\$25,000 to less than \$35,000)<br>06 Less than \$50,000 If (\$35,000 to less than \$50,000)<br>07 Less than \$75,000? (\$50,000 to less than \$75,000)<br>08 Less than \$100,000? (\$75,000 to less than \$100,000)<br>09 Less than \$150,000? (\$100,000 to less than | SEE CATI information of order of coding;<br><br>Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused) |  |

|                |  |          |   |  |  |  |
|----------------|--|----------|---|--|--|--|
|                |  |          | <p>\$150,000)?<br/> 10 Less than \$200,000?<br/> (\$150,000 to less than \$200,000)<br/> 11 \$200,000 or more</p> <p>Do not read:<br/> 77 Don't know / Not sure<br/> 99 Refused</p> |  |  |  |
|                |  |          |   | <p>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 YEARBORN &lt; 1972 (Age &gt;49)</p> |  |  |
| <b>CDEM.17</b> | To your knowledge, are you now pregnant?   | PREGNANT | <p>1 Yes<br/> 2 No<br/> 7 Don't know / Not sure<br/> 9 Refused</p>  |  |  |  |
| <b>CDEM.18</b> | About how much do you weigh without shoes? | WEIGHT2  | <p>__ __ __ __ Weight (pounds/kilograms)<br/> 7777 Don't know / Not sure<br/> 9999 Refused</p>  |  | <p>If respondent answers in metrics, put 9 in first column. Round fractions up</p> |  |

|                |                                       |         |   |  |   |  |
|----------------|---------------------------------------|---------|---|--|---|--|
| <b>CDEM.19</b> | About how tall are you without shoes? | HEIGHT3 | __ / __ Height (ft / inches/meters/centimeters)<br>77/ 77 Don't know / Not sure<br>99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |
|----------------|---------------------------------------|---------|---|--|---|--|

## Core Section 10: Disability

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)     | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| <b>CDIS.01</b>  | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? | DEAF           | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CDIS.02</b>  | Are you blind or do you have serious difficulty seeing, even when wearing glasses?   | BLIND          | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CDIS.03</b>  | Because of a physical, mental, or emotional  | DECIDE         | 1 Yes<br>2 No<br>7 Don't know / Not sure              |                      |                      |           |



|                |   |          |   |  |  |  |
|----------------|---|----------|---|--|--|--|
|                | condition, do you have serious difficulty concentrating, remembering, or making decisions?  |          | 9 Refused   |  |  |  |
| <b>CDIS.04</b> | Do you have serious difficulty walking or climbing stairs?  | DIFFWALK | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>CDIS.05</b> | Do you have difficulty dressing or bathing?   | DIFFDRES | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>CDIS.06</b> | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | DIFFALON | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |

# Core Section 11: Tobacco Use

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|----------------------|---|-----------|
| CTOB.01         | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100       | 1 Yes  |                      | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes. |           |
|                 |  |                | 2 No<br>7 Don't know/Not Sure<br>9 Refused     | Go to CTOB.03        |   |           |

|                           |   |                      |  |                          |  |  |
|---------------------------|---|----------------------|--|--------------------------|--|--|
| <b>CTOB.02</b>            | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2             | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused |                          |  |  |
| <del><b>CTOB.03</b></del> | <del>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</del> | <del>STOPSMK2</del>  | <del>1 Yes<br/>2 No<br/>7 Don't know / Not sure<br/>9 Refused</del>                | <del>Go to CTOB.05</del> |  |  |
| <b>CTOB.03</b>            | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?                                     | USENOW3              | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused |                          | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. |  |
| <b>CTOB.04</b>            | Do you now use e-cigarettes or other electronic   | <del>***NEW***</del> | <del>1 Every day<br/>2 Some days<br/>3 Not at all<br/>4 Never smoked e-</del>      |                          | <del>Electronic cigarettes (e-cigarettes) and other electronic vaping products</del>   |  |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | vaping products every day, some days or not at all? |  | cigs<br>7 Don't know / Not sure<br>9 Refused |  | 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. Brands you may have heard of are JUUL, NJOY, or blu.<br>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. |  |
|--|---|--|--|--|--|--|

**Core Section 12: Alcohol Consumption**

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------|----------------|---|----------------------|----------------------|-----------|
|-----------------|---------------|----------------|---|----------------------|----------------------|-----------|

**NOTED)**

|                |   |          |  |                               |  |  |
|----------------|---|----------|--|-------------------------------|--|--|
| <b>CALC.01</b> | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?   | ALCDAY5  | 1 __ Days per week<br>2 __ Days in past 30 days<br>888 No drinks in past 30 days<br>777 Don't know / Not sure<br>999 Refused | Go to next section            | Read if necessary:<br>A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| <b>CALC.02</b> | One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | AVEDRNK3 | __ Number of drinks<br>88 None<br>77 Don't know / Not sure<br>99 Refused   |                               | Read if necessary:<br>A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| <b>CALC.03</b> | Considering all types of alcoholic  | DRNK3GE5 | __ Number of times<br>77 Don't   | CATI X = 5 for men, X = 4 for |  |  |

|                |   |          |   |   |  |  |
|----------------|---|----------|---|---|--|--|
|                | beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? |          | know / Not sure<br>88 no days<br>99 Refused                   | women (states may use sex at birth to determine sex if module is adopted) |  |  |
| <b>CALC.04</b> | During the past 30 days, what is the largest number of drinks you had on any occasion?  | MAXDRNKS | __ Number of drinks<br>77 Don't know / Not sure<br>99 Refused |   |  |  |

## Core Section 13: Immunization

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| CIMM.01         | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?          | FLUSHOT7       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                 | Go to CIMM.04        | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. |           |
| CIMM.02         | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3       | ___ / ____<br>Month / Year<br>77 / 7777 Don't know / Not sure<br>09 / 9999<br>Refused |                      |   |           |
| CIMM.03         | At what kind of place did you get your last flu   | IMFVPLAC       | Read if necessary:<br>01 A doctor's   |                      | Read if necessary: How would you describe the place   |           |

|  |                  |  |  |  |  |  |
|--|------------------|--|--|--|--|--|
|  | shot or vaccine? |  | office or health maintenance organization (HMO)<br>02 A health department<br>03 Another type of clinic or health center (a community health center)<br>04 A senior, recreation, or community center<br>05 A store (supermarket, drug store)<br>06 A hospital (inpatient)<br>07 An emergency room<br>08 Workplace<br>09 Some other kind of place<br>11 A school<br>Do not read:<br>12 A drive through location at |  | where you went to get your most recent flu vaccine?<br>If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12" |  |
|--|------------------|--|--|--|--|--|



|                |  |          |   |  |   |
|----------------|--|----------|---|--|---|
|                |  |          | <p>some other place than listed above</p> <p>10 Received vaccination in Canada/Mexico</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> |  |   |
|                |  |          |   | <p><del>BRTHYEAR-</del></p> <p><del>OF-</del></p> <p><del>YEARBRTH-</del></p> <p><del>&lt;1971-</del></p> <p><del>GOTO-</del></p> <p><del>CIMM.04-</del></p> |   |
| <b>CIMM.04</b> | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  |  | <p>Read if necessary:</p> <p>There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.</p> |

