

2025 BRFSS  
Questionnaire  
DRAFT



# Table of Contents

|   |    |
|---|----|
| OMB Header and Introductory Text.....                   | 4  |
| Landline Introduction.....                              | 5  |
| Cell Phone Introduction.....                            | 11 |
| Core Section 1: Health Status.....                      | 17 |
| Core Section 2: Healthy Days.....                       | 18 |
| Core Section 3: Health Care Access.....                 | 20 |
| Core Section 4: Exercise.....                           | 22 |
| Core Section 5: Hypertension Awareness.....             | 23 |
| Core Section 6: Cholesterol Awareness.....              | 24 |
| Core Section 7: Chronic Health Conditions.....          | 26 |
| Core Section 8: Demographics.....                       | 28 |
| Core Section 9: Disability.....                         | 34 |
| Core Section 10: Inadequate Sleep.....                  | 36 |
| Core Section 11: Tobacco Use.....                       | 36 |
| Core Section 12: Alcohol Consumption.....               | 38 |
| Core Section 13: Immunization.....                      | 40 |
| Core Section 14: Fruits and Vegetables.....             | 42 |
| Core Section 15: H.I.V./AIDS.....                       | 45 |
| Closing Statement/ Transition to Modules.....           | 45 |
| Optional Modules.....                                   | 46 |
| Module 1: Prediabetes.....                              | 47 |
| Module 2: Diabetes.....                                 | 49 |
| Module 3 : Arthritis.....                               | 52 |
| Module 4: Prostate Cancer Screening.....                | 54 |
| Module 5: Cancer Survivorship: Type of Cancer.....      | 57 |
| Module 6: Cancer Survivorship: Course of Treatment..... | 60 |
| Module 7: Cancer Survivorship: Pain Management.....     | 63 |
| Module 8: Cognitive Decline.....                        | 64 |
| Module 9: Caregiver.....                                | 67 |
| Module 10: Tobacco Cessation.....                       | 71 |
| Module 11: Other Tobacco Use.....                       | 73 |
| Module 12: Firearm Safety.....                          | 73 |

|   |     |
|---|-----|
| Module 13: Industry and Occupation.....                         | 74  |
| Module 14: Home/ Self-measured Blood Pressure.....              | 75  |
| Module 15: Sodium or Salt-Related Behavior.....                 | 77  |
| Module 16: Sex at Birth.....                                    | 78  |
| Module 17: Sexual Orientation and Gender Identity (SOGI).....   | 79  |
| Module 18: Marijuana Use.....                                   | 82  |
| Module 19: Adverse Childhood Experiences.....                   | 85  |
| Module 20: Family Planning.....                                 | 89  |
| Module 21: HPV - Vaccination.....                               | 94  |
| Module 22: Shingles Vaccination.....                            | 96  |
| Module 23: COVID Vaccination.....                               | 97  |
| Module 24: Social Determinants of Health and Health Equity..... | 97  |
| Module 25: Reactions to Race.....                               | 100 |
| Module 26: Random Child Selection.....                          | 103 |
| Module 27: Childhood Asthma Prevalence.....                     | 106 |
| Closing Statement.....  | 107 |

## OMB Header and Introductory Text

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



# Landline Introduction

| Question Number | Question text                | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|------------------------------|----------------|--|----------------------|---|-----------|
| LL01.           | Is this [PHONE NUMBER]?      |                | 1 Yes  | Go to LL02           | 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.  |           |
|                 |                              |                | 2 No   | TERMINATE            |   |           |
| 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.<br>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 (LL03) = "YES," GO TO LL09; OTHERWISE GO TO NUMBER OF ADULTS LL07 |  |  |
|       |  |  | 2 No               | IF COLLEGE HOUSING (LL03) = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07  | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.  |  |
| LL07. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as |  | 1                  | Go to LL09   | Read: Are you that adult?<br>If yes: Then you are the person I need to speak with.<br>If no: May I speak with the adult in the household?  |  |



|              |   |  |  |   |   |  |
|--------------|---|--|--|---|---|--|
|              | students away at college, how many members of your household, including yourself, are 18 years of age or older?                                     |  | 2-6 or more  | Go to LL08.   | 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.  |  |
| <b>LL08.</b> | 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? |  | 1 = Yes<br>2 = No - <i>Ask for correct respondent</i>  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming) |   |  |
| <b>LL09.</b> | You may select more than one answer. Are you?   |  | Read:<br>1 Male<br>2 Female  |   | We ask this question to determine which health related questions apply to each respondent. For example, persons who reports male as their sex at birth might be asked about prostate health issues. |  |
|              |   |  | 3 Transgender, non-binary, or another gender<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | Go to LL10  |   |  |
|              |   |  |  | If more than one response   |   |  |

|                                 |   |  |   |   |   |
|---------------------------------|---|--|---|---|---|
|                                 |   |  |   | to LL09;<br>continue.<br>Otherwise, go<br>to Transition   |   |
| <b>LL10</b>                     | What was your sex at birth?<br>Was it male or female? |  | 1 Male<br>2 Female<br>7 Don't know/Not sure<br>9 Refused  | If '7' or '9' then<br>TERMINATE<br>"Thank you for your time, your number may be selected for another survey in the future." | Read if necessary:<br>"What sex were you assigned at birth on your original birth certificate?"   |
| <b>Transition to Section 1.</b> |   |  | 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 |   | Do not read: Introductory text may be reread when selected respondent is reached.<br><br>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. |

|  |  |  |                       |  |  |  |
|--|--|--|-----------------------|--|--|--|
|  |  |  | telephone<br>number). |  |  |  |
|--|--|--|-----------------------|--|--|--|

# Cell Phone Introduction

| Question Number | Question text                         | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note                          | Interviewer Note (s)  | Column(s) |
|-----------------|---------------------------------------|----------------|--|---|---|-----------|
| CP01.           | Is this a safe time to talk with you? |                | 1 Yes  | Go to CP02                                    |   |           |
|                 |                                       |                | 2 No   | ([set appointment if possible])<br>TERMINATE] | Thank you very much. We will call you back at a more convenient time.   |           |
| CP02.           | Is this [PHONE NUMBER]?               |                | 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.           | You may select                        |                | Please read:                                   |   | We ask this   |           |

|              |  |  |  |  |   |  |
|--------------|--|--|--|--|---|--|
|              | more than one answer.<br>Are you?                  |  | 1 Male<br>2 Female   |  | 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 Transgender, non-binary, or another gender<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | Go to CP06   |   |  |
|              |  |  |  | If more than one response to CP05; continue. Otherwise, go to CP07.  |   |  |
| <b>CP06</b>  | What was your sex at birth? Was it male or female? |  | 1 Male<br>2 Female<br>7 Don't know/Not sure<br>9 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?"  |  |
| <b>CP07.</b> | 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 apartment   |  |

|              |                                 |  |       |            |   |  |
|--------------|---------------------------------|--|-------|------------|---|--|
|              |                                 |  |       |            | Do not read:<br>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 |   |  |
| <b>CP08.</b> | Do you live in college housing? |  | 1 Yes | Go to CP09 | Read if necessary:<br>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.   |  |
| <b>CP09.</b> | Do you currently live           |  | 1 Yes | Go to CP11 |   |  |
|              |                                 |  | 2 No  | Go to CP10 |   |  |

