2023 BRFSS Questionnaire

DRAFT

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OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061). |  | Form ApprovedOMB No. 0920-1061Exp. Date 12/31/2024Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov. |
|  | HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. | States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.If cell phone respondent objects to being contacted by state where they have never lived, say:“This survey is conducted by all states and your information will be forwarded to the correct state of residence” |

Landline Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| LL01. | Is this [PHONE NUMBER]? |  | 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? |  | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment.Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to LL03 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.NOTE: Business numbers which are also used for personal communication are eligible. |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time.TERMINATE |
| LL03. | Do you live in college housing? |  | 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)\_\_\_\_? |  | 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? |  | 1 Yes, it is a cell phone  | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time. |  |
| 2 Not a cell phone | Go to LL06 | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |
| LL06. | Are you 18 years of age or older? |  | 1 Yes | IF COLLEGE HOUSING = “YES,” CONTINUE;OTHERWISE GO TO NUMBER OF ADULTS LL09  |  |  |
| 2 No | IF COLLEGE HOUSING = “YES,” Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL09 | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
|  |  |  |  | ONLY for respondents who are LL and COLGHOUS= “YES,” . |  |  |
| LL07. | Are you? |  | Please read:1 Male2 Female | Transition to Section 1 | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
| 3 Unspecified or another gender identityDo not read:7 Don’t know/Not sure9 Refused  |  Go to LL08 |  |
| LL08 | What was your sex at birth? Was it male or female? |  | 1 Male2 Female | Transition to Section 1 | Read if necessary:“What sex were you assigned at birth on your original birth certificate?” |  |
| 7 Don’t know/Not sure9 Refused | If ‘7’ or ‘9’ then terminate.“Thank you for your time, your number may be selected for another survey in the future.” |
| LL09. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? |  | 1 | Go to LL10 | Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household? |  |
| 2-6 or more | Go to LL11. | If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.  |
| LL10.  | Are you? |  | Please read:1 Male2 Female | Transition to Section 1 |  |  |
| 3 Unspecified or another gender identity7 Don’t know/Not sure9 Refused | Got to LL13 |  |
| LL11. | The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday? |  |  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL11. (See CATI programming) |  |  |
| LL12.  | Are you? |  | Read:1 Male2 Female | Go to Transition Section 1.  |  |  |
|  |  |  | 3 Unspecified or another gender identity7 Don’t know/Not sure9 Refused | Go to LL13 |  |  |
| LL13 | What was your sex at birth? Was it male or female? |  | 1 Male2 Female7 Don’t know/Not sure9 Refused | If ‘7’ or ‘9’ then TERMINATE“Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:“What sex were you assigned at birth on your original birth certificate?” |  |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey, please call (give appropriate state telephone number). |  | Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.  |  |

Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| CP01. | Is this a safe time to talk with you? |  | 1 Yes | Go to CP02 |  |  |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? |  | 1 Yes | Go to CP03 |  |  |
| 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 |
| CP03. | Is this a cell phone? |  | 1 Yes | Go to CP04 |  |  |
| 2 No | TERMINATE | If "no”: thank you very much, but we are only interviewing persons on cell telephones at this time |
| CP04. | Are you 18 years of age or older? |  | 1 Yes | Go to CP05. |  |  |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Are you ? |  | Please read:1 Male2 Female | Go to CP07. |  |   |
| 3 Unspecified or another gender identityDo not read:7 Don’t know/Not sure9 Refused | Go to CP06 |
| CP06 | What was your sex at birth? Was it male or female? |  | 1 Male2 Female7 Don’t know/Not sure9 Refused | If ‘7’ or ‘9’ then terminate.“Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:“What sex were you assigned at birth on your original birth certificate?” |  |
| CP07. | Do you live in a private residence? |  | 1 Yes | Go to CP09 | Read if necessary: By private residence we mean someplace like a house or apartmentDo not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to CP08 |  |
| CP08. | Do you live in college housing? |  | 1 Yes | Go to CP09 | 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. |
| CP09. | Do you currently live in\_\_\_(state)\_\_\_\_? |  | 1 Yes | Go to CP11 |  |  |
| 2 No | Go to CP10 |  |
| CP10. | In what state do you currently live? |  | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands |  |  |  |
| 77 Live outside US and participating territories99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP11. | Do you also have a landline telephone in your home that is used to make and receive calls? |  | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. |  |
| CP12. | How many members of your household, including yourself, are 18 years of age or older? |  | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CP08 = yes then number of adults is automatically set to 1 |  |  |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

