

# 2020 BRFSS Questionnaire



## Table of Contents

OMB Header and Introductory Text .....	4
Landline Introduction.....	5
Cell Phone Introduction .....	10
Core Section 1: Health Status .....	15
Core Section 2: Healthy Days .....	16
Core Section 3: Health Care Access .....	18
Core Section 4: Exercise.....	20
Core Section 5: Inadequate Sleep .....	21
Core Section 6: Chronic Health Conditions .....	22
Core Section 7: Oral Health.....	25
Core Section 8: Demographics.....	26
Core Section 9: Disability .....	32
Core Section 10: Tobacco Use .....	34
Core Section 11: Alcohol Consumption.....	36
Core Section 12: Immunization.....	38
Core Section 13: Falls.....	40
Core Section 14: Seat Belt Use and Drinking and Driving .....	41
Core Section 15: Breast and Cervical Cancer Screening.....	42
Core Section 16: Prostate Cancer Screening.....	45
Core Section 17: Colorectal Cancer Screening.....	48
Core Section 18: H.I.V./AIDS .....	53
Closing Statement/ Transition to Modules .....	55
Optional Modules .....	56
Module 1: Prediabetes.....	56
Module 2: Diabetes.....	57
Module 3: ME/CFS .....	60
Module 4: Hepatitis Treatment .....	61
Module 5: Health Care Access .....	63
Module 6: Cognitive Decline .....	64
Module 7: Caregiver .....	67
Module 8: E-Cigarettes .....	71
	2

Module 9: Marijuana Use .....	72
Module 10: Lung Cancer Screening .....	74
Module 11: Cancer Survivorship: Type of Cancer .....	76
Module 12: Cancer Survivorship: Course of Treatment.....	80
Module 13: Cancer Survivorship: Pain Management.....	83
Module 14: Prostate Cancer Screening Decision Making .....	84
Module 15: Adult Human Papillomavirus (HPV) - Vaccination.....	86
Module 16: Tetanus Diphtheria (Tdap) (Adults) .....	88
Module 17: Place of Flu Vaccination.....	89
Module 18: Industry and Occupation .....	91
Module 19: Sex at Birth .....	93
Module 20: Sexual Orientation and Gender Identity (SOGI).....	94
Module 21: Adverse Childhood Experiences .....	98
Module 22: Random Child Selection.....	101
Module 23: Childhood Asthma Prevalence.....	106
Asthma Call-Back Permission Script .....	107
Closing Statement.....	109

## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></p>		<p>Form Approved OMB No. Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@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>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	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.	63
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. 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.	64
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal	

					communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
<b>LL03.</b>	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			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>LL04.</b>	Do you currently live in__(state)_____?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
<b>LL05.</b>	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	67

			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).	
<b>LL06.</b>	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>LL07.</b>	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>LL08.</b>	I need to randomly select one adult who lives in your	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I	70-71

	household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?				need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.		
<b>LL09.</b>	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>LL10.</b>	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female].	75-76
<b>LL12</b>	The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See		77



	/Female] in this household?			CATI programming)		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<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 telephone number).		Do not read: Introductory text may be reread when selected respondent is reached.  Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		78
			2 No	[[set appointment if possible]] TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			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?	CADULT1	1 Yes			81
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female			82
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

<b>CP06.</b>	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment 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.	83
			2 No	Go to CP07		
<b>CP07.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84
			2 No	TERMINATE		

					residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
<b>CP09.</b>	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			86-87

			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.	
<b>CP10.</b>	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.	88
<b>CP11.</b>	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		89-90

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

Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101

## 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?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			102-103
<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?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure			106-107



	you from doing your usual activities, such as self-care, work, or recreation?		99 Refused			
--	---	--	------------	--	--	--

## 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	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	If using Health Care Access (HCA) Module go to MHCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
CHCA.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	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?	109
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, MME.03, else continue.		110
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) 2 Within the past 2 years (1 year but	If using HCA Module and CHCA.01 = 1 go to Module 03-MME.04a or if using HCA Module and CHCA.01 = 2, 7, or 9 go to Module 03,	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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	<del>MME.04b,          else go to          next section.</del>		
--	--	--	--	--	--	--

## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>CEX.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	112

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>CIS.01</b>	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 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.	113-114

## Core Section 6: 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>CCHC.01</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. Ever told) you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		118
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119

<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
<b>CCHC.08</b>	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
<b>CCHC.09</b>	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis,	123

					polyarteritis nodosa)	
<b>CCHC.10</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
<b>CCHC.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	125
<b>CCHC.12</b>	(Ever told) (you had) diabetes?	DIABETE4	1 Yes  2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.	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.	126
<b>CCHC.13</b>	How old were you when you were told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		127-128



## Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>COH.01</b>	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
<b>COH.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

## 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?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			131-132
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican 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		One or more categories may be selected.	133-136
<b>CDEM.03</b>	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 additional choices 77 Don't know / Not sure 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.	137-164
				If more than one response to CDEM.03; continue.		

				Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>    41 Asian Indian</p> <p>    42 Chinese</p> <p>    43 Filipino</p> <p>    44 Japanese</p> <p>    45 Korean</p> <p>    46 Vietnamese</p> <p>    47 Other Asian</p> <p>50 Pacific Islander</p> <p>    51 Native Hawaiian</p> <p>    52 Guamanian or Chamorro</p> <p>    53 Samoan</p> <p>    54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	165-166
				If using Sex at Birth Module, insert here		
<b>CDEM.05</b>	Are you...	MARITAL	<p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			167
<b>CDEM.06</b>	What is the highest grade or year of school you completed?	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p>			168

			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			
<b>CDEM.07</b>	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.	169
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused			170-172
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	_____ Do not know 77777 Do not know 99999 Refused			173-177
				If cell interview go to CDEM12		
<b>CDEM.10</b>		NUMHHOL3	1 Yes			178

	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?		2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM.11</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			179
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	180
<b>CDEM.13</b>	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 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.	181
<b>CDEM.14</b>	Are you currently...?	EMPLOY1	Read: 1 Employed for wages		If more than one, say	182

			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		“select the category which best describes you”.	
<b>CDEM.15</b>	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			183-184
<b>CDEM.16</b>	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused		If respondent refuses at ANY income level, code '99' (Refused)	185-186

				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or AGE (CDEM.01), is greater than 49	
<b>CDEM.17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused		187
<b>CDEM.18</b>	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 188-191
<b>CDEM.19</b>	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 192-195

## 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)
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			196
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			197
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			198
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			199
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			200
<b>CDIS.06</b>	Because of a physical, mental, or emotional	DIFFALON	1 Yes 2 No 7 Don't know / Not sure			201



	condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		9 Refused			
--	---	--	-----------	--	--	--

Core Section 10: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	202
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.05		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			203
			3 Not at all	Go to CTOB.04		
			7 Don't know / Not sure 9 Refused	Go to CTOB.05		
<b>CTOB.03</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CTOB.05		204
<b>CTOB.04</b>	How long has it been since	LASTSMK2	Read if necessary:			205-206

	you last smoked a cigarette, even one or two puffs?		01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
<b>CTOB.05</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	<b>USENOW3</b>	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 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.	207

## Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days	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.	208-210
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused			
CALC.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 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.	211-212
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		213-214
CALC.04	During the past 30 days, what is the largest number of	MAXDRNKS	__ Number of drinks			215-216











Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			230
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
				If CALC.01 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused			231-232

Core Section 15: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).		
<b>CBCC.01</b>	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCC.03	Go to CBCC.03	
<b>CBCC.02</b>	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but			234

			less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			
<b>CBCC.03</b>	Have you ever had a Pap test?	HADPAP2	1 Yes		A Pap test is a test for cancer of the cervix.	235
			2 No  7 Don't know / Not sure 9 Refused	Go to CBCC.05		
<b>CBCC.04</b>	How long has it been since you had your last Pap test?	LASTPAP2	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			236
<b>CBCC.05</b>	An H.P.V. test is sometimes given with the Pap test for cervical cancer	HPVTEST	1 Yes		Human papillomavirus (pap-uh-loh-muh virus)	237
			2 No	Go to CBCC.07		

	screening. Have you ever had an H.P.V. test?		7 Don't know / Not sure 9 Refused			
<b>CBCC.06</b>	How long has it been since you had your last H.P.V. test?	HPLSTTST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			238
<b>CBCC.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	239

## Core Section 16: 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 Skip if female (MSAB.01, BIRTHSEX, is coded 2). If MSAB.01=missing and (CP05=2 or LL12=2; or LL09 = 2 or LL07 =2)., go to next section.		
<b>CPCS.01</b>	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	240
<b>CPCS.02</b>	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			241
<b>CPCS.03</b>	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No  7 Don't know / Not sure 9 Refused			242
<b>CPCS.04</b>		PSATEST1	1 Yes			243

