

# 2023 BRFSS Questionnaire DRAFT



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## OMB Header and Introductory Text

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

	health practices.	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)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?		1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal communication	

					are eligible.
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE
LL03.	Do you live in college housing?		1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
LL04.	Do you currently live in__(state)_____?		1 Yes	Go to LL05	
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.
LL05.	Is this a cell phone?		1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.
			2 Not a cell	Go to LL06	Read if necessary:

			phone		By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?		1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO NUMBER OF ADULTS LL09		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL09	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
				ONLY for respondents who are LL and COLGHOUS="YES," .		
LL07.	Are you?		Please read: 1 Male 2 Female	Transition to Section 1	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males	

					as their sex at birth might be asked about prostate health issues.
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to LL08	
LL08	What was your sex at birth? Was it male or female?		1 Male 2 Female	Transition to Section 1	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"
			7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	
LL09.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?		1	Go to LL10	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?
			2-6 or more	Go to LL11.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is

					not limited to any certain age group or sex.	
LL10.	Are you?		Please read: 1 Male 2 Female	Transition to Section 1		
			3 Unspecified or another gender identity 7 Don't know/Not sure 9 Refused	Got to LL13		
LL11.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?			If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL11. (See CATI programming)		
LL12.	Are you?		Read: 1 Male 2 Female	Go to Transition Section 1.		
			3 Unspecified or another gender identity 7 Don't know/Not sure 9 Refused	Go to LL13		
LL13	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	

				survey in the future.”		
<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>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.</p>	

# Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		1 Yes	Go to CP02		
			2 No	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]?		1 Yes	Go to CP03		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time	
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?		1 Yes	Go to CP05.		
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	

CP05.	Are you ?		Please read: 1 Male 2 Female	Go to CP07.		
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06		
CP06	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
CP07.	Do you live in a private residence?		1 Yes	Go to CP09	Read if necessary: By private residence we mean someplace like a house or 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 CP08	
<b>CP08.</b>	Do you live in college housing?		1 Yes	Go to CP09	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
<b>CP09.</b>	Do you currently live in ___(state)___ _?		1 Yes	Go to CP11	
			2 No	Go to CP10	
<b>CP10.</b>	In what state do you currently live?		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	TERMINATE	Read: Thank you very	

			participating territories 99 Refused		much, but we are only interviewing persons who live in the US.	
<b>CP11.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?		1 Yes 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.	
<b>CP12.</b>	How many members of your household, including yourself, are 18 years of age or older?		-- Number 77 Don't know/ Not sure 99 Refused	If CP08 = yes then number of adults is automatically set to 1		
<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).			
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# Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is —		Read: 1 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)
<b>CHD.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		__ Number of days (01-30) 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.	
<b>CHD.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?		__ Number of days (01-30) 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		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep you from doing		__ 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	

	your usual activities, such as self-care, work, or recreation?				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)	Column(s)
CHCA.01	What is the current source of your primary health insurance?		<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure 99 Refused</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	
CHCA.02	Do you have one person or a group of		<p>1 Yes, only one</p> <p>2 More than one</p> <p>3 No</p>		<p>If no, read: Is there more than one, or is there</p>	

	doctors that you think of as your personal health care provider?		7 Don't know / Not sure 9 Refused		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.	
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?		Read if necessary: 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		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

## Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?		1 Yes 2 No 7 Don't know/Not Sure 9 Refused	Go to CEXP.08	If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.  Physical activity done at a work gym during the workday would count	
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?		___ __ Specify from Physical Activity Coding List 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08	See Physical Activity Coding List.  If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
CEXP.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure		If respondent confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."	