Core Section 1: Health Status

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

Core Section 2: Healthy Days

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

Core Section 3: Health Care Access

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

Core Section 4: Exercise (Physical Activity)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CEXP.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  |  | 1 Yes |  | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.Physical activity done at a work gym during the workday would count |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to CEXP.08 |
| CEXP.02 | What type of physical activity or exercise did you spend the most time doing during the past month? |  | \_\_ \_\_ Specify from Physical Activity Coding List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 77 Don’t know/ Not Sure99 Refused | Go to CEXP.08 |
| CEXP.03 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  | If respondent confused, probe by explaining ‘this is not asking for days per week or per month, but times per week or per month.” |  |
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes 777 Don’t know / Not sure999 Refused  |  |  |  |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month? |  | \_\_ \_\_ Specify from Physical Activity List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 88 No other activity77 Don’t know/ Not Sure99 Refused | Go to CEXP.08 |
| CEXP.06 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  |  |  |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it?  |  | \_:\_ \_ Hours and minutes 777 Don’t know / Not sure999 Refused  |  |  |  |
| CEXP.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? |  | 1\_ \_ Times per week2\_ \_Times per month888 Never777 Don’t know / Not sure 999 Refused |  | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. |  |

Core Section 5: Hypertension Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHYPA.01 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? |  | 1 Yes |  | If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”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 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure7 Don’t know / Not sure 9 Refused | Go to next section |
| CHYPA.02 | Are you currently taking prescription medicine for your high blood pressure? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused  |  |  |  |

Core Section 6: Cholesterol Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CCHLA.01 | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your ~~blood~~ cholesterol checked? |  | 1 Never | Go to CCHLA.03 |   |  |
| 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)5 Within the past 4 years (3 years but less than 4 years ago)6 Within the past 5 years (4 years but less than 5 years ago)8 5 or more years ago |  |
| 7 Don’t know/ Not sure9 Refused | Go to next section |
| CCHLA.02 | Have you ever been told by a doctor, nurse or other health professional that your ~~blood~~ cholesterol is high? |  | 1 Yes |  | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to next section. |
| CCHLA.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk |  |

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) |
| Prologue | 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. |  |  |  |  |  |
| CCHC.01 | Ever told you that you had a heart attack also called a myocardial infarction? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? |  | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) ~~any~~ melanoma or any other types of cancer? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Do not read: Arthritis diagnoses include: 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) |  |
| CCHC.12 | (Ever told) (you had) diabetes? |  | 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 pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| CCHC.13 | How old were you when you were first told you had diabetes? |  | \_ \_ Code age in years [97 = 97 and older] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  |  |

Core Section 8: 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? |  | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? |  | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. |  |
| CDEM.03 | Which one or more of the following would you say is your race? |  | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No Additional choices77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected.If respondent indicates that they are Hispanic for race, please read the race choices. |  |
| CDEM.04 | Are you… |  | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  |  |
| CDEM.05 | What is the highest grade or year of school you completed? |  | Read if necessary:1 Never attended school or only attended kindergarten2 Grades 1 through 8 (Elementary)3 Grades 9 through 11 (Some high school)4 Grade 12 or GED (High school graduate)5 College 1 year to 3 years (Some college or technical school)6 College 4 years or more (College graduate)Do not read:9 Refused |  |  |  |
| CDEM.06 | Do you own or rent your home? |  | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  |  |
| CDEM.07 | In what county do you currently live? |  | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused888 County from another state |  |  |  |
|  |  |  |  | If cell interview go to CDEM.11 |  |  |
| CDEM.08 | What is the ZIP Code where you currently live? |  | \_ \_ \_ \_ \_77777 Do not know99999 Refused |  |  |  |
| CDEM.09 | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?  |  | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CDEM.11 |  |
| CDEM.10 | How many of these landline telephone numbers are residential numbers? |  | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused |  |  |  |
| CDEM.11 | How many cell phones do you have for personal use? |  | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. |  |
| CDEM.12 | 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? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| CDEM.13 | Are you currently…? |  | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| CDEM.14 | How many children less than 18 years of age live in your household? |  | \_ \_ Number of children88 None99 Refused |  |  |  |
| CDEM.15 | Is your annual household income from all sources— |  | Read as necessary:01 Less than $10,000?02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000)04 Less than $25,000($20,000 to less than $25,000)05 Less than $35,000 ($25,000 to less than $35,000)06 Less than $50,000 ($35,000 to less than $50,000)07 Less than $75,000? ($50,000 to less than $75,000)08 Less than $100,000? ($75,000 to less than $100,000)09 Less than $150,000? ($100,000 to less than $150,000)?10 Less than $200,000? ($150,000 to less than $200,000)11 $200,000 or moreDo not read:77 Don’t know / Not sure99 Refused | SEE CATI information of order of coding;Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
| CDEM.16 | To your knowledge, are you now pregnant? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or YEARBORN < 1972 (Age >49) |  |  |
| CDEM.17 | About how much do you weigh without shoes? |  | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.18 | About how tall are you without shoes? |  | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |  |

Core Section 9: Disability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDIS.01 | 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? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.06 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

Core Section 10: Falls

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip Section if AGE, coded 18-44 |  |  |
| CFAL.01 | In the past 12 months, how many times have you fallen? |  | \_ \_ Number of times [76 = 76 or more] |  | Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. |  |
| 88 None 77 Don’t know / Not sure 99 Refused  | Go to Next Section |
| CFAL.02 | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? |  | \_ \_ Number of falls [76 = 76 or more] 88 None 77 Don’t know / Not sure99 Refused |  | Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. |  |