|              | in __ (state) __?                    |  |  |  |  |  |
|--------------|--------------------------------------|--|--|--|--|--|
| <b>CP10.</b> | In what state do you currently live? |  | 1 Alabama<br>2 Alaska<br>4 Arizona<br>5 Arkansas<br>6 California<br>8 Colorado<br>9 Connecticut<br>10 Delaware<br>11 District of Columbia<br>12 Florida<br>13 Georgia<br>15 Hawaii<br>16 Idaho<br>17 Illinois<br>18 Indiana<br>19 Iowa<br>20 Kansas<br>21 Kentucky<br>22 Louisiana<br>23 Maine<br>24 Maryland<br>25<br>Massachusetts<br>26 Michigan<br>27 Minnesota<br>28 Mississippi<br>29 Missouri<br>30 Montana<br>31 Nebraska<br>32 Nevada<br>33 New Hampshire<br>34 New Jersey<br>35 New Mexico<br>36 New York<br>37 North Carolina<br>38 North Dakota<br>39 Ohio<br>40 Oklahoma<br>41 Oregon<br>42<br>Pennsylvania<br>44 Rhode Island<br>45 South Carolina |  |  |  |

|                      |  |  |  |   |  |  |
|----------------------|--|--|--|---|--|--|
|                      |  |  | 46 South Dakota<br>47 Tennessee<br>48 Texas<br>49 Utah<br>50 Vermont<br>51 Virginia<br>53 Washington<br>54 West Virginia<br>55 Wisconsin<br>56 Wyoming<br>66 Guam<br>72 Puerto Rico<br>78 Virgin Islands |   |  |  |
|                      |  |  | 77 Live outside US and participating territories<br>99 Refused   | TERMINATE   | Read: Thank you very much, but we are only interviewing persons who live in the US.  |  |
| <b>CP11.</b>         | Do you also have a landline telephone in your home that is used to make and receive calls? |  | 1 Yes<br>2 No<br>7 Don't know/<br>Not sure<br>9 Refused  |   | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. |  |
| <b>CP12.</b>         | How many members of your household, including yourself, are 18 years of age or older?      |  | __ Number<br>77 Don't know/<br>Not sure<br>99 Refused  | If CP08 = yes then number of adults is automatically set to 1 |  |  |
| <b>Transition to</b> |  |  | I will not ask   |   |  |  |



|                   |  |   |  |  |  |
|-------------------|--|---|--|--|--|
| <b>section 1.</b> |  | 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:<br>1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |                      |                      |           |

## Core Section 2: Healthy Days

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                               | SKIP INFO/ CATI Note                           | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|--|--|--|-----------|
| <b>CHD.01</b>   | 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)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |           |
| <b>CHD.02</b>   | 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)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |           |
|                 |  |                |  | Skip CHD.03 if CHD.01, is 88 and CHD.02, is 88 |  |           |
| <b>CHD.03</b>   | 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-                                     |                | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |           |

|  |                            |  |  |  |  |  |
|--|----------------------------|--|--|--|--|--|
|  | care, work, or recreation? |  |  |  |  |  |
|--|----------------------------|--|--|--|--|--|

## Core Section 3: Health Care Access

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CHCA.01         | What is the current primary source of your health care coverage? |                | <p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure 99 Refused</p> |                      | <p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p> |           |
| CHCA.02         | Do you have one person   |                | <p>1 Yes, only one</p> <p>2 More than one</p>   |                      | <p>If no, read: Is there more than</p>   |           |

|                |   |  |   |  |   |  |
|----------------|---|--|---|--|---|--|
|                | or a group of doctors that you think of as your personal health care provider?  |  | 3 No<br>7 Don't know / Not sure<br>9 Refused  |  | one, or is there no person who you think of as your personal doctor or health care provider?<br><br>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. |  |
| <b>CHCA.03</b> | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |  |   |  |
| <b>CHCA.04</b> | About how long has it been since you last visited a doctor for a routine checkup?                                     |  | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |  | Read if necessary:<br>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.   |  |

## Core Section 4: Exercise

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>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<br>2 No<br>7 Don't know/Not Sure<br>9 Refused |                         | 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.<br><br><del>Physical activity done at a work gym during the workday would count</del> |           |

## Core Section 5: Hypertension Awareness

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



## Core Section 6: Cholesterol Awareness

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)             | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|-------------------------|----------------------|-----------|
| CCHLA.01        | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <b>blood</b> cholesterol checked? |                | 1 Never   | Go to next section      |                      |           |
|                 |   |                | 2 Within the past year (anytime less than one year ago)       |                         |                      |           |
|                 |   |                | 3 Within the past 2 years (1 year but less than 2 years ago)  |                         |                      |           |
|                 |   |                | 4 Within the past 3 years (2 years but less than 3 years ago) |                         |                      |           |
|                 |   |                | 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 sure  | Go to next section      |                      |           |
| 9 Refused       |   |                |   |                         |                      |           |

|                 |  |  |   |                     |   |  |
|-----------------|--|--|---|---------------------|---|--|
| <b>CCHLA.02</b> | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?         |  | 1 Yes   |                     | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.   |  |
|                 |  |  | 2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to next section. |   |  |
| <b>CCHLA.03</b> | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                     | If respondent questions why they might take drugs without having high cholesterol read: 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) |
|--|--|----------------|---|----------------------|----------------------|-----------|
| <b>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.</b> |  |                |   |                      |                      |           |
| <b>CCHC.01</b>   | Ever told you that you had a heart attack also called a myocardial infarction? |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.02</b>   | (Ever told) (you had) angina or coronary heart disease?                        |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.03</b>   | (Ever told) (you had) a stroke?  |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.04</b>   | (Ever told) (you had) asthma?  |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | Go to CCHC.06        |                      |           |
| <b>CCHC.05</b>   | Do you still have asthma?  |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.06</b>   | (Ever told) (you had) skin cancer that is not melanoma?                        |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.07</b>   | (Ever told) (you had) melanoma or  |                | 1 Yes<br>2 No<br>7 Don't                              |                      |                      |           |

|                |   |  |   |  |   |  |
|----------------|---|--|---|--|---|--|
|                | any other types of cancer?  |  | know / Not sure<br>9 Refused                          |  |   |  |
| <b>CCHC.08</b> | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?              |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |   |  |
| <b>CCHC.09</b> | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |   |  |
| <b>CCHC.10</b> | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?            |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary:<br>Incontinence is not being able to control urine flow.   |  |
| <b>CCHC.11</b> | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?                     |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Do not read:<br>Arthritis diagnoses include:<br>rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; |  |

|                |   |  |  |  |  |  |
|----------------|---|--|--|--|--|--|
|                |   |  |  |  | <p>spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</p> |  |
| <b>CCHC.12</b> | (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.   |  |
|                |   |  | <p>2 Yes, but female told only during pregnancy<br/> 3 No<br/> 4 No, pre-diabetes or borderline diabetes<br/> 7 Don't know / Not sure<br/> 9 Refused</p> | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |  |
| <b>CCHC.13</b> | How old were you when you were first told you had diabetes? |  | <p>__ Code age in years [97 = 97 and older]<br/> 98 Don't know / Not sure<br/> 99 Refused</p>  | 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) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| <b>CDEM.01</b>  | What is your age?  |                | -- Code age in years<br>07 Don't know / Not sure<br>09 Refused  |                      |  |           |
| <b>CDEM.02</b>  | Are you Hispanic, Latino/a, or Spanish origin?                 |                | If yes, read: Are you...<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused  |                      | One or more categories may be selected.  |           |
| <b>CDEM.03</b>  | Which one or more of the following would you say is your race? |                | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused |                      | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.<br><br>If respondent indicates that they are Hispanic for race, please read the race choices. |           |
| <b>CDEM.04</b>  | Are you...   |                | Please read:<br>1 Married<br>2 Divorced   |                      |  |           |