### Core Section 14: H.I.V./AIDS

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note                               | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|--|---|-----------|
| CHIV.01         | Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V? | HIVTST7        | 1 Yes   |  | Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had. |           |
|                 |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to Next section                                 |   |           |
| CHIV.02         | Not including blood donations, in what month and year was your last H.I.V. test?   | HIVTSTD3       | __/_----<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure 99/<br>9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four  |           |

|  |  |  |  |  |                      |  |
|--|--|--|--|--|----------------------|--|
|  |  |  |  |  | digits for the year. |  |
|--|--|--|--|--|----------------------|--|

# Core Section 15: Fruits and Vegetables

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| CFV.01          | <p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p> | FRUIT2         | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |                      | <p>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.</p> <p>Enter quantity in times per day, week, or month.<br/>           If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know':</p> |           |

|               |   |          |  |  |   |  |
|---------------|---|----------|--|--|---|--|
|               |   |          |  |  | include fresh, frozen or canned fruit. Do not include dried fruits.   |  |
| <b>CFV.02</b> | 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__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends."<br><br>Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?" |  |
| <b>CFV.03</b> | How often did you eat a green leafy or lettuce salad, with or without other vegetables?   | FVGREEN1 | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?"<br><br>Read if respondent asks about spinach: "Include spinach salads."  |  |
| <b>CFV.04</b> | How often did you eat any kind of fried potatoes, including   | FRENCHF1 | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than  |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was   |  |

|               |   |          |  |  |   |  |
|---------------|---|----------|--|--|---|--|
|               | French fries, home fries, or hash browns?   |          | once a month<br>555 Never<br>777 Don't Know<br>999 Refused   |  | that per day, week, or month?"<br><br>Read if respondent asks about potato chips: "Do not include potato chips."  |  |
| <b>CFV.05</b> | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? | POTATOE1 | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?"<br><br>Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."  |  |
| <b>CFV.06</b> | Not including lettuce salads and potatoes, how often did you eat other vegetables?  | VEGETAB2 | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?"<br><br>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." |  |



# 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: 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 CCHC.11, DIABETE4, is coded 1. To be asked following Core CCHC.12;  |   |           |
| M01.01          | Have you had a test for high blood sugar or diabetes within the past three years?                                   | PDIABTST       | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused                |   |   |           |
|                 |   |                |  | Skip if CCHC.11, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes) |   |           |
| M01.02          | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1       | 1 Yes<br>2 Yes, during pregnancy<br>3 No<br>7 Don't know /<br>Not sure |   | If Yes and respondent is female, ask: Was this only when you were pregnant? |           |

|  |  |  |           |  |  |  |
|--|--|--|-----------|--|--|--|
|  |  |  | 9 Refused |  |  |  |
|--|--|--|-----------|--|--|--|

## 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) |
|-----------------|---|----------------|--|----------------------|--|-----------|
|                 |   |                |  |                      |  |           |
| M02.01          | Are you now taking insulin?                                   | INSULIN        | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused  |                      |  |           |
| M02.02          | About how often do you check your blood for glucose or sugar? | BLDSUGAR       | 1 _ _ Times per day<br>2 _ _ Times per week<br>3 _ _ Times per month<br>4 _ _ Times per year<br>888 Never<br>777 Don't know /<br>Not sure<br>999 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.<br><br>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.' |           |
| M02.03          | Including times when  | FEETCHK3       | 1 _ _ Times per  |                      |  |           |

|               |   |          |  |   |   |  |
|---------------|---|----------|--|---|---|--|
|               | checked by a family member or friend, about how often do you check your feet for any sores or irritations?                |          | day<br>2 _ _ Times per week<br>3 _ _ Times per month<br>4 _ _ Times per year<br>555 No feet<br>888 Never<br>777 Don't know / Not sure<br>999 Refused |   |   |  |
| <b>M02.04</b> | 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]<br>88 None<br>77 Don't know / Not sure<br>99 Refused  |   |   |  |
| <b>M02.05</b> | 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]<br>88 None<br>98 Never heard of A-one-C test<br>77 Don't know / Not sure<br>99 Refused                          |   | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. |  |
| <b>M02.06</b> | About how many times in the past 12 months has a health professional  | FEETCHK  | __ Number of times [76 = 76 or more]   | If M02.03 = 555 (No feet), go to M02.07 |   |  |

|               |  |         |   |  |  |  |
|---------------|--|---------|---|--|--|--|
|               | checked your feet for any sores or irritations?  |         | 88 None<br>77 Don't know / Not sure<br>99 Refused   |  |  |  |
| <b>M02.07</b> | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? | EYEXAM1 | Read if necessary:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 months ago)<br>3 Within the past 2 years (1 year but less than 2 years ago)<br>4 2 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |  |  |  |
| <b>M02.08</b> | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?                                   | DIABEYE | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  |  |  |  |

|               |  |         |   |  |  |  |
|---------------|--|---------|---|--|--|--|
| <b>M02.09</b> | Have you ever taken a course or class in how to manage your diabetes yourself? | DIABEDU | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |
|---------------|--|---------|---|--|--|--|

## Module 3: ME/CFS

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)                 | Column(s) |
|-----------------|--|----------------|--|----------------------|--------------------------------------|-----------|
| M03.01          | 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to next module    | My-al-gic<br>En-ceph-a-lo-my-eli-tis |           |
| M03.02          | Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?  | HAVECFS        | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused   |                      | My-al-gic<br>En-ceph-a-lo-my-eli-tis |           |
| M03.03          | 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 necessary<br>1 0 or no hours -- cannot work at all because of CFS or ME<br>2 1 - 10 hours a week<br>3 11- 20 hours a |                      |                                      |           |



|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | week<br>4 21- 30 hours a<br>week<br>5 31 - 40 hours a<br>week<br>Do not read<br>7 Don't know/ Not<br>sure<br>9 Refused |  |  |  |
|--|--|--|--|--|--|--|

## 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) |
|-----------------|--|----------------|---|----------------------|---|-----------|
| M04.01          | Have you ever been told by a doctor or other health professional that you had Hepatitis C? | TOLDHEPC       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | Go to M04.05         | Hepatitis C is an infection of the liver from the Hepatitis C virus   |           |
| M04.02          | Were you treated for Hepatitis C in 2015 or after?   | TRETHEPC       | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused  |                      | Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Eplclusa and others. |           |
| M04.03          | Were you treated for Hepatitis C prior to 2015?  | PRIRHEPC       | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused  |                      | Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.                           |           |
| M04.04          | Do you still have  | HAVEHEPC       | 1 Yes   |                      | You may still have  |           |

|               |  |          |  |                   |  |  |
|---------------|--|----------|--|-------------------|--|--|
|               | Hepatitis C?   |          | 2 No<br>7 Don't know/ Not sure<br>9 Refused          |                   | Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C. |  |
| <b>M04.05</b> | The next question is about Hepatitis B.<br>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.                                 |  |
|               |  |          | 2 No<br>7 Don't know/ Not sure<br>9 Refused          | Go to next module |  |  |
| <b>M04.06</b> | Are you currently taking medicine to treat hepatitis B?  | MEDSHEPB | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused |                   |  |  |