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? |  | 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 No7 Don’t know/Not Sure9 Refused | Go to CTOB.03 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all?  |  | 1 Every day2 Some days3 Not at all 7 Don’t know / Not sure 9 Refused |  |  |  |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? |  | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 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. |  |
| CTOB.04 | Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all? |  | 1 Never used e-cigarettes in your entire life2 Use them every day3 Use them some days4 Not at all (right now)Do not read:7 Don’t know / Not sure9 9 Refused |  | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. 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. If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life” |  |
|  |  |  |  |  |  |  |

Core Section 12: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. |  |  |  |  |  |
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? |  | 1 \_ \_ Days per week2 \_ \_ Days in past 30 days |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |
| CALC.02 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? |  | \_ \_ Number of drinks88 None77 Don’t know / Not sure99 Refused |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? |  | \_ \_ Number of times 77 Don’t know / Not sure88 no days99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |  |  |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? |  | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  |  |

Core Section 13: Immunization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text |  | 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?  |  | 1 Yes |  | 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. |  |
| 2 No7 Don’t know / Not sure9 Refused  | Go to CIMM.03 |
| 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? |  | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  |  |
| CIMM.03 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. |  |
| CIMM.04 | Have you ever had the shingles or zoster vaccine? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused  |  | Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots. |  |

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? |  | 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 No7 Don’t know/ not sure9 Refused | Go to Next section |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? |  | \_ \_ /\_ \_ \_ \_ Code month and year 77/ 7777 Don’t know / Not sure 99/ 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: Seat Belt Use / Drinking and Driving

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CSBD.01 | How often do you use seat belts when you drive or ride in a car? Would you say— |  | Read:1 Always2 Nearly always3 Sometimes4 Seldom5 NeverDo not read:7 Don’t know / Not sure |  |  |  |
| 8 Never drive or ride in a car | Go to next section |
| 9 Refused |  |
|  |  |  |  | If CALC.01 = 888 (No drinks in the past 30 days); go to next section. |  |  |
| CSBD.02 | During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?  |  | \_ \_ Number of times 88 None 77 Don’t know / Not sure99 Refused |  |  |  |

Emerging Core: Long-term COVID Effects

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| COVID.01 | Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19? |  | 1 Yes |  |  Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests.~~Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm~~. | 2nd year module to assess chronic conditions related to COVIDWith the increased use of home tests over the past year, a health care provider might not have been involved in delivering positive test results. |
| 2 No7 Don’t know / Not sure9 Refused | Go to closing statement or module section |
| COVID.02 | Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? |  | 1 Yes |  | Long term conditions may be an indirect effect of COVID 19. Read if necessary:- Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)- Difficulty breathing or shortness of breath- Joint or muscle pain- Fast-beating or pounding heart (also known as heart palpitations) or chest pain- Dizziness on standing-menstrual changes- Symptoms that get worse after physical or mental activities-Loss of taste or smell |  |
| 2 No7 Don’t know / Not sure9 Refused | Skip to next section |
| COVID.03 | ~~Do any of these COVID-19 related symptoms THAT you are having reduce your ability to carry out day-to-day activities~~ ~~compared with the time before you had coronavirus or COVID-19~~?Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19? |  | Please read:1 Yes, a lot2 Yes, a little3 Not at all7 Don’t know / Not sure9 Refused |  |  | Assessment of functional impairment is necessary to describe the impact of long-term COVID effects and inform and inform the public health response. In 2023, assessing the impact of symptoms on daily activity is now a higher priority (has more information value), as frequencies of various symptoms following COVID will have been well-studied by then. |

# Closing Statement/ Transition to Modules

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

# Optional Modules

# Module 1: 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.12, DIABETE4, is coded 1. To be asked following Core CCHC.12; |  |  |
| MPDIAB.01 | When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional? |  | 1 Within the past year (anytime less than 12 months ago)2 Within the last 2 years (1 year but less than 2 years ago)3 Within the last 3 years (2 years but less than 3 years ago)4 Within the last 5 years (3 to 4 years but less than 5 years ago)5 Within the last 10 years (5 to 9 years but less than 10 years ago)6 10 years ago or more8 Never7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  |  | Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes) |  |  |
| MPDIAB.02 | Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes? |  | 1 Yes2 Yes, during pregnancy3 No7 Don’t know / Not sure9 Refused |  | If Yes and respondent is female, ask: Was this only when you were pregnant? |  |

# 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) |
|  |  |  |  | Skip if CCHC.12 is not equal to 1. |  |  |
| MDIAB.01 | According to your doctor or other health professional, what type of diabetes do you have? |  | 1 Type 12 Type 27 Don’t know/ Not sure9 Refused |  |  |  |
| MDIAB.02 | Insulin can be taken by shot or pump. Are you now taking insulin? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MDIAB.03 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?  |  | \_ \_ Number of times [76 = 76 or more]88 None98 Never heard of A-one-C test77 Don’t know / Not sure99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.  |  |
| MDIAB.04 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?  |  | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| MDIAB.05 | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? |  | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| MDIAB.06 | When was the last time you took a course or class in how to manage your diabetes yourself?  |  | 1 Within the past year (anytime less than 12 months ago)2 Within the last 2 years (1 year but less than 2 years ago)3 Within the last 3 years (2 years but less than 3 years ago)4 Within the last 5 years (3 to 4 years but less than 5 years ago)5 Within the last 10 years (5 to 9 years but less than 10 years ago)6 10 years ago or more8 Never7 Don’t know / Not sure9 Refused |  |  |  |
| MDIAB.07 | Have you ever had any sores or irritations on your feet that took more than four weeks to heal?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