|                |  |  |  |  |   |  |
|----------------|--|--|--|--|---|--|
|                |  |  | <p>3 Widowed<br/> 4 Separated<br/> 5 Never married<br/> Or<br/> 6 A member of an unmarried couple<br/> Do not read:<br/> 9 Refused</p>   |  |   |  |
| <b>CDEM.05</b> | What is the highest grade or year of school you completed? |  | <p>Read if necessary:<br/> 1 Never attended school or only attended kindergarten<br/> 2 Grades 1 through 8 (Elementary)<br/> 3 Grades 9 through 11 (Some high school)<br/> 4 Grade 12 or GED (High school graduate)<br/> 5 College 1 year to 3 years (Some college or technical school)<br/> 6 College 4 years or more (College graduate)<br/> Do not read:<br/> 9 Refused</p> |  |   |  |
| <b>CDEM.06</b> | Do you own or rent your home?                              |  | <p>1 Own<br/> 2 Rent<br/> 3 Other arrangement<br/> 7 Don't know / Not sure<br/> 9 Refused</p>  |  | <p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among</p> |  |

|                |   |  |  |  |   |  |
|----------------|---|--|--|--|---|--|
|                |   |  |  |  | people with different housing situations.                         |  |
| <b>CDEM.07</b> | In what county do you currently live?   |  | __ __ _ANSI County Code<br>777 Don't know / Not sure<br>999 Refused<br>888 County from another state(cell phone data only) |  |   |  |
| <b>CDEM.08</b> | What is the ZIP Code where you currently live?  |  | -----<br>77777 Do not know<br>99999 Refused  |  |   |  |
|                |   |  |  | If cell interview go to CDEM11             |   |  |
| <b>CDEM.09</b> | 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to CDEM.11                              |   |  |
| <b>CDEM.10</b> | How many of these landline telephone numbers are residential numbers?   |  | ___ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused                                  |  |   |  |
| <b>CDEM.11</b> | How many cell phones do you have for your personal  |  | ___ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused                                  | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and |  |



|                |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|
|                | use?   |  |  |  | personal use.  |  |
| <b>CDEM.12</b> | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused  |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| <b>CDEM.13</b> | Are you currently...?  |  | Read:<br>1 Employed for wages<br>2 Self-employed<br>3 Out of work for 1 year or more<br>4 Out of work for less than 1 year<br>5 A Homemaker<br>6 A Student<br>7 Retired<br>Or<br>8 Unable to work<br>Do not read:<br>9 Refused |  | If more than one, say "select the category which best describes you".  |  |
| <b>CDEM.14</b> | How many children less than 18 years of age live in your household?  |  | _ _ Number of children<br>88 None<br>99 Refused  |  |  |  |
| <b>CDEM.15</b> | Is your annual household income from all sources—  |  | Read as necessary:<br>01 Less than \$10,000?<br>02 Less than \$15,000? (\$10,000 to less than \$15,000)<br>03 Less than \$20,000? (\$15,000 to less than \$20,000)<br>04 Less than \$25,000 (\$20,000 to less than             | SEE CATI information of order of coding;<br><br>Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused)   |  |

|                |  |  |   |   |   |  |
|----------------|--|--|---|---|---|--|
|                |  |  | <p>\$25,000)</p> <p>05 Less than \$35,000<br/>(\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000<br/>(\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000?<br/>(\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000?<br/>(\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000?<br/>(\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000?<br/>(\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read:<br/>77 Don't know / Not sure<br/>99 Refused</p> |   |   |  |
|                |  |  |   | <p>Skip to CDEM.17<br/>Skip if Male (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1). Or Age &gt;49</p> |   |  |
| <b>CDEM.16</b> | To your knowledge, are you now pregnant?   |  | <p>1 Yes<br/>2 No<br/>7 Don't know / Not sure<br/>9 Refused</p>   |   |   |  |
| <b>CDEM.17</b> | About how much do you weigh without shoes? |  | <p>__ __ __ Weight (pounds/kilograms)<br/>7777 Don't know / Not sure<br/>9999 Refused</p>   |   | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| <b>CDEM.18</b> | About how tall are you without shoes?      |  | <p>__ / __ Height (ft / inches/meters/centimeters)<br/>77/ 77 Don't know / Not sure</p>   |   | If respondent answers in metrics, put 9 in first                            |  |

|  |  |  |                |  |                                       |  |
|--|--|--|----------------|--|---------------------------------------|--|
|  |  |  | 99/ 99 Refused |  | column.<br>Round<br>fractions<br>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 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      |           |
| CDIS.02         | Are you blind or do you have serious difficulty seeing, even when wearing glasses?   |                | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      |           |
| CDIS.03         | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?                             |                | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      |           |
| CDIS.04         | Do you have serious difficulty walking or climbing stairs?   |                | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      |           |
| CDIS.05         | Do you have difficulty dressing or bathing?  |                | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure              |                      |                      |           |

|                |   |  | 9 Refused   |  |  |  |
|----------------|---|--|---|--|--|--|
| <b>CDIS.06</b> | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |

## Core Section 10: Inadequate Sleep

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                       | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| CIAD.01         | On average, how many hours of sleep do you get in a 24-hour period? |                | __ Number of hours [01-24]<br>77 Don't know / Not sure<br>99 Refused |                      | Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. |           |

## 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 No<br>7 Don't know/Not Sure<br>9 Refused     | Go to CTOB.03        |   |           |

|                |   |  |  |  |  |  |
|----------------|---|--|--|--|--|--|
| <b>CTOB.02</b> | Do you now smoke cigarettes every day, some days, or not at all?                          |  | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>CTOB.03</b> | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? |  | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. |  |

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

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

## Core Section 13: Immunization

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| CIMM.01         | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?          |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to CIMM.03        | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. |           |
| CIMM.02         | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? |                | __ / ____<br>Month / Year<br>77 / 7777<br>Don't know / Not sure<br>09 / 9999<br>Refused                         |                      |   |           |
| CIMM.03         | Have you ever had a pneumonia shot also known as a pneumococcal vaccine?  |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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 received a tetanus shot in the past 10 years?  |                | 1 Yes, received Tdap<br>2 Yes, received tetanus shot, but not Tdap<br>3 Yes, received tetanus shot but not sure |                      | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?   |           |



|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | what type   |  |  |  |
|  |  |  | 4 No, did not receive any tetanus shot in the past 10 years |  |  |  |
|  |  |  | 7 Don't know/Not sure                                       |  |  |  |
|  |  |  | 9 Refused   |  |  |  |

## Core Section 14: Fruits and Vegetables

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

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

|        |   |  |  |  |   |  |
|--------|---|--|--|--|---|--|
|        |   |  |  |  | chips: "Do not include potato chips."   |  |
| CFV.05 | How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad? |  | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?"<br><br>Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."  |  |
| CFV.06 | Not including lettuce salads and potatoes, how often did you eat other vegetables?  |  | 1__ Day<br>2__ Week<br>3__ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused |  | Enter quantity in times per day, week, or month.<br>If respondent gives a number without a time frame, ask "Was that per day, week, or month?"<br><br>Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice." |  |

