

2022 BRFSS Field Test for 2023 Questionnaire

DRAFT



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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
Public reporting burden of this collection of information is estimated to average 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).		Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024 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 grp2@cdc.gov.
	HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask	States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample. If cell phone respondent objects to being contacted by state where they have never lived, say: "This survey is conducted by

	some questions about health and health practices.	all states and your information will be forwarded to the correct state of residence"
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Landline Introduction

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

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes 2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes 2 No	Go to CP03 TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes 2 No	Go to CADULT1 TERMINATE	If "no": thank you very much, but we are only interviewing persons on cellular telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes 2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you ?		Please read: 1 Male 2 Female	Go to CP06.		

				IF CP05 = Missing then TERMINATE	“Thank you for your time, your number may be selected for another survey in the future.”	
CP06.	Do you live in a private residence?	PVTRES03	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a	

					college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in ____ (state) ____?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey			

			35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please	

					include landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

Core Section 1: Health Status

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

Core Section 2: Healthy Days

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

	health keep you from doing your usual activities, such as self-care, work, or recreation?		sure 99 Refused		provide a number if they indicate that this never occurs.	
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Core Section 3: Health Care Access

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

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

			2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		a specific injury, illness, or condition.	
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Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes		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.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to C 11.08		
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?	EXTRACT11	___ Specify from Physical Activity Coding List		See Physical Activity Coding List.	
			77 Don't know/ Not	Go to C11.08	If the respondent's activity is not included in the physical activity coding list, choose	

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

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

Core Section 5: Demographics

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

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

			3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.0 6	What is the highest grade or year of school you completed ?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.0 7	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among	

					people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	__ _ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household ?	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these landline telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.12	How many cell phones do you have for	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None	Last question needed for partial	Do not include cell phones that are used	

	your personal use?		9 Refused	complete.	exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.1 3	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.1 4	Are you currently... ?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.1 5	How many children less than 18 years of age live in your	CHILDREN	_ _ Number of children 88 None 99 Refused			

	household ?					
CDEM.1 6	Is your annual household income from all sources—	INCOME2	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 (\$20,000 to less than \$25,000) 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	
				Skip if Male Or Age >49		
CDEM.1 7	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.1 8	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round	

					fractions up	
CDEM.1 9	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.0 1	Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?"	***REPLACE***	1 Yes			Program agreed to change question to version of this question from the Census Bureau's Household Pulse Survey fielded in June, 2022
			2 No 7 Don't know / Not sure 9 Refused	Skip to next section		
COVID.0 2	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	***REPLACE***	1 Yes		Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes	The 2022 question assessed period prevalence (from start of pandemic to survey date). Point prevalence will be more useful in
			2 No 7 Don't know / Not sure 9 Refused	Skip to next section		

					referred to as “brain fog”) - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes - Symptoms that get worse after physical or mental activities --Loss of taste or smell	2023 for assessing health care needs because it will more closely reflect ongoing the burden of long-term symptoms as transmission waned.
COVID.0 3	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?”-	***NEW***	1 Yes, a lot 2 Yes, a little 3 Not at all 7 Don't know / Not sure 9 Refused			Assessment of functional impairment is necessary to describe the impact of long-term COVID effects and inform and inform the public health response. In 2023, assessing the impact of symptoms on daily activity is now a higher

						priority (has more information value), as frequencies of various symptoms following COVID will have been well-studied by then.
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Closing Statement/ Transition to Modules

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

Optional Modules

Module 1: COVID Vaccination

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

						recommended doses
MCOV.04	Which of the following best describes your intent to take COVID vaccinations ?	***REPLACE** *	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			Since the creation of this optional module, CDC has changed the definition of “up to date” for COVID-19 vaccination to include booster doses, so adding clarifying language to the question to explain that it includes booster doses and not just the initial COVID-19 vaccine series

Module 2: Cognitive Decline

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

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

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

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

Closing Statement

Read

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

Activity List for Common Leisure Activities

(To be used for Section 4: Exercise/Physical Activity)

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

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

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