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

	<p>many times per week or per month did you do physical activities or exercises to strengthen your muscles?</p>		<p>week  2__Times per month  888 Never  777 Don't know / Not sure  999 Refused</p>		<p>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.</p>	
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## Core Section 5: Hypertension Awareness

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

## Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHLA.0 1	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <del>blood</del> cholesterol checked?		1 Never	Go to CCHLA.03		
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			
			7 Don't know/ Not sure	Go to next section		

			9 Refused			
<b>CCHLA.0 2</b>	Have you ever been told by a doctor, nurse or other health professional that your <del>blood</del> cholesterol is high?		1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section.		
<b>CCHLA.0 3</b>	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

## Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) skin cancer that is not		1 Yes 2 No 7 Don't know			

	melanoma?		/ Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) <del>any</del> melanoma or any other types of cancer?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
<b>CCHC.11</b>	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		1 Yes 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, polyarteritis nodosa)	
<b>CCHC.12</b>	(Ever told) (you had) diabetes?		1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			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.		
<b>CCHC.13</b>	How old were you when you were first told you had diabetes?		__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

## Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?		__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?		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.	
CDEM.03	Which one or more of the following would you say is your race?		Please read: 10 White 20 Black or African American 30 American Indian or Alaska 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.  If respondent indicates that they are Hispanic for race, please read the race choices.	
CDEM.04	Are you...		Please read: 1 Married 2 Divorced			

			<p>3 Widowed  4 Separated  5 Never married  Or  6 A member of an unmarried couple  Do not read:  9 Refused</p>			
<b>CDEM.05</b>	What is the highest grade or year of school you completed?		<p>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</p>			
<b>CDEM.06</b>	Do you own or rent your home?		<p>1 Own  2 Rent  3 Other arrangement  7 Don't know / Not sure  9 Refused</p>		<p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among</p>	

					people with different housing situations.	
<b>CDEM.07</b>	In what county do you currently live?		_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
				If cell interview go to CDEM.11		
<b>CDEM.08</b>	What is the ZIP Code where you currently live?		----- 77777 Do not know 99999 Refused			
<b>CDEM.09</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?		1 Yes  2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
<b>CDEM.10</b>	How many of these landline telephone numbers are residential numbers?		___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
<b>CDEM.11</b>	How many cell phones do you have for personal use?		___ 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.	
<b>CDEM.12</b>	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		1 Yes 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.	
<b>CDEM.13</b>	Are you currently...?		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".	
<b>CDEM.14</b>	How many children less than 18 years of age live in your household?		_ _ Number of children 88 None 99 Refused			
<b>CDEM.15</b>	Is your annual household income from all sources—		Read as necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 (\$20,000 to less than	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)	

			<p>\$25,000)</p> <p>05 Less than \$35,000 (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			
<b>CDEM.16</b>	To your knowledge, are you now pregnant?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or YEARBORN < 1972 (Age >49)		
<b>CDEM.17</b>	About how much do you weigh without shoes?		<p>___ ___ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions up	
<b>CDEM.18</b>	About how tall are you without shoes?		<p>___ / ___ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not sure</p> <p>99/ 99 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions down	

## Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	Because of a physical, mental, or emotional		1 Yes 2 No 7 Don't know / Not sure			

	condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		9 Refused			
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## Core Section 10: Falls

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

## Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?		1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or	

					marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?		1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		1 Every day 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.	
<b>CTOB.04</b>	Would you say you have never used e- cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Not at all (right now)  Do not read: 7 Don't know / Not sure 9 9 Refused		Electronic cigarettes (e- cigarettes) and other electronic vaping products include electronic hookahs (e- hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for	

					<p>marijuana use is not included in these questions.</p> <p>If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”</p>	

## Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?		1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.02</b>	During the past 30 days, on the days when you drank, about how many drinks did you drink on the		__ 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.	

	average?					
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?		__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?		__ Number of drinks 77 Don't know / Not sure 99 Refused			

## Core Section 13: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
CIMM.04	Have you ever had the shingles or zoster vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles:	

					Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	
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## Core Section 14: H.I.V./AIDS

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

## Core Section 15: Seat Belt Use / Drinking and Driving

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

## Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care		1 Yes		Positive tests include antibody or blood testing as well as other forms of testing for	2nd year module to assess chronic conditions related to COVID
			2 No 7 Don't know / Not sure	Go to closing statement		

	provider that you have or had COVID-19?		9 Refused	or module section	COVID, such a nasal swabbing or throat swabbing including home tests. <del>Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.</del>	With the increased use of home tests over the past year, a health care provider might not have been involved in delivering positive test results.
COVID.02	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?		1 Yes		Long term conditions may be an indirect effect of COVID 19.	
			2 No 7 Don't know / Not sure 9 Refused	Skip to next section	Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations)	