# Module 5: HPV - Vaccination

| Question Number | Question text                            | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                              | SKIP INFO/ CATI Note   | Interviewer Note (s)  | Columns |
|-----------------|--|----------------|---|--|---|---------|
| M05.01          | Have you ever had an H.P.V. vaccination? | HPVADVC4       | 1 Yes   | To be asked of respondents between the <b>ages of 18 and 49 years (can be calculated from YEARBORN variable);</b> otherwise, go to next module | Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh-seel); Cervarix (Sir-var-icks)<br><br>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].<br><br>If respondent comments that this question was already |         |
|                 |  |                | 2 No<br>3 Doctor refused when asked<br>7 Don't know / Not sure<br>9 Refused | Go to next module  |   |         |

|               |                                     |          |   |  |   |  |
|---------------|-------------------------------------|----------|---|--|---|--|
|               |                                     |          |   |  | asked, clarify <b>that the earlier questions was about HPV testing, and this question is about vaccination.</b> |  |
| <b>M05.02</b> | How many HPV shots did you receive? | HPVADSHT | __ Number of shots (1-2)<br>3 All shots<br>77 Don't know / Not sure<br>99 Refused |  |   |  |

# Module 6: Tetanus Diphtheria (Tdap) (Adults)

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|----------------------|---|-----------|
| M06.01          | Have you received a tetanus shot in the past 10 years? | TETANUS2       | 1 Yes, received Tdap<br>2 Yes, received tetanus shot, but not Tdap<br>3 Yes, received tetanus shot but not sure what type<br>4 No, did not receive any tetanus shot in the past 10 years<br>7 Don't know/Not sure<br>9 Refused |                      | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? |           |



# Module 7: Shingles Vaccination

| Question Number | Question text                                     | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)     | SKIP INFO/<br>CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|--|--|-----------|
|                 |   |                |   | If age ≤ 49<br>(can be calculated from YEARBORN variable )<br>Go to next module. |  |           |
| M07.01          | Have you ever had the shingles or zoster vaccine? | SHINGLE2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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 8: COVID Vaccination

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)              | SKIP INFO/<br>CATI Note  | Interviewer Note<br>(s) | Column(s) |
|-----------------|--|----------------|--|--|-------------------------|-----------|
|                 |  |                |  | These questions may be added in mid-year 2021 after vaccinations are available |                         |           |
| <b>MCOR.0 1</b> | Since [DATE OF VACCINE AVAILABILITY], have you had a COVID-19 vaccination? | ***NEW***      | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to next section   |                         |           |
| <b>MCOR.0 2</b> | How many COVID-19 vaccinations have you received?                          | ***NEW***      | 1 One<br>2 Two or more<br>7 Don't know / Not sure<br>9 Refused |  |                         |           |
| <b>MCOR.0</b>   | During what  | ***NEW***      | __ / ____  |  | If respondent           |           |

|             |  |           |   |  |   |  |
|-------------|--|-----------|---|--|---|--|
| 3           | month and year did you receive your (first) COVID-19 vaccination?    |           | Month / Year<br>77 / 7777 Don't know / Not sure<br>09 / 9999<br>Refused   |  | indicated only one vaccine do not read word "first"               |  |
| MCOR.0<br>4 | At what kind of place did you get your (first) COVID-19 vaccination? | ***NEW*** | Read if necessary:<br>01 A doctor's office or health maintenance organization (HMO)<br>02 A health department<br>03 Another type of clinic or health center (a community health center)<br>04 A senior, recreation, or community center<br>05 A store (supermarket, drug store)<br>06 A hospital (inpatient)<br>07 An emergency |  | If respondent indicated only one vaccine do not read word "first" |  |

|                     |  |           |   |   |  |  |
|---------------------|--|-----------|---|---|--|--|
|                     |  |           | room<br>08 Workplace<br>09 Some other<br>kind of place<br>11 A school<br>Do not read:<br>10 Received<br>vaccination in<br>Canada/Mexic<br>o<br>77 Don't<br>know / Not<br>sure<br>99 Refused |   |  |  |
|                     |  |           |   | If MCOR2 =1,<br>7,9 go to next<br>section |  |  |
| <b>MCOR.0<br/>5</b> | During what<br>month and<br>year did you<br>receive your<br>second<br>COVID-19<br>vaccination? | ***NEW*** | __ / ____<br>Month / Year<br>77 / 7777 Don't<br>know / Not<br>sure<br>09 / 9999<br>Refused  |   |  |  |
| <b>MCOR.0<br/>6</b> | At what kind<br>of place did<br>you get your<br>second<br>COVID-19<br>vaccination?             | ***NEW*** | Read if<br>necessary:<br>01 A doctor's<br>office or health<br>maintenance<br>organization<br>(HMO)  |   |  |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 02 A health department   |  |  |  |
|  |  |  | 03 Another type of clinic or health center (a community health center) |  |  |  |
|  |  |  | 04 A senior, recreation, or community center                           |  |  |  |
|  |  |  | 05 A store (supermarket, drug store)                                   |  |  |  |
|  |  |  | 06 A hospital (inpatient)  |  |  |  |
|  |  |  | 07 An emergency room   |  |  |  |
|  |  |  | 08 Workplace   |  |  |  |
|  |  |  | 09 Some other kind of place  |  |  |  |
|  |  |  | 11 A school  |  |  |  |
|  |  |  | Do not read:   |  |  |  |
|  |  |  | 10 Received vaccination in Canada/Mexico                               |  |  |  |
|  |  |  | o  |  |  |  |
|  |  |  | 77 Don't know / Not sure   |  |  |  |

|  |  |  |            |  |  |  |
|--|--|--|------------|--|--|--|
|  |  |  | 99 Refused |  |  |  |
|--|--|--|------------|--|--|--|