## Core Section 15: 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 No<br>7 Don't know/ not sure<br>9 Refused   | Go to Next section                                 |   |           |
| CHIV.02         | Not including blood donations, in what month and year was your last H.I.V. test?   |                | __/_----<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure 99/<br>9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.   |           |

## 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 is coded 1. To be asked following Core CCHC.12; |                      |           |
| <b>MPDIAB.01</b> | 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)<br>2 Within the last 2 years (1 year but less than 2 years ago)<br>3 Within the last 3 years (2 years but less than 3 years ago)<br>4 Within the last 5 years (3 to 4 years but less than 5 years ago)<br>5 Within the last 10 years (5 to 9 years but less than 10 years ago)<br>6 10 years ago or more<br>8 Never<br>7 Don't know / Not sure<br>9 Refused |   |                      |           |
|                  |  |                |  | Skip if CCHC.12 is coded 1; If CCHC.12 is coded 4               |                      |           |

|                       |   |  |  | automatically<br>code<br>MPDIAB.02,<br>equal to 1 (yes) |  |  |
|-----------------------|---|--|--|---|--|--|
| <b>MPDIAB.0<br/>2</b> | Has a doctor or<br>other health<br>professional<br>ever told you<br>that you had<br>prediabetes or<br>borderline<br>diabetes? |  | 1 Yes<br>2 Yes, during<br>pregnancy<br>3 No<br>7 Don't know<br>/ Not sure<br>9 Refused |   | If Yes and<br>respondent is<br>female, ask: Was<br>this only when<br>you were<br>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. |   |           |
| <b>MDIAB.0 1</b> | According to your doctor or other health professional, what type of diabetes do you have?                                      |                | 1 Type 1<br>2 Type 2<br>7 Don't know/ Not sure<br>9 Refused   |                                    |   |           |
| <b>MDIAB.0 2</b> | Insulin can be taken by shot or pump. Are you now taking insulin?  |                | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  |                                    |   |           |
| <b>MDIAB.0 3</b> | 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]<br>88 None<br>98 Never heard of A-one-C test<br>77 Don't know / Not sure<br>99 Refused       |                                    | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. |           |
| <b>MDIAB.0 4</b> | 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:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 |                                    |   |           |

|                      |   |  |   |  |  |  |
|----------------------|---|--|---|--|--|--|
|                      |   |  | months ago)<br>3 Within the past 2 years (1 year but less than 2 years ago)<br>4 2 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused   |  |  |  |
| <b>MDIAB.0<br/>5</b> | 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:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 months ago)<br>3 Within the past 2 years (1 year but less than 2 years ago)<br>4 2 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |  |  |  |
| <b>MDIAB.0<br/>6</b> | 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)<br>2 Within the last 2 years (1 year but less than 2 years ago)<br>3 Within the last 3 years (2 years but less   |  |  |  |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
|                 |   |  | than 3 years ago)<br>4 Within the last 5 years (3 to 4 years but less than 5 years ago)<br>5 Within the last 10 years (5 to 9 years but less than 10 years ago)<br>6 10 years ago or more<br>8 Never<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>MDIAB.07</b> | Have you ever had any sores or irritations on your feet that took more than four weeks to heal? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 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) |  |           |
| <b>MARTH.01</b> | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?    |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |   | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.                              |           |
| <b>MARTH.02</b> | Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |   |  |           |
| <b>MARTH.03</b> | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?                              |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |   | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, |           |

|                 |  |  |   |  |   |  |
|-----------------|--|--|---|--|---|--|
|                 |  |  |   |  | regardless of whether you are taking any medication or treatment”   |  |
| <b>MARTH.04</b> | In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?  |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused               |  | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." |  |
| <b>MARTH.05</b> | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is |  | __ __ Enter number [00-10]<br>77 Don't know/ Not sure<br>99 Refused |  |   |  |

|  |   |  |  |  |  |  |
|--|---|--|--|--|--|--|
|  | pain or aching<br>as bad as it can<br>be? |  |  |  |  |  |
|--|---|--|--|--|--|--|

## Module 4: 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 or is Female, (MSAB.01, is coded 2). If MSAB.01=missing and (CP.05=2 or CP.06=2 or LL.09 = 2 or LL.10=2). go to next module. |  |           |
| MPCS.01         | Have you ever had a P.S.A. test?                               |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to MPCS.05  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |           |
| MPCS.02         | About how long has it been since your most recent P.S.A. test? |                | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago) |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |           |

|                |   |  |   |  |  |  |
|----------------|---|--|---|--|--|--|
|                |   |  | <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>     |  |  |  |
| <b>MPCS.03</b> | What was the main reason you had this P.S.A. test – was it ...?   |  | <p>Read:</p> <p>1 Part of a routine exam</p> <p>2 Because of a problem</p> <p>3. Other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>     |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |
| <b>MPCS.04</b> | Who first suggested this P.S.A. test: you, your doctor, or someone else?  |  | <p>1 Self</p> <p>2 Doctor, nurse, health care professional</p> <p>3 Someone else</p> <p>7 Don't Know / Not sure</p> <p>9 Refused</p>                                      |  |  |  |
| <b>MPCS.05</b> | When you met with a doctor, nurse, or other health professional, did they EVER talk about the advantages, the disadvantages, or both advantages and |  | <p>1 Advantages</p> <p>2 Disadvantages</p> <p>3 Both Advantages and disadvantages</p> <p>DO NOT READ</p> <p>4. Neither</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> |  | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | disadvantages<br>of the<br>prostate-<br>specific<br>antigen or<br>P.S.A. test? |  |  |  |  |  |
|--|--|--|--|--|--|--|



## Module 5: Cancer Survivorship: Type of Cancer

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/<br>CATI Note   | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|---|--|-----------|
|                 |   |                |  | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. |  |           |
| MTOC.01         | <p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p> |                | <p>1 Only one<br/>2 Two<br/>3 Three or more</p> <p>7 Don't know / Not sure<br/>9 Refused</p> | Go to next module   |  |           |
| MTOC.02         | At what age were you told that you had cancer?  |                | <p>__ Age in Years (97 = 97 and older)<br/>98 Don't know/Not sure<br/>99 Refused</p>         |   | <p>If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?<br/>Read if necessary: This question refers to the first time they were told about their first cancer.</p> |           |
|                 |   |                |  | If CCHC.06 = 1 (Yes)  |  |           |

|         |                                   |  |  |  |  |  |
|---------|-----------------------------------|--|--|--|--|--|
|         |                                   |  |  | and<br>MTOC.01 =<br>1 (Only<br>one): ask<br>Was it<br>Melanoma<br>or other<br>skin<br>cancer?<br>then code<br>MTOC.03 as<br>a response<br>of 16 if<br>Melanoma<br>or 22 if<br>other skin<br>cancer |  |  |
| MTOC.03 | What type<br>of cancer<br>was it? |  | Read if respondent<br>needs prompting for<br>cancer type:<br>01 Bladder<br>02 Blood<br>03 Bone<br>04 Brain<br>05 Breast<br>06 Cervix/Cervical<br>07 Colon<br>08<br>Esophagus/Esophageal<br>09 Gallbladder<br>10 Kidney<br>11 Larynx-trachea<br>12 Leukemia<br>13 Liver<br>14 Lung<br>15 Lymphoma<br>16 Melanoma<br>17 Mouth/tongue/lip<br>18 Ovary/Ovarian<br>19<br>Pancreas/Pancreatic<br>20 Prostate<br>21 Rectum/Rectal<br>22 Skin (non-<br>melanoma)<br>23 Skin (don't know<br>what kind)<br>24 Soft tissue (muscle<br>or fat) |  | If MTOC.01 = 2<br>(Two) or 3<br>(Three or more),<br>ask: With your<br>most recent<br>diagnoses of<br>cancer, what<br>type of cancer<br>was it? |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | 25 Stomach<br>26 Testis/Testicular<br>27 Throat - pharynx<br>28 Thyroid<br>29 Uterus/Uterine<br>30 Other<br>Do not read:<br>77 Don't know / Not<br>sure<br>99 Refused |  |  |  |
|--|--|--|---|--|--|--|