					<ul style="list-style-type: none"> <li>or chest pain</li> <li>- Dizziness on standing</li> <li>-menstrual changes</li> <li>- Symptoms that get worse after physical or mental activities</li> <li>-Loss of taste or smell</li> </ul>	
COVID.03	<p><del>Do any of these COVID-19 related symptoms THAT you are having reduce your ability to carry out day to day activities compared with the time before you had coronavirus or COVID-19?</del></p> <p>Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?</p>		<p>Please read:</p> <ul style="list-style-type: none"> <li>1 Yes, a lot</li> <li>2 Yes, a little</li> <li>3 Not at all</li> <li>7 Don't know / Not sure</li> <li>9 Refused</li> </ul>			<p>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.</p>



# Closing Statement/ Transition to Modules

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

# Optional Modules

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>MPDIAB.01</b>	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?		1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.12, DIABETE4, is		

				coded 4 automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes)		
<b>MPDIAB.0 2</b>	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		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?	

## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
<b>MDIAB.0 1</b>	According to your doctor or other health professional, what type of diabetes do you have?		1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
<b>MDIAB.0 2</b>	Insulin can be taken by shot or pump. Are you now taking insulin?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MDIAB.0 3</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?		-- Number of times [76 = 76 or more] 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.	
<b>MDIAB.0 4</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			<p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
<b>MDIAB.0 5</b>	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?		<p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
<b>MDIAB.0 6</b>	When was the last time you took a course or class in how to manage your diabetes yourself?		<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less than 3 years ago)</p>			

			ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
<b>MDIAB.0 7</b>	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 3 : Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
			Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)			
<b>MARTH.01</b>	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	
<b>MARTH.02</b>	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>MARTH.03</b>	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment"	
<b>MARTH.04</b>	In the next question, we		1 Yes 2 No		If respondent gives an answer	

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

## Module 4: Lung Cancer Screening

Question Number	Question text	Variabl e	Responses	SKIP INFO/	Interviewer	Column(s)
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names (DO NOT READ UNLESS OTHERWISE NOTED) CATI Note Note (s)						
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to MLCS.04.		
MLCS.01	<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>		<p>___ Age in Years (001 - 100)            777 Don't know/Not sure            999 Refused</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</p>	
			888 Never smoked cigarettes regularly	Go to MLCS.04		

					the respondent.	
MLCS.02	How old were you when you last smoked cigarettes regularly?		<p>___ Age in Years (001 - 100)</p> <p>777 Don't know/Not sure</p> <p>999 Refused</p>			
MLCS.03	On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?		<p>___ Number of cigarettes</p> <p>777 Don't know/Not sure</p> <p>999 Refused</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). 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 =</p>	

				30 cigarettes	
MLCS.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. Have you ever had a CT or CAT scan of your chest area?	1 Yes		Go to next module	
		2 No 7 Don't know/not sure 9 Refused			
MLCS.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?	1 Yes		Go to Next module	
		2 No 7 Don't know/not sure 9 Refused			
MLCS.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?	Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10			

			years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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## Module 5: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if male		
MBCCS.01	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?		1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No 7 Don't know/ not sure 9 Refused	Go to MBCCS.03		
MBCCS.02	How long has it been since you had your last mammogram?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			
MBCCS.03	Have you ever had a cervical cancer screening		1 Yes			
			2 No	Go to		

	test?		7 Don't know/ not sure 9 Refused	MBCCS.07		
<b>MBCCS.04</b>	How long has it been since you had your last cervical cancer screening test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
			7 Don't know / Not sure 9 Refused			
<b>MBCCS.05</b>	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>MBCCS.06</b>	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
<b>MBCCS.07</b>	Have you had a hysterectomy?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant)	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

				do not ask and go to next module.		
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## Module 6: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is ≤39 years of age (YEARBORN < 1982) or is female, go to next module.		
MPCS.01	Have you ever had a P.S.A. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to MPCS.05	A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
MPCS.02	About how long has it been since your most recent P.S.A. test?		Read if necessary: 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:		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	