# Module 9: Lung Cancer Screening

| Question Number | Question text  | Variable names | Responses<br>(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 LCSTSCN. |   |           |
| M09.01          | <p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> | LCSFIRST       | ___ Age in Years (001 - 100)<br>777 Don't know/Not sure<br>999 Refused |   | <p>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).</p> <p>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.</p> |           |
|                 |  |                | 888 Never smoked cigarettes regularly                                  | Go to LCSTSCN   |   |           |

|               |  |          |   |  |   |  |
|---------------|--|----------|---|--|---|--|
| <b>M09.02</b> | How old were you when you last smoked cigarettes regularly?  | LCSLAST  | ___ Age in Years (001 - 100)<br>777 Don't know/Not sure<br>999 Refused  |  |   |  |
| <b>M09.03</b> | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?   | LCSNUMCG | ___ Number of cigarettes<br>777 Don't know/Not sure<br>999 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 |  |
| <b>M09.04</b> | 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:<br>1 Yes, to check for lung cancer<br>2 No (did not have a CT scan)<br>3 Had a CT scan, but for some other reason<br>Do not read:<br>7 Don't know/not sure |  |   |  |



|  |  |  |           |  |  |  |
|--|--|--|-----------|--|--|--|
|  |  |  | 9 Refused |  |  |  |
|--|--|--|-----------|--|--|--|

# Module 10: Breast and Cervical Cancer Screening

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note        | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|-----------------------------|---|-----------|
| M10.01          | (The next questions are about breast and cervical cancer.) Have you ever had a mammogram? | HADMAM         | 1 Yes   | Skip to next module if male | A mammogram is an x-ray of each breast to look for breast cancer. |           |
|                 |   |                | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to M10.03                |   |           |
| M10.02          | How long has it been since you had your last mammogram?                                   | HOWLONG        | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years |                             |   |           |

|               |  |           |   |              |  |  |
|---------------|--|-----------|---|--------------|--|--|
|               |  |           | (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |              |  |  |
| <b>M10.03</b> | Have you ever had a cervical cancer screening test?                          |           | 1 Yes   |              |  |  |
|               |  |           | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to M10.07 |  |  |
| <b>M10.04</b> | How long has it been since you had your last cervical cancer screening test? | ***NEW*** | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2                                   |              |  |  |

|               |   |           |   |                     |   |  |
|---------------|---|-----------|---|---------------------|---|--|
|               |   |           | years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago |                     |   |  |
|               |   |           | 7 Don't know / Not sure<br>9 Refused  | Go to M10.06        |   |  |
| <b>M10.05</b> | At your most recent cervical cancer screening, did you have a Pap test?     | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                     |   |  |
| <b>M10.06</b> | At your most recent cervical cancer screening, did you have an H.P.V. test? | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                     | H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus) |  |
| <b>M10.07</b> | Have you had a hysterectomy?  | HADHYST2  | 1 Yes<br>2 No   | If response to Core | Read if necessary: A hysterectomy is                          |  |

|  |  |  |   |   |   |  |
|--|--|--|---|---|---|--|
|  |  |  | 7 Don't know<br>/ Not sure<br>9 Refused | CDEM.17 =<br>1 (is<br>pregnant)<br>do not ask<br>and go to<br>next<br>module. | an operation to<br>remove the uterus<br>(womb). |  |
|--|--|--|---|---|---|--|

# Module 11: Prostate 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 respondent is ≤39 years of age (YEARBORN < 1982) or is female, go to next module. |  |           |
| M11.01          | Have you ever had a P.S.A. test?                               | PSATEST1       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused              | Go to M11.04   | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |           |
| M11.02          | About how long has it been since your most recent P.S.A. test? | ***NEW***      | Read if necessary:<br>1 Within the past year (anytime less than 12 |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a                                 |           |

|               |   |           |  |  |  |  |
|---------------|---|-----------|--|--|--|--|
|               |   |           | months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  | prostate-specific antigen test.  |  |
|               |   |           |  |  |  |  |
| <b>M11.03</b> | What was the main reason you had this P.S.A. test – was it ...? | ***NEW*** | Read:<br>1 Part of a routine exam<br>2 Because of a prostate problem<br>3 Because of a   |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate- |  |

|        |  |                  |   |  |   |  |
|--------|--|------------------|---|--|---|--|
|        |  |                  | <p>family history of prostate cancer</p> <p>4 Because you were told you had prostate cancer</p> <p>3. Some other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |  | <p>specific antigen test.</p>   |  |
| M11.04 | <p>Did a doctor, nurse, or other health professional EVER talk with you about the .....? When you met with a doctor, nurse, or other health professional did they talk about the advantages, the</p> | <p>***NEW***</p> | <p>1 Advantages</p> <p>2 Disadvantages</p> <p>3 Both Advantages and disadvantages</p> <p>DO NOT READ</p> <p>4. Neither</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>                       |  | <p>A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.</p> |  |



|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | disadvantages<br>or both<br>advantages<br>and<br>disadvantages<br>of the<br>Prostate-<br>Specific<br>Antigen or<br>P.S.A. test? |  |  |  |  |  |
|--|---|--|--|--|--|--|

# Module 12: Colorectal Cancer Screening

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|----------------------|-----------|
|                 |   |                |  | If Section CDEM.01, AGE, is less than 45 go to next module. |                      |           |
| M12.01          | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? | HADSIGM3       | 1 Yes  | Go to M12.02  |                      |           |
|                 |   |                | 2 No<br>7 Don't know/<br>not sure<br>9 Refused | Go to M12.06  |                      |           |
| M12.02          | Have you had a colonoscopy, a sigmoidoscopy, or both?   | ***NEW***      | 1 Colonoscopy                                  | Go to M12.03  |                      |           |
|                 |   |                | 2 Sigmoidoscopy                                | Go to M12.04  |                      |           |
|                 |   |                | 3 Both<br>7 Don't know/Not sure                | Go to M12.05  |                      |           |
|                 |   |                | 9 Refused                                      | Go to M12.06  |                      |           |
| M12.03          | How long has it   | ***NEW***      | 1 Within the                                   | Go to   |                      |           |

|        |  |           |   |              |  |  |
|--------|--|-----------|---|--------------|--|--|
|        | been since your most recent colonoscopy?                   |           | <p>past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | M12.06       |  |  |
| M12.04 | How long has it been since your most recent sigmoidoscopy? | ***NEW*** | <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the</p>   | Go to M12.06 |  |  |

|               |   |          |   |  |  |  |
|---------------|---|----------|---|--|--|--|
|               |   |          | <p>past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |  |  |  |
| <b>M12.05</b> | How long has it been since your most recent colonoscopy or sigmoidoscopy? | LASTSIG3 | <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the</p>   |  |  |  |

|               |   |           |   |                   |  |  |
|---------------|---|-----------|---|-------------------|--|--|
|               |   |           | <p>past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |                   |  |  |
| <b>M12.06</b> | Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test? | ***NEW*** | 1 Yes   | Go to M12.07      |  |  |
|               |   |           | 2 No<br>7 Don't Know/Not sure<br>9 Refused  | Go to Next Module |  |  |