## Module 6: Cancer Survivorship: Course of Treatment

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note   | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|---|---|-----------|
|                 |  |                |   | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. |   |           |
| MCOT.01         | Are you currently receiving treatment for cancer?                          |                | Read if necessary:<br>1 Yes<br>2 No, I've completed treatment<br>3 No, I've refused treatment<br>4 No, I haven't started treatment<br>5 Treatment was not necessary<br>7 Don't know / Not sure<br>9 Refused | Go to next module<br>Continue<br>Go to next module                | Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.   |           |
| MCOT.02         | What type of doctor provides the majority of your health care? Is it a.... |                | Read:<br>01 Cancer Surgeon<br>02 Family Practitioner<br>03 General Surgeon<br>04 Gynecologic Oncologist<br>05 General Practitioner, Internist   |   | 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 |           |

|         |   |  |  |                  |   |  |
|---------|---|--|--|------------------|---|--|
|         |   |  | 06 Plastic Surgeon,<br>Reconstructive Surgeon<br>07 Medical Oncologist<br>08 Radiation Oncologist<br>09 Urologist<br>10 Other<br>Do not read:<br>77 Don't know /<br>Not sure<br>99 Refused |                  | physicals,<br>treatment of colds,<br>etc.).<br><br>Read if necessary:<br>An oncologist is a<br>medical doctor<br>who manages a<br>person's care and<br>treatment after a<br>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 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused  |                  | Read if necessary:<br>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 No<br>7 Don't know/<br>not sure<br>9 Refused   | Go to<br>MCOT.06 |   |  |

|         |  |  |   |  |  |  |
|---------|--|--|---|--|--|--|
| MCOT.05 | Were these instructions written down or printed on paper for you?  |  | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 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 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  | Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. |  |
| MCOT.07 | Were you ever denied health insurance or life insurance coverage because of your cancer?                                     |  | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |
| MCOT.08 | Did you participate in a clinical trial as part of your cancer treatment?  |  | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |

## Module 7: Cancer Survivorship: Pain Management

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note   | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|----------------------|-----------|
|                 |  |                |   | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. |                      |           |
| MCPM.01         | Do you currently have physical pain caused by your cancer or cancer treatment? |                | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused   | Go to next module   |                      |           |
| MCPM.02         | Would you say your pain is currently under control...?                         |                | Read:<br>1 With medication (or treatment)<br>2 Without medication (or treatment)<br>3 Not under control, with medication (or treatment)<br>4 Not under control, without medication (or treatment)<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |   |                      |           |

## Module 8: Cognitive Decline

| Question Number  | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|--|--|----------------|--|---|----------------------|-----------|
| <p><b>Prologue: 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.</b></p> |  |                |  |   |                      |           |
|  |  |                |  | If respondent is 45 years of age or older continue, else go to next module. |                      |           |
| <b>MCOG.01</b>   | During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse? |                | 1 Yes  |   |                      |           |
|  |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused    | Go to next module   |                      |           |
| <b>MCOG.02</b>   | Are you  |                | 1 Yes  |   |                      |           |



|                |  |  |  |  |   |  |
|----------------|--|--|--|--|---|--|
|                | worried about these difficulties with thinking or memory?  |  | 2 No<br>7 Don't know/ not sure<br>9 Refused          |  |   |  |
| <b>MCOG.03</b> | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?   |  | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |   |  |
| <b>MCOG.04</b> | 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 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |   |  |
| <b>MCOG.05</b> | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?   |  | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  | If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  | volunteering<br>are not related<br>to difficulties<br>with thinking<br>or memory,<br>code as No. |  |
|--|--|--|--|--|--|--|

## Module 9: 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, say: I'm so sorry for your loss and code 8  |           |
|                 |  |                | 2 No<br>7 Don't know/Not sure  | Go to next module  |   |           |
|                 |  |                | 8 Caregiving recipient died in past 30 days  | Go to next module  |   |           |
|                 |  |                | 9 Refused  | Go to next module  |   |           |
| MCARE.02        | What is their relationship to you?   |                | 1 Parent, stepparent, or parent-in-law<br>2 Grandparent, step grandparent or grandparent-in-law<br>3 Spouse or partner<br>4 Child or stepchild<br>5 Grandchild or step grandchild<br>6 Sibling, stepsibling, or sibling-in-law<br>7 Other relative<br>8 Friend or non-relative<br>77 Don't know/Not sure<br>99 Refused |  | If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code. |           |
| MCARE.03        | What is the main health problem or disability that the person you care for has?  |                | 1)Alzheimer's disease, dementia, or other cognitive impairment<br>2)Heart disease, hypertension, or stroke<br>3)Cancer<br>4)Diabetes<br>5)Injuries including broken bones or traumatic brain injury<br>6)Mental illness such   | If MCARE.03 = 1 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, |   |           |

|                 |  |  |  |          |  |  |
|-----------------|--|--|--|----------|--|--|
|                 |  |  | <p>as depression, anxiety, or schizophrenia</p> <p>7)Developmental disorders such as autism, Down syndrome, or spina bifida</p> <p>8)Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease</p> <p>9)Arthritis/rheumatism</p> <p>10)Hearing or vision loss</p> <p>11)Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy</p> <p>12)Old age, infirmity, or frailty</p> <p>13)Other</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> | continue |  |  |
| <b>MCARE.04</b> | Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?   |  | <p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>   |          |  |  |
| <b>MCARE.05</b> | In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings? |  | <p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>   |          |  |  |
| <b>MCARE.06</b> | In the past 30   |  | 1 Yes  |          |  |  |

|                 |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
|                 | days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?                    |  | 2 No<br>7 Don't Know/Not sure<br>9 Refused   |  |  |  |
| <b>MCARE.07</b> | In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money? |  | 1 Yes<br>2 No<br>7 Don't Know/Not sure<br>9 Refused  |  |  |  |
| <b>MCARE.08</b> | In an average week, how many hours do you provide regular care or assistance? Would you say...   |  | Please read:<br>1) Less than 20 hours per week (19 hours or less)<br>2) Less than 40 hours per week (more than 19 hours, but less than 40 hours)<br>3) 40 hours or more per week<br>Do not read:<br>7 Don't Know/ Not Sure<br>9 Refused  |  |  |  |
| <b>MCARE.09</b> | For how long have you provided regular care to this person?  |  | Read if necessary:<br>1) Within the past 30 days (anytime less than 30 days ago)<br>2) Within the past 2 years (more than 30 days but less than 2 years ago)<br>3) Within the past 5 years (more than 2 years but less than 5 years ago) |  |  |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 4) 5 years or more<br><br>Do not read:<br>7 Don't Know/ Not<br>Sure<br>9 Refused |  |  |  |
|--|--|--|--|--|--|--|