	Have you ever had a P.S.A. test?		2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>CPCS.05</b>	How long has it been since you had your last P.S.A. test?	PSATIME	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			244
<b>CPCS.06</b>	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you had			245

			prostate cancer 5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
--	--	--	--	--	--	--

## Core Section 17: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				CATI note: If respondent is < 45 years of age, go to next section.		
<b>Prologue</b>	The next questions are about the five different types of tests for colorectal cancer screening.					
<b>CRC.01</b>	A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?	COLNSCPY	1 Yes		Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.	246
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.03		
<b>CRC.02</b>	How long has it been since you had this test?	COLNTEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago)			247



			3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
<b>CRC.03</b>	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?	SIGMSCP	1 Yes			248
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.05		
<b>CRC.04</b>	How long has it been since you had this test?	SIGMTEST	Read if necessary: 1 Within the past year (anytime less than 12 s ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			249

<b>CRC.05</b>	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?	BLDSTOL1	1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	250
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.07		
<b>CRC.06</b>	How long has it been since you had this test?	LSTBLDS4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read:			251

			7 Don't know / Not sure 9 Refused			
<b>CRC.07</b>	Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	STOOLDNA	1 Yes		This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	252
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.09		
<b>CRC.08</b>	How long has it been since you had this test?	SDNATEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			253
<b>CRC.09</b>	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut	VIRCOLON	1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	254

	shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?		2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>CRC.10</b>	How long has it been since you had this test?	VCLNTEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			255

Core Section 18: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	256
			2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__/_/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	257-262
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.  <b>You have injected any drug other than those prescribed for you in the past year.</b>	HIVRISK5	1 Yes 2 No  7 Don't know / Not sure  9 Refused			263

	<p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p>					
--	---	--	--	--	--	--

Closing Statement/ Transition to Modules

<b>Read if necessary</b>	<b>Read</b>	<b>CATI instructions (not read)</b>
<b>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.</b>		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 Section CCHC.12, DIABETE4, is coded 1		
<b>MPDB.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			264
				Skip MPDB.02 if CCHC.12 DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (yes);		
<b>MPDB.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	265



## 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)
				To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1)		
<b>MDIA.01</b>	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
<b>MDIA.02</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month  4 _ _ Times per year  888 Never  777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	267-269
<b>MDIA.03</b>	Including times when checked by a family member or friend, about how often do you check your feet for any	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month			270-272

	sores or irritations?		4 _ _ Times per year 555 No feet  888 Never  777 Don't know / Not sure 999 Refused			
<b>MDIA.04</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			273-274
<b>MDIA.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	275-276
				If MDIA.03 = 555 (No feet), go to MDIA.07		
<b>MDIA.06</b>	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			277-278

<b>MDIA.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			279
<b>MDIA.08</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			280
<b>MDIA.09</b>	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			281

## Module 3: ME/CFS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MME.01	Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	TOLDCFS	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section	My-al-gic En-ceph-a-lo-my-eli-tis	282
MME.02	Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	HAVECFS	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		My-al-gic En-ceph-a-lo-my-eli-tis	283
MME.03	Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay?	WORKCFS	Read if necessary 1 0 or no hours -- cannot work at all because of CFS or ME 2 1 - 10 hours a week 3 11- 20 hours a week 4 21- 30 hours a week 5 31 - 40 hours a week Do not read 7 Don't know/ Not sure 9 Refused			284

## Module 4: Hepatitis Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MHT.01	Have you ever been told by a doctor or other health professional that you had Hepatitis C?	TOLDHEPC	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to MHT.05	Hepatitis C is an infection of the liver from the Hepatitis C virus	285
MHT.02	Were you treated for Hepatitis C in 2015 or after?	TRETHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Eplclusa and others.	286
MHT.03	Were you treated for Hepatitis C prior to 2015?	PRIRHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.	287
MHT.04	Do you still have Hepatitis C?	HAVEHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.	288
MHT.05	The next question is about Hepatitis B. Has a doctor, nurse, or other health professional ever	HAVEHEPB	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	Go to next section	Hepatitis B is an infection of the liver from the hepatitis B virus.	289

	told you that you had hepatitis B?					
MHT.06	Are you currently taking medicine to treat hepatitis B?	MEDSHEPB	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			290

## Module 5: Health Care Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MHCA.01	What is the primary source of your health care coverage? Is it...	HLTHCVR1 Read: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source 08 None (no coverage) Do not read: 77 Don't know/Not sure 99 Refused	Go to CHCA.02	If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 04.	291-292