|               |  |           |  |              |   |
|---------------|--|-----------|--|--------------|---|
| <b>M12.07</b> | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? | ***NEW*** | 1 Yes  | Go to M12.08 | CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach. |
|               |  |           | 2 No<br>7 Don't Know/Not sure<br>9 Refused                                 | Go to M12.09 |   |
| <b>M12.08</b> | When was your most recent CT colonography or virtual colonoscopy?  | ***NEW*** | Read if necessary:<br>1 Within the past year (anytime less than 12 months) |              |   |

|               |  |           |   |                              |  |  |
|---------------|--|-----------|---|------------------------------|--|--|
|               |  |           | ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |                              |  |  |
| <b>M12.09</b> | One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused   | Go to M12.10<br>Go to M12.11 | The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or |  |

|               |   |           |  |  |  |  |
|---------------|---|-----------|--|--|--|--|
|               | test?   |           |  |  | <p>bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.</p> |  |
| <b>M12.10</b> | How long has it been since you had this test? | ***NEW*** | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3</p> |  |  |  |



|               |   |           |  |                   |  |  |
|---------------|---|-----------|--|-------------------|--|--|
|               |   |           | <p>years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |                   |  |  |
| <b>M12.11</b> | Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test? | ***NEW*** | <p>1 Yes</p>   | Go to M12.12      | Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. |  |
|               |   |           | <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>  | Go to Next Module |  |  |
| <b>M12.12</b> | Was the blood stool or FIT (you reported earlier)   | ***NEW*** | <p>1 Yes</p> <p>2 No</p> <p>7 Don't</p>  |                   |  |  |

|               | conducted as part of a Cologuard test?        |           | Know/Not sure<br>9 Refused  |  |  |  |
|---------------|---|-----------|---|--|--|--|
| <b>M12.13</b> | How long has it been since you had this test? | ***NEW*** | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  |  |



# Module 13: Cancer Survivorship: Type of Cancer

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)                                  | SKIP INFO/<br>CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|--|----------------------|-----------|
|                 |   |                |  | If CCHC.06 or CCHC.07 = 1 (Yes) <del>or</del> <b>CPCS.06 = 4</b> (Because you were told you had prostate cancer) continue, else go to next module. |                      |           |
| <b>MTOC.01</b>  | You've told us that you have had cancer. I would like to ask you a few more questions | CNCRDIFF       | 1 Only one<br>2 Two<br>3 Three or more<br><br>7 Don't know / Not sure<br>9 Refused | Go to next module  |                      |           |

|                |  |         |   |  |  |  |
|----------------|--|---------|---|--|--|--|
|                | about your cancer.<br><br>How many different types of cancer have you had? |         |   |  |  |  |
| <b>MTOC.02</b> | At what age were you told that you had cancer?                             | CNCRAGE | __ Age in Years (97 = 97 and older)<br>98 Don't know/Not sure<br>99 Refused |  | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?<br>Read if necessary: This question refers to the first time they were told about their first cancer. |  |
|                |  |         |   | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma |  |  |

|         |                             |          |  |  |  |  |
|---------|-----------------------------|----------|--|--|--|--|
|         |                             |          |  | <p>or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer</p> <p><del>CATI 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.</del></p> |  |  |
| MTOC.03 | What type of cancer was it? | CNCRTYP1 | <p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer<br/> <b>Female reproductive</b></p> |  | <p>If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent</p> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  | <p><b>(Gynecologic)</b><br/> 02 Cervical cancer<br/> (cancer of the cervix)<br/> 03 Endometrial<br/> cancer (cancer of the<br/> uterus)<br/> 04 Ovarian cancer<br/> (cancer of the ovary)<br/> <b>Head/Neck</b><br/> 05 Head and neck<br/> cancer<br/> 06 Oral cancer<br/> 07 Pharyngeal<br/> (throat) cancer<br/> 08 Thyroid<br/> 09 Larynx<br/> <b>Gastrointestinal</b><br/> 10 Colon (intestine)<br/> cancer<br/> 11 Esophageal<br/> (esophagus)<br/> 12 Liver cancer<br/> 13 Pancreatic<br/> (pancreas) cancer<br/> 14 Rectal (rectum)<br/> cancer<br/> 15 Stomach<br/> <b>Leukemia/<br/> Lymphoma (lymph<br/> nodes and bone<br/> marrow)</b></p> | <p>diagnoses of<br/> cancer, what<br/> type of cancer<br/> was it?</p> |  |
|--|--|--|--|--|--|

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | 16 Hodgkin's<br>Lymphoma (Hodgkin's<br>disease)<br>17 Leukemia (blood)<br>cancer<br>18 Non-Hodgkin's<br>Lymphoma<br><b>Male reproductive</b><br>19 Prostate cancer<br>20 Testicular cancer<br>Skin<br>21 Melanoma<br>22 Other skin cancer<br><b>Thoracic</b><br>23 Heart<br>24 Lung<br><b>Urinary cancer</b><br>25 Bladder cancer<br>26 Renal (kidney)<br>cancer<br><b>Others</b><br>27 Bone<br>28 Brain<br>29 Neuroblastoma<br>30 Other<br>Do not read:<br>77 Don't know / Not<br>sure<br>99 Refused |  |  |  |
|--|--|--|---|--|--|--|





# Module 14: Cancer Survivorship: Course of Treatment

| Question Number | Question text                                     | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)             | SKIP INFO/<br>CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|--|--|-----------|
|                 |   |                |   | If CCHC.06 or CCHC.07 = 1 (Yes) <del>or EPCS.06 = 4 (Because you were told you had prostate cancer)</del><br>continue, else go to next module. |  |           |
| <b>MCOT.01</b>  | Are you currently receiving treatment for cancer? | CSRVTRT3       | Read if necessary:<br>1 Yes<br>2 No, I've completed treatment | Go to next module<br><br>Continue  | Read if necessary:<br>By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. |           |

|                |  |          |  |                   |  |  |
|----------------|--|----------|--|-------------------|--|--|
|                |  |          | <p>3 No, I've refused treatment</p> <p>4 No, I haven't started treatment</p> <p>5 Treatment was not necessary</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  | Go to next module |  |  |
| <b>MCOT.02</b> | What type of doctor provides the majority of your health care? Is it a.... | CSRVDOC1 | <p>Read:</p> <p>01 Cancer Surgeon</p> <p>02 Family Practitioner</p> <p>03 General Surgeon</p> <p>04 Gynecologic Oncologist</p> <p>05 General Practitioner, Internist</p> <p>06 Plastic Surgeon, Reconstructive Surgeon</p> <p>07 Medical</p> |                   | <p>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.).</p> <p>Read if necessary:</p> |  |