## Module 10: Tobacco Cessation

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note               | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|------------------------------------|----------------------|-----------|
|                 |  |                |   | Ask if CTOB.01 = 1 and CTOB.02 = 3 |                      |           |
| <b>MTC.01</b>   | How long has it been since you last smoked a cigarette, even one or two puffs? |                | Read if necessary:<br>01 Within the past month (less than 1 month ago)<br>02 Within the past 3 months (1 month but less than 3 months ago)<br>03 Within the past 6 months (3 months but less than 6 months ago)<br>04 Within the past year (6 months but less than 1 year ago)<br>05 Within the past 5 years (1 year but less than 5 years ago)<br>06 Within the past 10 years (5 years but less than 10 years ago)<br>07 10 years or more<br>08 Never smoked regularly<br>77 Don't know / Not sure<br>99 Refused | Go to next module                  |                      |           |
|                 |  |                |   | Ask if                             |                      |           |

|               |  |  |  | CTOB.02<br>= 1 or 2. |  |  |
|---------------|--|--|--|----------------------|--|--|
| <b>MTC.02</b> | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? |  | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |  |  |



## Module 11: 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) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
|                 |  |                | ASK IF CTOB.02 = 1,2                                  |                      |                      |           |
| <b>MOTU.01</b>  | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?   |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
|                 |  |                | ASK IF CTOB.04 = 2, 3                                 |                      |                      |           |
| <b>MOTU.02</b>  | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?   |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>Prologue</b> | 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. |                |   |                      |                      |           |
| <b>MOTU.03</b>  | Before today, have you heard of heated tobacco products?   |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |

## Module 12: Firearm Safety

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

|                 |  |  |   |                   |   |
|-----------------|--|--|---|-------------------|---|
| <b>Prologue</b> | The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. |  |   |                   |   |
| <b>MFS.01</b>   | 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 No<br>7 Don't know/<br>not sure<br>9 Refused          | Go to Next module |   |
| <b>MFS.02</b>   | Are any of these firearms now loaded?  |  | 1 Yes   |                   |   |
|                 |  |  | 2 No<br>7 Don't know/<br>not sure<br>9 Refused          | Go to Next module |   |
| <b>MFS.03</b>   | Are any of these loaded firearms also unlocked?  |  | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 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 13: Industry and Occupation

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|---|---|-----------|
| <b>MIO.01</b>   | What kind of work do you do?<br>For example, registered nurse, janitor, cashier, auto mechanic. |                | _____Record answer<br>99 Refused                  | If CDEM.13 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less | If respondent is unclear, ask: What is your job title?<br><br>If respondent has more than |           |

|               |   |  |  |  |  |  |
|---------------|---|--|--|--|--|--|
|               |   |  |  | <p>than 1 year), continue, else go to next module/section.</p> <p>If CDEM.13 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."</p> <p>Else go to next module</p> | <p>one job ask:<br/>What is your main job?</p> |  |
| <b>MIO.02</b> | <p>What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant</p> |  | <p>_____Record answer<br/>99 Refused</p> | <p>If Core CDEM.13 = 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."</p>  |  |  |

## Module 14: Home/ Self-measured Blood Pressure

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                  | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| MHBP.01         | <p>Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?</p> |                | <p>1 Yes<br/>2 No<br/>7 Don't know / Not sure<br/>9 Refused</p> |                      | <p>By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.</p> |           |
| MHBP.02         | <p>Do you regularly</p>  |                | <p>1 Yes</p>  |                      |  |           |

|         |   |  |  |                   |  |  |
|---------|---|--|--|-------------------|--|--|
|         | check your blood pressure outside of your healthcare professional's office or at home?  |  | 2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to next module |  |  |
| MHBP.03 | Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?   |  | 1 At home<br>2 On a machine at a pharmacy, grocery or similar location<br>3 Do not check it<br>7 Don't know / Not sure<br>9 Refused  |                   |  |  |
| MHBP.04 | How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person? |  | Do not read:<br>1 Telephone<br>2 Other methods such as email, internet portal, or fax, or<br>3 In person<br>Do not read:<br>4 Do not share information<br>7 Don't know / Not sure<br>9 Refused |                   |  |  |

## Module 15: Sodium or Salt-Related Behavior

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)    | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|-------------------------|----------------------|-----------|
| MSRB.01         | Are you currently watching or reducing your sodium or salt intake?                          |                | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused |                         |                      |           |
| MSRB.02         | Has a doctor or other health professional ever advised you to reduce sodium or salt intake? |                | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused |                         |                      |           |

# Module 16: 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 Male<br>2 Female<br>7 Don't know/Not sure<br>9 Refused | Skip MSAB.01 If LL10, is coded 1 or 2 or CP06 is coded 1 or 2. If LL10, is coded 1 or 2 or CP06, is coded 1 or 2, automatically code MSAB.01, equal to LL10 or CP.06. | This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates. |           |

## Module 17: Sexual Orientation and Gender Identity (SOGI)

| Question Number  | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note  | Interviewer Note (s)   | Column(s) |
|--|---|----------------|---|--|--|-----------|
| <b>Prologue: The next two questions are about sexual orientation and gender identity</b> |   |                |   |  |  |           |
|  |   |                |   | If sex= male (using LL10,CP06, CPO5, LL09 ) continue, otherwise go to MSOGI.02.  |  |           |
| <b>MSOGI.01</b>  | Which of the following best represents how you think of yourself? |                | 1 = Gay<br>2 = Straight, that is, not gay<br>3 = Bisexual<br>4 = Something else<br>7 = I don't know the answer<br>9 = Refused |  | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word. |           |
|  |   |                |   | If sex= female (using LL10,CP06, CPO5, LL09) continue, otherwise go to MSOGI.03. |  |           |

|                 |   |  |   |   |  |  |
|-----------------|---|--|---|---|--|--|
| <b>MSOGI.02</b> | Which of the following best represents how you think of yourself? |  | <p>1 = Lesbian or Gay<br/> 2 = Straight, that is, not gay<br/> 3 = Bisexual<br/> 4 = Something else<br/> 7 = I don't know the answer<br/> 9 = Refused</p>                           | . | <p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>  |  |
| <b>MSOGI.03</b> | Do you consider yourself to be transgender?                       |  | <p>1 Yes, Transgender, male-to-female<br/> 2 Yes, Transgender, female to male<br/> 3 Yes, Transgender, gender nonconforming<br/> 4 No<br/> 7 Don't know/not sure<br/> 9 Refused</p> |   | <p>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</p> |  |



|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
|  |  |  |  |  | <p>surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p> |  |
|--|--|--|--|--|---|--|

## Module 18: Marijuana Use

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                 | SKIP INFO/ CATI Note | Interviewer Note (s)                         | Column(s) |
|-----------------|--|----------------|--|----------------------|--|-----------|
| <b>Prologue</b> | The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses. |                |  |                      |  |           |
| <b>MMU.01</b>   | During the past 30 days, on how many days did you use marijuana or cannabis?   |                | _ _ 01-30<br>Number of days<br>88 None<br>77 Don't know/not sure<br>99 Refused | Go to next module    | Do not include hemp-based CBD-only products. |           |
| <b>MMU.02</b>   | During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?                                 |                | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused                            |                      | Do not include hemp-based CBD-only products. |           |
| <b>MMU.03</b>   | Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?              |                | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused                            |                      | Do not include hemp-based CBD-only products. |           |
| <b>MMU.04</b>   | Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)?                          |                | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused                            |                      | Do not include hemp-based CBD-only products. |           |
| <b>MMU.05</b>   | Did you dab it (for example, using a dabbing rig, knife, or dab pen)?  |                | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused                            |                      | Do not include hemp-based CBD-only products. |           |

|               |   |  |   |  |   |  |
|---------------|---|--|---|--|---|--|
| <b>MMU.06</b> | Did you use it in some other way?   |  | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 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). |   |  |
| <b>MMU.07</b> | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... |  | Read:<br>1 Smoke it (for example, in a joint, bong, pipe, or blunt).<br>2 Eat it or drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)<br>3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)<br>4 Dab it (for example, using a dabbing rig, knife, or dab pen), or<br>5 Use it some |  | Select one.<br>If respondent provides more than one say: Which way did you use it most often?<br><br>Do not include hemp-based CBD-only products. |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | other way.<br>Do not read:<br>7 Don't<br>know/not sure<br>9 Refused |  |  |  |
|--|--|--|---|--|--|--|