Module 3 : Arthritis

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  | Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question) |
| MARTH.01 | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. |  |
| MARTH.02 | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MARTH.03 | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment” |  |
| MARTH.04 | 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? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." |  |
| MARTH.05 | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be? |  | \_\_ \_\_ Enter number [00-10]77 Don’t know/ Not sure99 Refused |  |  |  |

# Module 4: Lung Cancer Screening

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to MLCS.04. |  |  |
| MLCS.01 | You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.How old were you when you first started to smoke cigarettes regularly? |  | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 Refused |  | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent. |  |
| 888 Never smoked cigarettes regularly | Go to MLCS.04  |
| MLCS.02 | How old were you when you last smoked cigarettes regularly? |  | \_ \_ \_ Age in Years (001 – 100)777 Don't know/Not sure999 Refused |  |  |  |
| MLCS.03 | On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? |  | \_ \_ \_ Number of cigarettes777 Don't know/Not sure999 Refused |  | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes |  |
| MLCS.04 | The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. Have you ever had a CT or CAT scan of your chest area? |  | 1 Yes |  |  |  |  |
| 2 No 7 Don't know/not sure9 Refused | Go to next module |
| MLCS.05 | Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer? |  | 1 Yes |  |  |  |  |
| 2 No7 Don't know/not sure9 Refused | Go to Next module |
| MLCS.06 | When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer? |  | Read only if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years)3 Within the past 3 years (2 years but less than 3 years)4 Within the past 5 years (3 years but less than 5 years)5 Within the past 10 years (5 years but less than 10 years ago)6 10 or more years agoDo not read:7 Don’t know / Not sure9 Refused |  |  |  |

# Module 5: 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) |
|  |  |  |  | Skip to next module if male |  |  |
| MBCCS.01 | (The next questions are about breast and cervical cancer.) Have you ever had a mammogram? |  | 1 Yes |  | A mammogram is an x-ray of each breast to look for breast cancer.  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to MBCCS.03 |
| MBCCS.02 | How long has it been since you had your last mammogram?  |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago7 Don’t know / Not sure 9 Refused |  |  |  |
| MBCCS.03 | Have you ever had a cervical cancer screening test? |  | 1 Yes |  |   |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to MBCCS.07 |
| MBCCS.04 | How long has it been since you had your last cervical cancer screening test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago |  |  |  |
| 7 Don’t know / Not sure 9 Refused |  |
| MBCCS.05 | At your most recent cervical cancer screening, did you have a Pap test? |  | 1 Yes2 No 7 Don’t know / Not sure 9 Refused |  |  |  |
| MBCCS.06 | At your most recent cervical cancer screening, did you have an H.P.V. test? |  | 1 Yes2 No 7 Don’t know / Not sure 9 Refused |  | H.P.V. stands for Human papillomarvirus (pap-uh-loh-muh virus) |  |
| MBCCS.07 | Have you had a hysterectomy?  |  | 1 Yes 2 No 7 Don’t know / Not sure 9 Refused | If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module. | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). |  |

# Module 6: 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. |  |  |
| MPCS.01 | Have you ever had a P.S.A. test?  |  | 1 Yes |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| 2 No 7 Don’t know / Not sure 9 Refused | Go to MPCS.05 |
| MPCS.02 | About how long has it been since your most recent P.S.A. test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years agoDo not read:7 Don’t know / Not sure 9 Refused |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
|  |  |  |  |  |  |  |
| MPCS.03 | What was the main reason you had this P.S.A. test – was it …? |  | Read:1 Part of a routine exam2 Because of a problem3. Other reasonDo not read:7 Don’t know / Not sure 9 Refused  |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| MPCS.04 | Who first suggested this P.S.A. test: you, your doctor, or someone else? |  | 1 Self2 Doctor, nurse, health care professional3 Someone else7 Don’t Know / Not sure9 Refused |  |  |  |
| MPCS.05 | When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. test? |  | 1 Advantages 2 Disadvantages3 Both Advantages and disadvantagesDO NOT READ4. Neither 7 Don’t know/ not sure9 Refused |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |

# Module 7: 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. |  |  |
| MCCS.01 | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? |  | 1 Yes | Go to MCCS.02 | A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to MCCS.06 |
| MCCS.02 | Have you had a colonoscopy, a sigmoidoscopy, or both? |  | 1 Colonoscopy | Go to MCCS.03 |  |  |
| 2 Sigmoidoscopy | Go to MCCS.04 |
| 3 Both  | Go to MCCS.03 |
| 7 Don’t know/Not sure | Go to MCCS.05 |
| 9 Refused | Go to MCCS.06 |
| MCCS.03 | How long has it been since your most recent colonoscopy?  |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago)4 Within the past 10 years (5 years but less than 10 years ago)5 10 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
|  |  |  |  | If MCCS.02 =3 (BOTH) continue, else Go to MCCS.06 |  |  |
| MCCS.04 | How long has it been since your most recent sigmoidoscopy?  |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago)4 Within the past 10 years (5 years but less than 10 years ago)5 10 or more years agoDo not read:7 Don't know / Not sure9 Refused | Go to MCCS.06 |  |  |
|  |  |  |  | If MCCS.02 =3 (BOTH) continue, else Go to MCCS.06 |  |  |
| MCCS.05 | How long has it been since your most recent colonoscopy or sigmoidoscopy? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago)4 Within the past 10 years (5 years but less than 10 years ago)5 10 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  |  |
| MCCS.06 | 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? |  | 1 Yes | Go to MCCS.07 |  |  |
| 2 No 7 Don’t Know/Not sure9 Refused | Go to Next Module |
| MCCS.07 | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? |  | 1 Yes | Go to MCCS.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 7 Don’t Know/Not sure9 Refused | Go to MCCS.09 |
| MCCS.08 | When was your most recent CT colonography or virtual colonoscopy? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |
| MCCS.09 | 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 test? |  | 1 Yes | Go to MCCS.10 | The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or 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. |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to MCCS.11 |
| MCCS.10 | How long has it been since you had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |
| MCCS.11 | 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? |  | 1 Yes | Go to MCCS.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. |  |
| 2 No 7 Don’t Know/Not sure9 Refused | Go to Next Module |
| MCCS.12 | Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test? |  | 1 Yes2 No 7 Don’t Know/Not sure9 Refused |  |  |  |
| MCCS.13 | How long has it been since you had this test? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years agoDo not read:7 Don’t know / Not sure 9 Refused |  |  |  |

Module 8: Cancer Survivorship: Type of Cancer

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. |  |  |
| MTOC.01 | You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.How many different types of cancer have you had? |  | 1 Only one2 Two3 Three or more |  |  |  |
| 7 Don’t know / Not sure 9 Refused | Go to next module |
| MTOC.02 | At what age were you told that you had cancer? |  |  \_ \_ Age in Years (97 = 97 and older)98 Don't know/Not sure99 Refused |  | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?Read if necessary: This question refers to the first time they were told about their first cancer. |  |
| MTOC.03 | What type of cancer was it? |  | Read if respondent needs prompting for cancer type:01 Bladder02 Blood03 Bone04 Brain05 Breast06 Cervix/Cervical07 Colon08 Esophagus/Esophageal09 Gallbladder10 Kidney11 Larynx-trachea12 Leukemia13 Liver14 Lung15 Lymphoma16 Melanoma17 Mouth/tongue/lip18 Ovary/Ovarian19 Pancreas/Pancreatic20 Prostate21 Rectum/Rectal22 Skin (non-melanoma)23 Skin (don't know what kind)24 Soft tissue (muscle or fat) 25 Stomach26 Testis/Testicular27 Throat - pharynx28 Thyroid29 Uterus/Uterine30 OtherDo not read:77 Don’t know / Not sure99 Refused |  |  |  |

# Module 9: Cancer Survivorship: Course of Treatment

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

# Module 10: Cancer Survivorship: Pain Management

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

# Module 11: Indoor Tanning

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MNTAN.01 | Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth? |  | \_ \_ \_ Number (0-365) 777 Don’t know/ Not sure999 Refused |  |  |  |

# Module 12: Excess Sun Exposure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MSUN.01 | During the past 12 months, how many times have you had a sunburn? |  | \_ \_ \_ Number (0-365) 777 Don’t know/ Not sure999 Refused |  |  |  |
| MSUN.02 | When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that…. |  | Read:1 Always2 Most of the time3 Sometimes4 Rarely5 NeverDo not read:6 Don’t stay outside for more than one hour on warm sunny days 8 Don’t go outside at all on warm sunny days7 Don’t know/ Not sure9 Refused |  | Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt. |  |
| MSUN.03 | On weekdays, in the summer, how long are you outside per day between 10am and 4pm?  |  | 01 Less than half an hour02 (More than half an hour) up to 1 hour03 (More than 1 hour) up to 2 hours04 (More than 2 hours) up to 3 hours05 (More than 3 hours) up to 4 hours06 (More than 4 hours) up to 5 hours07 (More than 5) up to 6 hours77 Don’t know/ Not sure99 Refused |  | Friday is a weekday.If respondent says never, code 01. |  |
| MSUN.04 | On weekends in the summer, how long are you outside each day between 10am and 4pm? |  | 01 Less than half an hour02 (More than half an hour) up to 1 hour03 (More than 1 hour) up to 2 hours04 (More than 2 hours) up to 3 hours05 (More than 3 hours) up to 4 hours06 (More than 4 hours) up to 5 hours07 (More than 5) up to 6 hours77 Don’t know/ Not sure99 Refused |  | Friday is a weekday.If respondent says never, code 01. |  |