|                |  |          |  |                      |   |  |
|----------------|--|----------|--|----------------------|---|--|
|                |  |          | <p>Oncologist<br/> 08 Radiation Oncologist<br/> 09 Urologist<br/> 10 Other<br/> Do not read:<br/> 77 Don't know / Not sure<br/> 99 Refused</p> |                      | <p>An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.</p>  |  |
| <b>MCOT.03</b> | <p>Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?</p> | CSRVSUM  | <p>1 Yes<br/> 2 No<br/> 7 Don't know/ not sure<br/> 9 Refused</p>  |                      | <p>Read if necessary:<br/> By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.</p> |  |
| <b>MCOT.04</b> | <p>Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who</p>         | CSRVRTRN | <p>1 Yes</p>   |                      |   |  |
|                |  |          | <p>2 No<br/> 7 Don't know/ not sure<br/> 9 Refused</p>   | <p>Go to MCOT.06</p> |   |  |

|                |  |          |   |  |  |  |
|----------------|--|----------|---|--|--|--|
|                | you should see for routine cancer check-ups after completing your treatment for cancer?                                      |          |   |  |  |  |
| <b>MCOT.05</b> | Were these instructions written down or printed on paper for you?  | CSRVINST | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |
| <b>MCOT.06</b> | With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? | CSRVINSR | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  | Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. |  |
| <b>MCOT.07</b> | Were you ever denied health insurance or life insurance coverage   | CSRVDEIN | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |

|                | because of your cancer?   |         |   |  |  |  |
|----------------|---|---------|---|--|--|--|
| <b>MCOT.08</b> | Did you participate in a clinical trial as part of your cancer treatment? | CSRVLIN | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |

# Module 15: Cancer Survivorship: Pain Management

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|----------------------|-----------|
|                 |  |                |   | If CCHC.06 or CCHC.07 = 1 (Yes) <del>or CPCS.06 = 4 (Because you were told you had prostate cancer)</del> continue, else go to next module. |                      |           |
| <b>MCPM.0 1</b> | Do you currently have physical pain caused by your cancer or cancer treatment? | CSRVRAIN       | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  | Go to next module   |                      |           |
| <b>MCPM.0 2</b> | Would you say your pain is currently under control...?                         | CSRVCTL2       | Read:<br>1 With medication (or treatment)<br>2 Without medication (or treatment)<br>3 Not under control, with medication (or treatment) |   |                      |           |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 4 Not under control, without medication (or treatment)<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
|--|--|--|--|--|--|--|

## Module 16: 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 health professional recommended you check your blood pressure outside of the office or at home? | HOMBPCHK       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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?                         | HOMRGCHK       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | Go to next module    |   |           |



|               |   |         |  |  |  |  |
|---------------|---|---------|--|--|--|--|
| <b>M16.03</b> | Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?   | WHEREBP | 1 At home<br>2 On a machine at a pharmacy, grocery or similar location<br>3 Do not check it<br>7 Don't know / Not sure<br>9 Refused  |  |  |  |
| <b>M16.04</b> | How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person? | SHAREBP | Do not read:<br>1 Telephone<br>2 Other methods such as email, internet portal, or fax, or<br>3 In person<br>Do not read:<br>4 Do not share information<br>7 Don't know / Not sure<br>9 Refused |  |  |  |

# Module 17: Sodium or Salt-Related Behavior

| Question Number | Question text   | Variable names | Responses<br>(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 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused |                      |                      |           |
| M17.02          | Has a doctor or other health professional ever advised you to reduce sodium or salt intake? | DRADVISE       | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused |                      |                      |           |

# Module 18: 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. |                      |           |
| <b>M18.01</b>   | 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 | CIMEMLOS       | 1 Yes  | Go to M18.02  |                      |           |
|                 |   |                | 2 No   | Go to next module   |                      |           |

|               |   |          |   |                   |  |  |
|---------------|---|----------|---|-------------------|--|--|
|               | <p>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.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p> |          | <p>7 Don't know/<br/>not sure</p>   | Go to M18.02      |  |  |
|               |   |          | 9 Refused   | Go to next module |  |  |
| <b>M18.02</b> | <p>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...</p>  | CDHOUSE  | <p>Read:<br/>1 Always<br/>2 Usually<br/>3 Sometimes<br/>4 Rarely<br/>5 Never<br/>Do not read:<br/>7 Don't know/Not sure<br/>9 Refused</p> |                   |  |  |
| <b>M18.03</b> | <p>As a result of confusion or memory loss, how often do you need</p>   | CDASSIST | <p>Read:<br/>1 Always<br/>2 Usually</p>   |                   |  |  |

|               |  |          |  |              |  |  |
|---------------|--|----------|--|--------------|--|--|
|               | assistance with these day-to-day activities? Would you say it is...  |          | 3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused                                   | Go to M18.05 |  |  |
| <b>M18.04</b> | 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:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |              |  |  |
| <b>M18.05</b> | 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:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |              |  |  |

|               |  |          |   |  |  |  |
|---------------|--|----------|---|--|--|--|
| <b>M18.06</b> | Have you or anyone else discussed your confusion or memory loss with a health care professional? | CDDISCUS | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |
|---------------|--|----------|---|--|--|--|

# Module 19: Caregiver

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|----------------------|---|-----------|
| M19.01          | 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 |           |
|                 |  |                | 2 No  | Go to M19.09         |   |           |
|                 |  |                | 7 Don't know/Not sure   |                      |   |           |
|                 |  |                | 8 Caregiving recipient died in past 30 days   | Go to next module    |   |           |
|                 |  |                | 9 Refused   | Go to M19.09         |   |           |
| M19.02          | What is his or her relationship to you?  | CRGVREL3       | 01 Mother<br>02 Father<br>03 Mother-in-law<br>04 Father-in-law<br>05 Child<br>06 Husband<br>07 Wife<br>08 Live-in partner<br>09 Brother or brother-in-law<br>10 Sister or sister- |                      | If more than one person, say: Please refer to the person to whom you are giving the most care.          |           |

|               |   |          |  |  |  |  |
|---------------|---|----------|--|--|--|--|
|               |   |          | in-law<br>11 Grandmother<br>12 Grandfather<br>13 Grandchild<br>14 Other relative<br>15 Non-relative/<br>Family friend<br>77 Don't<br>know/Not sure<br>99 Refused   |  |  |  |
| <b>M19.03</b> | For how long have you provided care for that person?                  | CRGVLNG1 | Read if necessary:<br>1 Less than 30 days<br>2 1 month to less than 6 months<br>3 6 months to less than 2 years<br>4 2 years to less than 5 years<br>5 More than 5 years<br>Do not read:<br>7 Don't Know/<br>Not Sure<br>9 Refused |  |  |  |
| <b>M19.04</b> | In an average week, how many hours do you provide care or assistance? | CRGVHRS1 | Read if necessary:<br>1 Up to 8 hours per week<br>2 9 to 19 hours per week<br>3 20 to 39 hours   |  |  |  |