## Module 19: 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) |
|---|--|----------------|--|---------------------|---|-----------|
| <p>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. Now, looking back before you were 18 years of age---</p> |  |                |  |                     |   |           |
|   |  |                |  |                     | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. |           |
| MACE.01   | 1) Did you live with anyone who was depressed, mentally ill, or suicidal?                      |                | 1 Yes<br>2 No<br>7 Don't<br>Know/Not Sure<br>9 Refused |                     |   |           |
| MACE.02   | Did you live with anyone who was a problem drinker or alcoholic?                               |                | 1 Yes<br>2 No<br>7 Don't<br>Know/Not Sure<br>9 Refused |                     |   |           |
| MACE.03   | Did you live with anyone who used illegal street drugs or who abused prescription medications? |                | 1 Yes<br>2 No<br>7 Don't<br>Know/Not Sure<br>9 Refused |                     |   |           |
| MACE.04   | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or  |                | 1 Yes<br>2 No<br>7 Don't<br>Know/Not Sure<br>9 Refused |                     |   |           |

|                |  |  |   |  |  |  |
|----------------|--|--|---|--|--|--|
|                | other correctional facility?   |  |   |  |  |  |
| <b>MACE.05</b> | Were your parents separated or divorced?   |  | 1 Yes<br>2 No<br>8 Parents not married<br>7 Don't Know/Not Sure<br>9 Refused                        |  |  |  |
| <b>MACE.06</b> | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...   |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>MACE.07</b> | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it— |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>MACE.08</b> | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...   |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>MACE.09</b> | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...   |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |

|                |   |  |   |  |  |  |
|----------------|---|--|---|--|--|--|
| <b>MACE.10</b> | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...  |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.11</b> | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...  |  | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.12</b> | 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. Never<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>9 Refused |  |  |  |
| <b>MACE.13</b> | 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 |  | 1. Never<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>9 Refused |  |  |  |

|  | time?  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | <p>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.</p> |  |  |  | <p>If yes provide number [STATE TO INSERT NUMBER HERE]</p> |  |



## Module 20: Family Planning

| Question Number | Question text  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |  |
|-----------------|--|--|----------------------|---|-----------|--|
|                 |  |  |                      | If respondent greater than 49 years of age, has had a CBCCS.07=1(HYSTERECTOMY), IS CDEM.16 (PREGNANT), or if respondent is male, (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1) GO TO THE NEXT MODULE |           |  |
| <b>PROLOGUE</b> | The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina. |  |                      |   |           |  |
| <b>MFP.01</b>   | In the past 12 months, did you have sexual intercourse?  | 1 Yes  |                      |   |           |  |
|                 |  | 2 No<br>7 Don't know/ not sure<br>9 Refused    | Go to next module    |   |           |  |
| <b>MFP.02</b>   | Some things people do to keep from getting pregnant include not having sex at  | 1 Yes  |                      |   |           |  |
|                 |  | 2 No   | GO TO MFP.04         |   |           |  |
|                 |  | 7 Don't know/ not sure<br>9 Refused            | Go to next module    |   |           |  |

|               |  |  |   |                   |   |  |
|---------------|--|--|---|-------------------|---|--|
|               | <p>certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.</p> <p>The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?</p> |  |   |                   |   |  |
| <b>MFP.03</b> | <p>The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?</p>  |  | <p>Read if necessary:<br/> 01 Female sterilization (Tubal ligation, Essure, or Adiana)<br/> 02 Male sterilization (vasectomy)<br/> 03 Contraceptive implant</p> | Go to next module | <p>If respondent reports using two methods, please code the method that occurs first on the list.</p> <p>If respondent reports using "pills", ask respondent to clarify</p> |  |

|  |  |  |   |   |  |
|--|--|--|---|---|--|
|  |  |  | <p>(Implanon, Nexplanon)<br/> 04 Intrauterine device or IUD (Mirena, Liletta, Skyla, Kyleena, Levonorgestrel IUD, ParaGard, copper IUD)<br/> 05 Shots (Depo-Provera)<br/> 06 Prescription birth control pills, Contraceptive Ring (NuvaRing, ElyRyng, Annovera), Contraceptive patch (Ortho Evra, Xulane, Twirla, Zafemy)<br/> 07 Over the counter birth control pills (Opill)<br/> 08 Condoms (male or female)<br/> 09 Diaphragm, vaginal gel (Phexxi), cervical cap, sponge, foam, jelly, film, or cream<br/> 10 Had sex at a time when less likely to get pregnant</p> | <p>between prescription birth control pills and over the counter birth control pills.</p> <p>If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p> |  |
|--|--|--|---|---|--|

|               |   |  |   |  |   |  |
|---------------|---|--|---|--|---|--|
|               |   |  | <p>(rhythm method, natural family planning, apps for contraception)</p> <p>11 Withdrawal or pulling out</p> <p>12 Emergency contraception or the morning after pill (such as Plan B or ella)</p> <p>13 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>                   |  |   |  |
| <b>MFP.04</b> | Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant. |  | <p>Read if necessary</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 You wanted a pregnancy</p> <p>04 You didn't care if you got pregnant</p> <p>05 You or your partner didn't want to use birth control (side effects, don't</p> |  | <p>If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p> |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  | <p>What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?</p> |  | <p>like birth control)</p> <p>06 You had trouble getting or paying for birth control</p> <p>07 You didn't trust giving out your personal information to medical personnel</p> <p>08 Didn't think you or your partner could get pregnant (infertile or too old)</p> <p>09 You were using withdrawal or "pulling out"</p> <p>10 You had your tubes tied (sterilization)</p> <p>11 Your partner had a vasectomy (sterilization)</p> <p>12 You were breast-feeding or you just had a baby</p> <p>13 You were assigned male at birth</p> <p>14 Other reasons</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> |  |  |  |
|--|--|--|---|--|--|--|



## Module 21: 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 otherwise, go to next module |  |         |
| <b>MHPV.01</b>  | Have you ever had an H.P.V. vaccination? |                | 1 Yes<br>2 No<br>3 Doctor refused when asked<br>7 Don't know / Not sure<br>9 Refused | Go to next module   | Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh· seel); Cervarix (Sir-var· icks)<br><br>Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].<br><br>If respondent comments that this question was already asked, clarify <b>that the earlier question was about HPV testing, and this question is about vaccination.</b> |         |
| <b>MHPV.02</b>  | How many HPV shots did you receive?      |                | __ Number of shots (1-2)<br>3 All shots  |   |  |         |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 77 Don't<br>know / Not<br>sure<br>99 Refused |  |  |  |
|--|--|--|--|--|--|--|