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



## Module 7: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01, AGE, is less than 45 go to next module.		
<b>MCCS.01</b>	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?		1 Yes	Go to MCCS.02	A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.	
			2 No 7 Don't know/ not sure 9 Refused	Go to MCCS.06		
<b>MCCS.02</b>	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to MCCS.03		
			2 Sigmoidoscopy	Go to MCCS.04		
			3 Both	Go to MCCS.03		
			7 Don't know/Not sure	Go to MCCS.05		
			9 Refused	Go to MCCS.06		
<b>MCCS.03</b>	How long has it been since your most recent colonoscopy?		Read if necessary:  1 Within the past year (anytime less than 12			

			months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
				If MCCS.02 =3 (BOTH) continue, else Go to MCCS.06		
<b>MCCS.04</b>	How long has it been since your most recent sigmoidoscopy?		Read if necessary:  1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago)	Go to MCCS.06		

			5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
				If MCCS.02 =3 (BOTH) continue, else Go to MCCS.06		
<b>MCCS.05</b>	How long has it been since your most recent colonoscopy or sigmoidoscopy?		Read if necessary:  1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
<b>MCCS.06</b>	Have you ever had any other		1 Yes	Go to MCCS.07		

	kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
<b>MCCS.07</b>	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?		1 Yes	Go to MCCS.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to MCCS.09		
<b>MCCS.08</b>	When was your most recent CT colonography or virtual colonoscopy?		Read if necessary:  1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less			

			<p>than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>MCCS.09</b>	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		1 Yes	Go to MCCS.10	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
			2 No 7 Don't know/ not sure 9 Refused	Go to MCCS.11		
<b>MCCS.10</b>	How long has it been since you had this test?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years</p>			

			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			
<b>MCCS.11</b>	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test?		1 Yes	Go to MCCS.12	Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
<b>MCCS.12</b>	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?		1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
<b>MCCS.13</b>	How long has it been since you had this test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the			

			past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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## Module 8: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MTOC.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>		<p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p>	Go to next module		
MTOC.02	At what age were you told that you had cancer?		<p>__ Age in Years (97 = 97 and older) 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 to the first time they were told about their first cancer.	
MTOC.03	What type of cancer was it?		Read if respondent needs prompting for cancer type:			

			01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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## Module 9: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?		Read if necessary: 1 Yes 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.	
MCOT.02	What type of doctor provides the majority of your health care? Is it a....		Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or	

			06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?		1 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.	
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		

MCOT.05	Were these instructions written down or printed on paper for you?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?		1 Yes 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.	
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

# Module 10: Cancer Survivorship: Pain Management

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

# Module 11: Indoor Tanning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MNTAN.01	Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?		___ Number (0-365) 777 Don't know/ Not sure 999 Refused			

## Module 12: Excess Sun Exposure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSUN.01	During the past 12 months, how many times have you had a sunburn?		___ Number (0-365) 777 Don't know/ Not sure 999 Refused			
MSUN.02	When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....		Read: 1 Always 2 Most of the time 3 Sometimes 4 Rarely 5 Never Do not read: 6 Don't stay outside for more than one hour on warm sunny days 8 Don't go outside at all on warm sunny days 7 Don't know/ Not sure 9 Refused		Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.	
MSUN.03	On weekdays, in the summer, how long are you outside per day between 10am and 4pm?		01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours 05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to		Friday is a weekday. If respondent says never, code 01.	

			5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused			
MSUN.04	On weekends in the summer, how long are you outside each day between 10am and 4pm?		01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours 05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to 5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused		Friday is a weekday. If respondent says never, code 01.	