## Module 6: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
<b>MCD.01</b>	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these	CIMEMLOS	1 Yes	Go to MCD.02		293
			2 No	Go to next module		
			7 Don't know/ not sure	Go to MCD.02		
			9 Refused	Go to next module		



	<p>difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>					
<b>MCD.02</b>	<p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...</p>	CDHOUSE	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused</p>			294
<b>MCD.03</b>	<p>As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...</p>	CDASSIST	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused</p>	Go to MCD.05		295
<b>MCD.04</b>	<p>When you need help with these day-to-day activities, how often are you able to get the help that you</p>	CDHELP	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never</p>			296

	need? Would you say it is...		Do not read: 7 Don't know/Not sure 9 Refused			
<b>MCD.05</b>	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read:  1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			297
<b>MCD.06</b>	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			298

## Module 7: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>MCG.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	299
			2 No 7 Don't know/Not sure	Go to MCG.09		
			8 Caregiving recipient died in past 30 days	Go to MCG.09		
			9 Refused	Go to MCG.09		
<b>MCG.02</b>	What is his or her relationship to you?	CRGVREL4	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	300-301
<b>MCG.03</b>	For how long have you provided care for that person? Would you say...	CRGVLNG1	Read: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 5 or more years Do not read:			302

			7 Don't Know/ Not Sure 9 Refused			
<b>MCG.04</b>	In an average week, how many hours do you provide care or assistance? Would you say...	CRGVHRS1	Read: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			303
<b>MCG.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia			304-305

			11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
				If MCG.05=5, go to MCG.07		
<b>MCG.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			306
<b>MCG.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVBERS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			307
<b>MCG.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing	CRGVHOUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			308

	money, or preparing meals?					
<b>MCG.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			309

## Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>MECIG.01</b>	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	<p>Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p>	310
<b>MECIG.02</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		<p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	311

## Module 9: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MMJU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days		Marijuana and cannabis include both CBD and THC products.	312-313
			88 None 77 Don't know/not sure 99 Refused	Go to next module		
MMJU.02	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	USEMRJN2	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using waxes or concentrates), or 6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused		Select one. If respondent provides more than one say: which way did you use it most often.	314



<b>MMJU.03</b>	When you used marijuana or cannabis during the past 30 days, was it usually:	RSNMRJN1	Read: 1 For medical reasons (like to treat or decrease symptoms of a health condition); 2 For non-medical reasons (like to have fun or fit in), or 3 For both medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused			315
----------------	--	----------	---	--	--	-----

## Module 10: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question MLCS.04.		
MLCS.01	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	LCSFIRST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p>	<p>Go to MLCS.04</p>	<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p>	316-318
MLCS.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>			319-321

MLCS.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	___Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	322-324
MLCS.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	LCSCTSCN	Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused			325

## Module 11: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) 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>	CNCRDIFF	<p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p>	<p>Go to next module</p>		326
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	<p>__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused</p>		If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers	327-328

					to the first time they were told about their first cancer.	
				<p>If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19.</p>		
MTOC.03	What type of cancer was it?	CNCRTP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p><b>Female reproductive (Gynecologic)</b></p> <p>02 Cervical cancer (cancer of the cervix)</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	329-330

			<p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p><b>Head/Neck</b></p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p><b>Gastrointestinal</b></p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p><b>Leukemia/Lymphoma (lymph nodes and bone marrow)</b></p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p><b>Male reproductive</b></p> <p>19 Prostate cancer</p> <p>20 Testicular cancer</p> <p><b>Skin</b></p> <p>21 Melanoma</p> <p>22 Other skin cancer</p> <p><b>Thoracic</b></p> <p>23 Heart</p> <p>24 Lung</p> <p><b>Urinary cancer</b></p> <p>25 Bladder cancer</p> <p>26 Renal (kidney) cancer</p> <p><b>Others</b></p> <p>27 Bone</p> <p>28 Brain</p>			
--	--	--	---	--	--	--

			29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

## Module 12: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVTRT3	Read if necessary: 1 Yes 2 No, I've completed treatment 3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module Continue Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	331
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon		If the respondent requests clarification of this question, say: We want to know which type of doctor you see	332-333



			04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	334
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?	CSRVTRN	1 Yes  2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		335

MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			336
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	337
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			338
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			339

## Module 13: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		340
MCPM.02	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			341