## Module 22: Shingles Vaccination

| Question Number | Question text                                     | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)     | SKIP INFO/<br>CATI Note           | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|-----------------------------------|--|-----------|
|                 |   |                |   | If age ≤ 49<br>Go to next module. |  |           |
| MSHNG.0<br>1    | Have you ever had the shingles or zoster vaccine? |                | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                                   | Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines that have been used for shingles. The first was Zostavax®, which required one shot and was available in the U.S. from 2006 through 2020. The other is Shingrix, which been available since 2017 and requires two shots. |           |

## Module 23: COVID Vaccination

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)                                | SKIP INFO/<br>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.02           |                      |          |
|                 |   |                | 2 No   | Go to next section      |                      |          |
|                 |   |                | 7 Don't know / Not sure<br>9 Refused   | Go to next section      |                      |          |
| MCOV.02         | During what month and year did you receive your most recent COVID-19 vaccine? |                | ___ / ____<br>Month / Year<br>77/7777 = Don't know/Not sure<br>99/9999 = Refused | Go to next section      |                      |          |

## Module 24: Social Determinants of Health and Health Equity

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|-------------------------|----------------------|-----------|
| MSDHE.01        | In general, how satisfied are you with your life?<br>Are you.. |                | Read:<br>1 Very satisfied<br>2 Satisfied<br>3 Dissatisfied<br>4 Very dissatisfied<br>7 Don't know/not sure<br>9 Refused |                         |                      |           |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
| <b>MSDHE.02</b> | How often do you get the social and emotional support that you need? Is that...   |  | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused |  |  |  |
| <b>MSDHE.03</b> | How often do you feel lonely? Is it...  |  | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused |  |  |  |
| <b>MSDHE.04</b> | In the past 12 months have you lost employment or had hours reduced?  |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |
| <b>MSDHE.05</b> | During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |
| <b>MSDHE.06</b> | During the past 12 months how often did the food that you bought not last, and you didn't   |  | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never                                       |  |  |  |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
|                 | have money to get more? Was that...   |  | 7 Don't know/not sure<br>9 Refused                   |  |  |  |
| <b>MSDHE.07</b> | During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?   |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused |  |  |  |
| <b>MSDHE.08</b> | During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?  |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused |  |  |  |
| <b>MSDHE.09</b> | 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 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused |  |  |  |

|                 |   |  |   |  |  |  |
|-----------------|---|--|---|--|--|--|
| <b>MSDHE.10</b> | How safe from crime do you consider your neighborhood to be? Would you say... |  | Read:<br>1 Extremely safe<br>2 Safe<br>3 Unsafe<br>4 Extremely unsafe<br>7 Don't know/not sure<br>9 Refused |  |  |  |
|-----------------|---|--|---|--|--|--|

## Module 25: 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) |
|--|---|----------------|--|----------------------|--|-----------|
| <b>Prologue: Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</b> |   |                |  |                      |  |           |
| <b>MRTR.01</b>   | 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 White<br>02 Black or African American<br>03 Hispanic or Latino<br>04 Asian<br>05 Native Hawaiian or Other Pacific Islander<br>06 American Indian or Alaska Native<br>07 Mixed Race<br>08 Some other group<br>77 Don't know / Not sure |                      | 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. |           |

|                |   |  |   |   |   |  |
|----------------|---|--|---|---|---|--|
|                |   |  | 99 Refused  |   |   |  |
| <b>MRTR.02</b> | 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 Never<br>2 Once a year<br>3 Once a month<br>4 Once a week<br>5 Once a day<br>6 Once an hour<br>8 Constantly<br>7 Don't know / Not sure<br>9 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. |  |
| <b>MRTR.03</b> | 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:<br>1 Worse than other races<br>2 The same as other races<br>3 Better than other races<br>4 Worse than some races, better than others<br>5 Only encountered people of the same race<br>7 Don't know / Not sure<br>9 Refused |   |   |  |
|                |   |  |   | Skip If CDEM.13= 3, 5, 6, 7, 8, 9 [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.”] |   |  |
| <b>MRTR.04</b> | 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 races<br>2 The same as other races<br>3 Better than other races<br>4 Worse than some races, better than others<br>5 Only encountered people of the same race<br>7 Don't know / Not sure<br>9 Refused |  |   |  |
| <b>MRTR.05</b> | 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 races<br>2 The same as other races<br>3 Better than other races<br>4 Worse than some races, better than others<br>5 Only encountered people of the same race<br>7 Don't know / Not sure<br>9 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.” |  |
| <b>MRTR.06</b> | Within the past 30 days, have you experienced any physical symptoms, for  |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |  |   |  |

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

## Module 26: Random Child Selection

| Question Number                 | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/<br>CATI Note  | Interviewer Note (s) | Column(s) |
|---------------------------------|--|----------------|---|--|----------------------|-----------|
| <b>Intro text and screening</b> | <p>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.</p> <p>If CDEM.14 is &gt;1 and CDEM.14 does not equal 88 or 99, Interviewer please read: Previously, you indicated</p> |                |   | <p>If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please</p> |                      |           |



|                 |   |  |   |   |                  |  |
|-----------------|---|--|---|---|------------------|--|
|                 | 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. |  |   | fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child. |                  |  |
| <b>MRC.S.01</b> | What is the birth month and year of the [Xth] child?  |  | __/_ Code month and year<br>77/ 7777 Don't know / Not sure<br>99/ 9999<br>Refused |   |                  |  |
| <b>MRC.S.02</b> | Is the child a boy or a girl?   |  | 1 Boy<br>2 Girl<br>3<br>Nonbinary/other<br>9 Refused                              | Go to MRC.S.04  |                  |  |
| <b>MRC.S.03</b> | What was the child's sex on their original birth certificate?   |  | 1 Boy<br>2 Girl<br>9 Refused  |   |                  |  |
| <b>MRC.S.04</b> | Is the child  |  | Read if response  |   | If yes, ask: Are |  |

|                |  |  |   |  |   |  |
|----------------|--|--|---|--|---|--|
|                | Hispanic, Latino/a, or Spanish origin?                                     |  | is yes:<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused   |  | they...   |  |
| <b>MRC5.05</b> | Which one or more of the following would you say is the race of the child? |  | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br><b>40 Asian</b><br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br><b>50 Pacific Islander</b><br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused |  | Select all that apply<br><br>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |
| <b>MRC5.06</b> | How are you related to the child?  |  | Please read:<br>1 Parent (include   |  |   |  |

|  |             |  |   |  |  |  |
|--|-------------|--|---|--|--|--|
|  | Are you a-- |  | biologic, step, or adoptive parent)<br>2 Grandparent<br>3 Foster parent or guardian<br>4 Sibling (include biologic, step, and adoptive sibling)<br>5 Other relative<br>6 Not related in any way<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
|--|-------------|--|---|--|--|--|

## Module 27: Childhood Asthma Prevalence

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/<br>CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|--|----------------------|-----------|
|                 |  |                |   | If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module. |                      |           |
| <b>MCAP.01</b>  | The next two questions are about the Xth child.<br><br>Has a doctor, nurse or other health professional EVER said that the child has asthma? |                | 1 Yes   | Fill in correct [Xth] number.  |                      |           |
|                 |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused       | Go to next module  |                      |           |
| <b>MCAP.02</b>  | Does the child   |                | 1 Yes   |  |                      |           |

|  |                       |  |  |  |  |  |
|--|-----------------------|--|--|--|--|--|
|  | still have<br>asthma? |  | 2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |
|--|-----------------------|--|--|--|--|--|

## Closing Statement

### Read

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