# Module 13: 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. |  |  |
| MCOG.01 | The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse? |  | 1 Yes |  |  | The introduction was shortened to: Reduce time needed to administer.Remove mention of specific activities from the current introduction (i.e. “forgetting how to do things you’ve always done”). These activities were removed to avoid priming respondents to answer one way or another. The question was changed, Removed “confusion.” Current research on subjective cognitive decline (SCD) does not suggest confusion is a major component of SCD. “Difficulties with thinking or memory” was a specific suggestion for phrasing by the individuals living with early-stage dementia and reflected how they would have first described their subjective symptoms with cognition. |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| MCOG.02 | Are you worried about these difficulties with thinking or memory? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | This is a new question.Current research on subjective cognitive decline (SCD) suggests a strong correlation between those who express worry about their difficulties with thinking or memory and future risk of developing dementia. This data will further identify population burden of cognitive impairment. |
| MCOG.03 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  The change to “provider” is to align with other questions on the BRFSS. The proposed change of order — to move the question to third rather than last — is to improve the flow of questions and place similar/cascading questions next to one another. |
| MCOG.04 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | Based on current research on subjective cognitive decline (SCD), the proposed activities listed align well with difficulties first noted by those experiencing SCD. Clinical researchers on the advisory group noted that the cognitive effort required for “paying bills” was different than the effort required to “clean.” Further, the input from those living with early-stage dementia cited “managing medications” and “paying bills” as two of the activities when they first noticed cognitive issues in themselves. “keeping track of appointments” was added as another example that required similar cognitive load. The decision to change “given up” to “interfered with” was to resolve the ambiguity around what “given up” meant. The advisory group noted that “interfered with” would be easier for respondents to answer.  |
| MCOG.05 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | This question was simplified to ascertain additional burden among those experiencing subjective cognitive decline (SCD). “engage in social activities” was removed due to mild confusion over what the phrase meant. “outside the home” was removed since respondents may work or volunteer from home.  |

# Module 14: Caregiver

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MCARE.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? |  | 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 7 Don’t know/Not sure  | Go to MCARE.09 |
| 8 Caregiving recipient died in past 30 days  | Go to next module |
| 9 Refused | Go to MCARE.09 |
| MCARE.02 | What is his or her relationship to you? |  | 01 Mother02 Father03 Mother-in-law04 Father-in-law05 Child06 Husband07 Wife08 Live-in partner09 Brother or brother-in-law10 Sister or sister-in-law11 Grandmother12 Grandfather13 Grandchild14 Other relative 15 Non-relative/ Family friend77 Don’t know/Not sure99 Refused |  | If more than one person, say: Please refer to the person to whom you are giving the most care. |  |
| MCARE.03 | For how long have you provided care for that person?  |  | Read if necessary:1 Less than 30 days2 1 month to less than 6 months3 6 months to less than 2 years4 2 years to less than 5 years5 More than 5 yearsDo not read:7 Don’t Know/ Not Sure9 Refused |  |  |  |
| MCARE.04 | In an average week, how many hours do you provide care or assistance?  |  | Read if necessary: 1 Up to 8 hours per week2 9 to 19 hours per week3 20 to 39 hours per week4 40 hours or moreDo not read:7 Don’t know/Not sure9 Refused |  |  |  |
| MCARE.05 | What is the main health problem, long-term illness, or disability that the person you care for has? |  | 01 Arthritis/ rheumatism02 Asthma03 Cancer04 Chronic respiratory conditions such as emphysema or COPD05 Alzheimer’s disease, dementia or other cognitive impairment disorder06 Developmental disabilities such as autism, Down’s Syndrome, and spina bifida07 Diabetes08 Heart disease, hypertension, stroke09 Human Immunodeficiency Virus Infection (H.I.V.)10 Mental illnesses, such as anxiety, depression, or schizophrenia11 Other organ failure or diseases such as kidney or liver problems12 Substance abuse or addiction disorders13 Injuries, including broken bones 14 Old age/ infirmity/frailty15 Other77 Don’t know/Not sure99 Refused | If MCARE.05 = 5 (Alzheimer’s disease, dementia or other cognitive impairment disorder), go to MCARE.07.Otherwise, continue |  |  |
| MCARE.06 | Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?  |  | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  |  |  |
| MCARE.07 | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?  |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MCARE.08 | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
|  |  |  |  | If MCARE.01 = 1 or 8, go to next module |  |  |
| MCARE.09 | In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?  |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |

# Module 15: 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 |  |  |
| MTC.01 | How long has it been since you last smoked a cigarette, even one or two puffs?  |  | Read if necessary:01 Within the past month (less than 1 month ago)02 Within the past 3 months (1 month but less than 3 months ago)03 Within the past 6 months (3 months but less than 6 months ago)04 Within the past year (6 months but less than 1 year ago)05 Within the past 5 years (1 year but less than 5 years ago)06 Within the past 10 years (5 years but less than 10 years ago)07 10 years or more 08 Never smoked regularly77 Don’t know / Not sure99 Refused | Go to next module |  |  |
|  |  |  |  | Ask if SMOKDAY2 = 1 or 2. |  |  |
| MTC.02 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