## Module 14: Prostate Cancer Screening Decision Making

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) AND CPCS.04 = 1 and AGE ≥ 40 continue, otherwise go to next module.		
MPCDM.01	Which one of the following best describes the decision to have the P.S.A. test done?	PCPSADE1	Read: 1 You made the decision alone 2 Your doctor, nurse, or health care provider made the decision alone	Go to next module.		342
			3 You and one or more other persons made the decision together			
			4 You don't know how the decision was made Do not read: 9 Refused	Go to next module		
MPCDM.02	Who made the decision with you?	PCDMDEC1	Read if necessary: 1 Doctor/nurse /health care provider 2 Spouse/significant other		Select one response. If respondent offers more than one response ask for primary person	343

			3 Other family member 4 Friend/non-relative Do not read: 7 Don't know / Not sure 9 Refused		who made decision.	
--	--	--	---	--	--------------------	--

## Module 15: Adult Human Papillomavirus (HPV) - Vaccination

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 between the ages of 18 and 49 years continue; otherwise, go to next module.		
MHPV.01	Have you ever had an H.P.V. vaccination?	HPVADVC4	<p>1 Yes</p> <p>2 No</p> <p>3 Doctor refused when asked</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>	Go to next module	<p>Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var·icks)</p> <p>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].</p> <p><b>Interviewer Note: If respondent comments that this question was already asked, clarify that they</b></p>	344

					earlier questions was about HPV testing, ant this question is about vaccination.	
MHPV.02	How many H.P.V. shots did you receive?	HPVADSHT	_ _ Number of shots 03 All shots 77 Don't know / Not sure 99 Refused			345-346

## Module 16: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>MTDAP.01</b>	Have you received a tetanus shot in the past 10 years?	TETANUS1	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	347



## Module 17: Place of Flu Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				Ask if CIMM= 1 This question may be inserted in core after CIMM.02		
<b>MFP.01</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA1	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient or outpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read:		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	348-349

				10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
--	--	--	--	---	--	--	--

## Module 18: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				<p>If CDEM.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.</p> <p>If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."</p> <p>Else go to next module</p>		
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	<p>_____Record answer</p> <p>99 Refused</p>		<p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job ask: What is your main job?</p>	350-449
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary	TYPEINDS	<p>_____Record answer</p> <p>99 Refused</p>	<p>If CDEM14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you</p>		450-549

	school, clothing manufacturing, restaurant			work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”		
--	--	--	--	---	--	--

Module 19: Sex at Birth

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MSAB.01	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female 7 Don't know/Not sure 9 Refused			550

## Module 20: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	.Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex= 1.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	551

				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 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.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a	553

					<p>woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</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</p>	
--	--	--	--	--	--	--



					response. Respondent can answer with either the number or the text/word.	
--	--	--	--	--	---	--

## Module 21: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note(s)	Column(s)
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>MACE.01</b>	Now, looking back before you were 18 years of age--- 1) Did you live with anyone who was depressed, mentally ill, or suicidal?	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			554
<b>MACE.02</b>	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			555
<b>MACE.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			556

<b>MACE.04</b>	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			557
<b>MACE.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			558
<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...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			559
<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—	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			560
<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...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			561

<b>MACE.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			562
<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...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			563
<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...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			564
<b>Epilogue</b>	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

## Module 22: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		
				If CDEM.15 = 1 and CDEM.15 does not equal 88 or 99, read into text 1		
<b>Intro text 1</b>	Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.					
				If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, read intro text 2		
<b>Intro text 2</b>	Previously, you indicated there were [number] children age 17 or younger in your household.			CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth		

	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.			child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.		
<b>MRCS.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/_---- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			565-570
<b>MRCS.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			571
<b>MRCS.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: Are they 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin			572-575

			Do not read: 5 No 7 Don't know / Not sure 9 Refused			
<b>MRCS.04</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 88 No additional choices 99 Refused		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	576-603
				[CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE,		

				GO TO MRCS.06.]		
<b>MRCS.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	604-605
<b>MRCS.06</b>	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian			606



			4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			
--	--	--	---	--	--	--

## Module 23: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
<b>MCAP.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	Fill in correct [Xth] number.		607
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			608

## Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in &lt;STATE&gt;. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to</p>					

	participate in the future.					
<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			609
<b>CB01.02</b>	Can I please have either (your/your child's) first name or initials so we will know who to ask for when we call back?	ADLTCHLD	1 Adult 2 Child	Enter code for person in the household selected as the focus of the asthma call-back?		610

## 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.**