|               |   |          |   |   |  |  |
|---------------|---|----------|---|---|--|--|
|               |   |          | per week<br>4 40 hours or<br>more<br>Do not read:<br>7 Don't know/Not<br>sure<br>9 Refused  |   |  |  |
| <b>M19.05</b> | What is the main health problem, long-term illness, or disability that the person you care for has? | CRGVPRB3 | 01 Arthritis/<br>rheumatism<br>02 Asthma<br>03 Cancer<br>04 Chronic<br>respiratory<br>conditions such as<br>emphysema or<br>COPD<br>05 Alzheimer's<br>disease, dementia<br>or other cognitive<br>impairment<br>disorder<br>06 Developmental<br>disabilities such as<br>autism, Down's<br>Syndrome, and<br>spina bifida<br>07 Diabetes<br>08 Heart disease,<br>hypertension,<br>stroke<br>09 Human | If M19.05 = 5<br>(Alzheimer's<br>disease,<br>dementia or<br>other<br>cognitive<br>impairment<br>disorder), go<br>to M19.07.<br>Otherwise,<br>continue |  |  |

|               |   |          |  |  |  |  |
|---------------|---|----------|--|--|--|--|
|               |   |          | <p>Immunodeficiency<br/>Virus Infection<br/>(H.I.V.)</p> <p>10 Mental illnesses, such as anxiety, depression, or schizophrenia</p> <p>11 Other organ failure or diseases such as kidney or liver problems</p> <p>12 Substance abuse or addiction disorders</p> <p>13 Injuries, including broken bones</p> <p>14 Old age/ infirmity/frailty</p> <p>15 Other</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> |  |  |  |
| <b>M19.06</b> | Does the person you care for also have Alzheimer's disease, dementia or | CRGVALZD | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>  |  |  |  |

|               |  |          |  |                                       |  |  |
|---------------|--|----------|--|---------------------------------------|--|--|
|               | other cognitive impairment disorder?   |          |  |                                       |  |  |
| <b>M19.07</b> | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? | CRGVPER1 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |                                       |  |  |
| <b>M19.08</b> | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?    | CRGVHOU1 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |                                       |  |  |
|               |  |          |  | If M19.01 = 1 or 8, go to next module |  |  |
| <b>M19.09</b> | In the next 2  | CRGVEXPT | 1 Yes  |                                       |  |  |

|  |   |  |   |  |  |  |
|--|---|--|---|--|--|--|
|  | years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? |  | 2 No<br>7 Don't know/ not sure<br>9 Refused |  |  |  |
|--|---|--|---|--|--|--|

## Module 20: 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) |
|-----------------|---|----------------|---|---------------------|---|-----------|
| <b>Prologue</b> | 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. |           |
| <b>M20.01</b>   | Now, looking back before you were 18 years of age---<br>1) Did you live with anyone who was depressed, mentally ill, or suicidal?   | ACEDEPRS       | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused |                     |   |           |
| <b>M20.02</b>   | Did you live with anyone who was a problem drinker or alcoholic?  | ACEDRINK       | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused |                     |   |           |
| <b>M20.03</b>   | Did you live with anyone who used illegal street drugs or who abused prescription medications?  | ACEDRUGS       | 1 Yes<br>2 No<br>7 Don't Know/Not Sure              |                     |   |           |

|               |  |          |   |  |  |  |
|---------------|--|----------|---|--|--|--|
|               |  |          | 9 Refused   |  |  |  |
| <b>M20.04</b> | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?                             | ACEPRISN | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused   |  |  |  |
| <b>M20.05</b> | Were your parents separated or divorced?   | ACEDIVRC | 1 Yes<br>2 No<br>8 Parents not married<br>7 Don't Know/Not Sure<br>9 Refused                        |  |  |  |
| <b>M20.06</b> | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?<br>Was it...                                      | ACEPUNCH | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>M20.07</b> | 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:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |

|               |  |          |   |  |  |  |
|---------------|--|----------|---|--|--|--|
| <b>M20.08</b> | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...           | ACESWEAR | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>M20.09</b> | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...             | ACETOUCH | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>M20.10</b> | 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:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>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:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>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<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>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<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>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 21: 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<br>77 Don't know/not sure<br>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:<br>1 Smoke it (for example, in a joint, bong, pipe, or blunt).<br>2 Eat it (for example, in brownies, cakes, cookies, or candy)<br>3 Drink it (for example, in tea, cola, or alcohol)<br>4 Vaporize it (for example, in an e-cigarette-like vaporizer or |                      | Select one. If respondent provides more than one say: Which way did you use it most often?<br><br>Read parentheticals only if asked for more detail. |           |

|        |  |          |  |  |  |  |
|--------|--|----------|--|--|--|--|
|        |  |          | <p>another vaporizing device)<br/> 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or<br/> 6 Use it some other way.<br/> Do not read:<br/> 7 Don't know/not sure<br/> 9 Refused</p>  |  |  |  |
| M21.03 | When you used marijuana or cannabis during the past 30 days, was it usually: | RSNMRJN1 | <p>Read:<br/> 1 For medical reasons (<del>like to treat or decrease symptoms of a health condition</del>);<br/> 2 For non-medical reasons (<del>like to have fun or fit in</del>), or<br/> 3 For both medical and non-medical reasons.<br/> Do not read:<br/> 7 Don't know/Not sure<br/> 9 Refused</p> |  |  |  |



# Module 22: 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:<br>01 Within the past month (less than 1 month ago)<br>02 Within the past 3 months (1 month but less than 3 months ago)<br>03 Within the past 6 months (3 months but less than 6 months ago)<br>04 Within the past year (6 months but less | Go to next module                    |                      |           |

|               |  |          |   |                           |  |  |
|---------------|--|----------|---|---------------------------|--|--|
|               |  |          | than 1 year ago)<br>05 Within the past 5 years (1 year but less than 5 years ago)<br>06 Within the past 10 years (5 years but less than 10 years ago)<br>07 10 years or more<br>08 Never smoked regularly<br>77 Don't know / Not sure<br>99 Refused |                           |  |  |
|               |  |          |   | Ask if SMOKDAY2 = 1 or 2. |  |  |
| <b>M22.02</b> | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | STOPSMK2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                           |  |  |

## Module 23: Firearm Safety

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)          | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|----------------------|---|-----------|
| <b>Prologue</b> | 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. |                |   |                      |   |           |
| <b>M23.01</b>   | Are any firearms now kept in or around your home?  |                | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused | Go to Next module    | Do not include guns that cannot fire; include those kept in cars, or outdoor storage. |           |
| <b>M23.02</b>   | Are any of these firearms now loaded?  |                | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused | Go to Next module    |   |           |
| <b>M23.03</b>   | Are any of these loaded firearms also  |                | 1 Yes<br>2 No<br>7 Don't know/                          |                      | By unlocked, we mean you do not need a key or a                                       |           |

|  |           |  |                       |  |   |  |
|--|-----------|--|-----------------------|--|---|--|
|  | unlocked? |  | not sure<br>9 Refused |  | combination or a<br>hand/fingerprint to<br>get the gun or to<br>fire it. Don't count<br>the safety as a lock. |  |
|--|-----------|--|-----------------------|--|---|--|