Module 16: Other Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. |  |
|  |  |  | ASK  IF CTOB.02 = 1,2 |  |  |  |
| MOTU.01 | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  | ASK IF CTOB.04 = 2, 3 |  |  |  |
| MOTU.02 | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MOTU.03 | Before today, have you heard of heated tobacco products? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

# Module 17: Firearm Safety

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

# Module 18: Industry and Occupation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MIO.01 | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.  | TYPEWORK |  \_\_\_\_\_\_\_Record answer99 Refused | If CDEM.15 = 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.If CDEM.15 = 4 (Out of work for less than 1 year) ask, “What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.”Else go to next module  | If respondent is unclear, ask: What is your job title?If respondent has more than one job ask: What is your main job? |  |
| MIO.02 | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant | TYPEINDS | \_\_\_\_\_\_\_Record answer99 Refused | If Core CDEM.15 = 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 19: Heart Attack and Stroke

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MHAS.01 | (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.02 | (Do you think) ) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.03 | (Do you think) chest pain or discomfort (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.04 | (Do you think) sudden trouble seeing in one or both eyes (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.05 | (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.06 | (Do you think) shortness of breath (are symptoms of a heart attack?)  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.07 | (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.08 | (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.09 | (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.10 | (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.11 | (Do you think) sudden trouble walking, dizziness, or loss of balance (is a symptom of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.12 | (Do you think) severe headache with no known cause (are symptoms of a stroke?) |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| MHAS.13 | If you thought someone was having a heart attack or a stroke, what is the first thing you would do? |  | Please read:1 Take them to the hospital 2 Tell them to call their doctor 3 Call 911 4 Call their spouse or a family member **Or** 5 Do something else  |  |  |  |
| Do not read:7 Don’t know / Not sure9 Refused |

# Module 20: Aspirin for CVD Prevention

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

# Module 21: 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? |  | 1 Male2 Female7 Don’t know/Not sure9 Refused |  | This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.  |  |

# Module 22: Sexual Orientation and Gender Identity (SOGI)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next two questions are about sexual orientation and gender identity |  |  |  |  |  |
|  |  |  |  | If sex= male (using BIRTHSEX, CP05, LL07 ) continue, otherwise go to MSOGI.02. |  |  |
| MSOGI.01 | Which of the following best represents how you think of yourself?  |  | 1 = Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused |  | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
|  |  |  |  | If sex= female (using BIRTHSEX, CP05, LL07 ) continue, otherwise go to MSOGI.03. |  |  |
| MSOGI.02 | Which of the following best represents how you think of yourself? |  | 1 = Lesbian or Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused | . | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
| MSOGI.03 | Do you consider yourself to be transgender?  |  | 1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male3 Yes, Transgender, gender nonconforming4 No7 Don’t know/not sure9 Refused |  | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |

# Module 23: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses. |  |
| MMU.01 | During the past 30 days, on how many days did you use marijuana or cannabis? |  | \_ \_ 01-30 Number of days |  | Do not include hemp-based CBD-only products. |  |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| MMU.02 | During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.03 | …eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.04 | …vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.05 | …dab it (for example, using a dabbing rig, knife, or dab pen)? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.06 | …use it in some other way? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
|  |  |  |  | If respondent answers yes to only one type of use, skip MMU.07 |  |  |
|  |  |  |  | Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).  |  |  |
| MMU.07 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually… |  | Read:1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it or drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or6 Use it some other way.Do not read:7 Don’t know/not sure 9 Refused |  | Select one. If respondent provides more than one say: Which way did you use it most often?Do not include hemp-based CBD-only products. |  |

# Module 24: Adverse Childhood Experiences

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.  |  |  |  | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. |  |
|  MACE.01 | Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?  |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
|  MACE.02 | Did you live with anyone who was a problem drinker or alcoholic? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
| MACE.03 | Did you live with anyone who used illegal street drugs or who abused prescription medications?  |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
|  MACE.04 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?  |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  |  |
|  MACE.05 | Were your parents separated or divorced? |  | 1 Yes2 No8 Parents not married7 Don’t Know/Not Sure9 Refused |  |  |  |
| MACE.06 | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?Was it…  |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
|  MACE.07 | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—  |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
| MACE.08 | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it… |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
| MACE.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it… |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
| MACE.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it… |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
|  MACE.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it… |  | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  |  |
| MACE.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? |  | 1. Never2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don’t Know/Not sure 9 Refused |  |  |  |
| MACE.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? |  | 1. Never2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don’t Know/Not sure 9 Refused |  |  |  |
|  | Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions. |  |  |  | If yes provide number [STATE TO INSERT NUMBER HERE] |  |

# Module 25: Place of Flu Vaccination

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

# Module 26: HPV - Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Columns |
|  |  |  |  | To be asked of respondents between the ages of 18 and 49 years (can be calculated from YEARBORN variable); otherwise, go to next module |  |  |
| MHPV.01 | Have you ever had an H.P.V. vaccination? |  | 1 Yes |  | Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].