# Module 24: Industry and Occupation

| Question Number | Question text  | Variable names | Responses<br><br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|---|--|-----------|
| M24.01          | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic. | TYPEWORK       | _____Record answer<br><br>99 Refused                  | <p>If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section.</p> <p>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."</p> <p>Else go to next</p> | <p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job ask: What is your main job?</p> |           |

|               |  |          |                                     |  |  |  |
|---------------|--|----------|-------------------------------------|--|--|--|
|               |  |          |                                     | module   |  |  |
| <b>M24.02</b> | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant | TYPEINDS | _____Record<br>answer<br>99 Refused | If Core CDEM.14 = 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." |  |  |

## Module 25: Random Child Selection

| Question Number                 | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|---------------------------------|---|----------------|---|---|----------------------|-----------|
| <b>Intro text and screening</b> | If <b>CDEM.15</b> = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like |                |   | If <b>CDEM.15</b> = 88, or 99 (No children under age 18 in the household, or Refused), go to next module. |                      |           |

|                      |   |                 |  |   |  |  |
|----------------------|---|-----------------|--|---|--|--|
|                      | <p>to ask you some questions about that child.</p> <p>If <b>CDEM.15</b> is &gt;1 and <b>CDEM.15</b> does not equal 88 or 99, Interviewer please read: 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.</p> |                 |  | <p>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.</p> |  |  |
| <p><b>M25.01</b></p> | <p>What is the birth month and year of the [Xth] child?</p>   | <p>RCSBIRTH</p> | <p>__ / ____ Code month and year<br/>77/ 7777 Don't know / Not sure<br/>99/ 9999 Refused</p> |   |  |  |

|        |  |          |  |  |   |  |
|--------|--|----------|--|--|---|--|
| M25.02 | Is the child a boy or a girl?  | RCSGENDR | 1 Boy<br>2 Girl<br>9 Refused   |  |   |  |
| M25.03 | Is the child Hispanic, Latino/a, or Spanish origin?                        | RCHISLA1 | Read if response is yes:<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused |  | If yes, ask: Are they...  |  |
| M25.04 | Which one or more of the following would you say is the race of the child? | RCSRACE1 | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br><b>40 Asian</b><br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian  |  | Select all that apply<br><br>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |

|               |   |          |   |  |  |  |
|---------------|---|----------|---|--|--|--|
|               |   |          | <b>50 Pacific Islander</b><br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br><b>88 No additional choices</b><br>77 Don't know / Not sure<br>99 Refused |  |  |  |
|               |   |          |   | IF MORE THAN ONE RESPONSE TO <b>M25.04</b> ; CONTINUE. OTHERWISE, GO TO <b>M25.06.</b> ] |  |  |
| <b>M25.05</b> | Which one of these groups would you say best represents the child's race? | RCSBRAC2 | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br><b>40 Asian</b><br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese                                 |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |

|               |  |          |   |  |  |  |
|---------------|--|----------|---|--|--|--|
|               |  |          | 47 Other Asian<br><b>50 Pacific Islander</b><br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused  |  |  |  |
| <b>M25.06</b> | How are you related to the child? Are you a... | RCSRLTN2 | Please read:<br>1 Parent (include biologic, step, or adoptive parent)<br>2 Grandparent<br>3 Foster parent or guardian<br>4 Sibling (include biologic, step, and adoptive sibling)<br>5 Other relative<br>6 Not related in any way<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  |  |

# Module 26: Childhood Asthma Prevalence

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|----------------------|-----------|
|                 |  |                |   | If response to <b>CDEM.15</b> = 88 (None) or 99 (Refused), go to next module. |                      |           |
| <b>M26.01</b>   | The next two questions are about the Xth child.<br><br>Has a doctor, nurse or other health professional EVER said that the child has asthma? | CASTHDX2       | 1 Yes   | Fill in correct [Xth] number.   |                      |           |
|                 |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused       | Go to next module   |                      |           |
| <b>M26.02</b>   | Does the child still have asthma?  | CASTHNO2       | 1 Yes<br>2 No<br>7 Don't know/ not                |   |                      |           |

|  |  |  |                   |  |  |  |
|--|--|--|-------------------|--|--|--|
|  |  |  | sure<br>9 Refused |  |  |  |
|--|--|--|-------------------|--|--|--|



# Module 27: 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 Male<br>2 Female<br>7 Don't know/Not sure<br>9 Refused |                      | This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates. |           |

# Module 28: Sexual Orientation and Gender Identity (SOGI)

| Question Number  | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note  | Interviewer Note (s)   | Column(s) |
|------------------|---|----------------|--|---|--|-----------|
| <b>Prologue</b>  | The next two questions are about sexual orientation and gender identity |                |  |   |  |           |
|                  |   |                |  | If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b. |  |           |
| <b>MSOGI.01a</b> | Which of the following best represents how you think of yourself?       | SOMALE         | 1 = Gay<br>2 = Straight, that is, not gay<br>3 = Bisexual<br>4 = Something else<br>7 = I don't know the answer |   | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.<br><br>Please say the number before the | 551       |

|                  |   |          |   |  |   |     |
|------------------|---|----------|---|--|---|-----|
|                  |   |          | 9 = Refused   |  | text response. Respondent can answer with either the number or the text/word.   |     |
|                  |   |          |   | If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02. |   |     |
| <b>MSOGI.01b</b> | Which of the following best represents how you think of yourself? | SOFEMALE | 1 = Lesbian or Gay<br>2 = Straight, that is, not gay<br>3 = Bisexual<br>4 = Something else<br>7 = I don't know the answer<br>9 = 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.<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word.                            | 552 |
| <b>MSOGI.02</b>  | Do you consider yourself to be transgender?                       | TRNSGNDR | 1 Yes, Transgender, male-to-female<br>2 Yes, Transgender, female to male<br>3 Yes, Transgender, gender nonconforming<br>4 No<br>7 Don't know/not sure |  | 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 | 553 |

|  |  |  |           |  |   |  |
|--|--|--|-----------|--|---|--|
|  |  |  | 9 Refused |  | <p>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.</p> <p>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.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p> |  |
|--|--|--|-----------|--|---|--|

# Asthma Call-Back Permission Script

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| Text            | We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone |                |   |                      |                      |           |

|                |  |          |                               |  |  |  |
|----------------|--|----------|-------------------------------|--|--|--|
|                | number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. |          |                               |  |  |  |
| <b>CB01.01</b> | Would it be okay if we called you back to ask additional asthma-related questions at a later time?                                       | CALLBACK | 1 Yes<br>2 No                 |  |  |  |
| <b>CB01.02</b> | Which person in the household was selected as the focus of the asthma call-back?   | ADLTCHLD | 1 Adult<br>2 Child            |  |  |  |
| <b>CB01.03</b> | Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?                   | _____    | Enter first name or initials. |  |  |  |

# 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.