|  |
| --- |
| If respondent comments that this question was already asked, clarify **that the earlier questions was about HPV testing, and this** question is about vaccination. |

 |  |
| 2 No3 Doctor refused when asked7 Don’t know / Not sure9 Refused  | Go to next module |
| MHPV.02 | How many HPV shots did you receive?  |  | \_ \_ Number of shots (1-2)3 All shots77 Don’t know / Not sure99 Refused |  |  |  |

**Module 27: Tetanus Diphtheria (Tdap) (Adults)**

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

# Module 28: COVID Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Comments |
| MCOV.01 | Have you received at least one dose of a COVID-19 vaccination? |  | 1 Yes | Go to MCOV.03  |  |  |
| 2 No  | Go to MCOV.02 |
| 7 Don’t know / Not sure9 Refused | Go to next section |
| MCOV.02 | Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? |  | 1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don’t know/Not sure 9 = Refused  | Go to next section |  |  |
| MCOV.03 | How many COVID-19 vaccinations have you received? |  | 1 One2 Two 3 Three 4 Four 5 Five or more7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  |  |  |  |  |

# Module 29: Social Determinants and Health Equity

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

Module 30: Reactions to Race

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MRTR.01 | Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?  |  | 01 White02 Black or African American03 Hispanic or Latino04 Asian05 Native Hawaiian or Other Pacific Islander06 American Indian or Alaska Native07 Mixed Race08 Some other group 77 Don’t know / Not sure99 Refused |  | If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”Interviewer note: do not offer “mixed race” as a category but use as a code if respondent offers it. |  |
| MRTR.02 | How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?  |  | 1 Never2 Once a year3 Once a month4 Once a week5 Once a day6 Once an hour8 Constantly7 Don’t know / Not sure9 Refused |  | The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response. |  |
| MRTR.03 | Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races? |  | Read if necessary:1 Worse than other races2 The same as other races3 Better than other races4 Worse than some races, better than others5 Only encountered people of the same race7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  |  | Ask If CDEM.13 = 1, 2, 4 [CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”] |  |  |
| MRTR.04 | Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?  |  | 1 Worse than other races2 The same as other races3 Better than other races4 Worse than some races, better than others5 Only encountered people of the same race7 Don’t know / Not sure9 Refused |  |  |  |
| MRTR.05 | Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? |  | 1 Worse than other races2 The same as other races3 Better than other races4 Worse than some races, better than others5 Only encountered people of the same race7 Don’t know / Not sure9 Refused |  | If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people’s experiences |  |
| MRTR.06 | Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? |  | 1 Yes2 No 7 Don’t know / Not sure9 Refused |  |  |  |

Module 31: Random Child Selection

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Intro text and screening | If CDEM.14 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.If CDEM.15 is >1 and CDEM.14 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. |  |  | If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module. CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child’s number in all questions below.INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child. |  |  |
| MRCS.01 | What is the birth month and year of the [Xth] child? |  | \_ \_ /\_ \_ \_ \_ Code month and year77/ 7777 Don’t know / Not sure99/ 9999 Refused |  |  |  |
| MRCS.02 | Is the child a boy or a girl? |  | 1 Boy 2 Girl | Go to MRCS.04 |  |  |
| 3 Nonbinary/other9 Refused |  |  |
| MRCS.03 | What was the child’s sex on their original birth certificate? |  | 1 Boy 2 Girl9 Refused |  |  |  |
| MRCS.04 | Is the child Hispanic, Latino/a, or Spanish origin?  |  | Read if response is yes:1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | If yes, ask: Are they… |  |
| MRCS.04 | Which one or more of the following would you say is the race of the child? |  | 10 White 20 Black or African American 30 American Indian or Alaska Native**40 Asian**41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian**50 Pacific Islander**51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused |  | Select all that applyIf 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |
| MRCS.05 | How are you related to the child? Are you a-- |  | Please read: 1 Parent (include biologic, step, or adoptive parent)2 Grandparent3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling)5 Other relative6 Not related in any way Do not read:7 Don’t know / Not sure9 Refused |  |  |  |

Module 32: Childhood Asthma Prevalence

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module. |  |  |
| MCAP.01 | The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?  |  | 1 Yes | Fill in correct [Xth] number. |  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| MCAP.02 | Does the child still have asthma?  |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |

Asthma Call-Back Permission Script

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (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. |  |  |  |  |  |
| CB01.01 | Would it be okay if we called you back to ask additional asthma-related questions at a later time? |  | 1 Yes2 No |  |  |  |
| CB01.02 | Which person in the household was selected as the focus of the asthma call-back? |  | 1 Adult2 Child |  |  |  |
| CB01.03 | 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. |

Appendix 1: Physical Activity List

1. Walking

2. Running or jogging

3. Gardening or yard work

4. Bicycling or bicycling machine exercise

5. Aerobics video or class

6. Calisthenics

7. Elliptical/EFX machine exercise

8. Household activities

9. Weightlifting

10. Yoga, Pilates, or Tai Chi

11. Other