## Module 13: Cognitive Decline

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

						<p>decline (SCD) does not suggest confusion is a major component of SCD.</p> <p>“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.</p>
<b>MCOG.02</b>	Are you worried about these difficulties with thinking or memory?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			<p>This is a new question.</p> <p>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.</p>

<p><b>MCOG.03</b></p>	<p>Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?</p>		<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>		<p>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.</p>
<p><b>MCOG.04</b></p>	<p>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?</p>		<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>		<p>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.”</p> <p>Further, the input from those living with early-stage dementia cited “managing</p>

						<p>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.</p> <p>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.</p>
<b>MCOG.05</b>	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?		<p>1 Yes  2 No  7 Don't know/ not sure  9 Refused</p>			<p>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</p>

						phrase meant. "outside the home" was removed since respondents may work or volunteer from home.
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## Module 14: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCARE.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?		1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	
			2 No			
			7 Don't know/Not sure	Go to MCARE.09		
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to MCARE.09		
MCARE.02	What is his or her relationship to you?		01 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.	
MCARE.03	For how long have you provided care for that person?		Read if necessary: 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 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			
<b>MCARE.04</b>	In an average week, how many hours do you provide care or assistance?		Read if necessary: 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			
<b>MCARE.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?		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	If MCARE.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.07. Otherwise, continue		

			schizophrenia 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			
<b>MCARE.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
<b>MCARE.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?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCARE.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	meals?					
				If MCARE.01 = 1 or 8, go to next module		
<b>MCARE.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?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

# Module 15: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY 2 = 3		
<b>MTC.01</b>	How long has it been since you last smoked a cigarette, even one or two puffs?		Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused	Go to next module		
				Ask if		

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

## Module 16: Other Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.					
			ASK IF CTOB.02 = 1,2			
<b>MOTU.01</b>	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
<b>MOTU.02</b>	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>MOTU.03</b>	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 17: Firearm Safety

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions are about safety and firearms. Some people keep guns for					

	recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.				
<b>MFS.01</b>	Are any firearms now kept in or around your home?		1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module	
<b>MFS.02</b>	Are any of these firearms now loaded?		1 Yes		
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module	
<b>MFS.03</b>	Are any of these loaded firearms also unlocked?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

## Module 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)
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	If CDEM.15 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year),	If respondent is unclear, ask: What is your job title?  If respondent has more than one job	

				<p>continue, else go to next module/section.</p> <p>If CDEM.15 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."</p> <p>Else go to next module</p>	ask: What is your main job?	
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If Core CDEM.15 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."		

## Module 19: Heart Attack and Stroke

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHAS.01	(Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.02	(Do you think) ) feeling weak, lightheaded, or		1 Yes 2 No 7 Don't			

	faint (are symptoms of a heart attack?)		know / Not sure 9 Refused			
MHAS.03	(Do you think) chest pain or discomfort (are symptoms of a heart attack?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.04	(Do you think) sudden trouble seeing in one or both eyes (are symptoms of a heart attack?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.05	(Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.06	(Do you think) shortness of breath (are symptoms of a heart attack?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.07	(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.08	(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.09	(Do you think)		1 Yes			

	sudden trouble seeing in one or both eyes (is a symptom of a stroke?)		2 No 7 Don't know / Not sure 9 Refused			
MHAS.10	(Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.11	(Do you think) sudden trouble walking, dizziness, or loss of balance (is a symptom of a stroke?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.12	(Do you think) severe headache with no known cause (are symptoms of a stroke?)		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
MHAS.13	If you thought someone was having a heart attack or a stroke, what is the first thing you would do?		Please read: 1 Take them to the hospital 2 Tell them to call their doctor 3 Call 911 4 Call their spouse or a family member <b>Or</b> 5 Do something else			

			Do not read: 7 Don't know / Not sure 9 Refused			
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## Module 20: Aspirin for CVD Prevention

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MASPRN.01	How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....		Read: 1 Daily 2 Some days 3 Used to take it but had to stop due to side effects, or 4 Do not take it Do not read: 7 Don't know / Not sure 9 Refused			

## Module 21: Sex at Birth

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSAB.01	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused		This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.	

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CP05, LL07 ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.0 1</b>	Which of the following best represents how you think of yourself?		1 = 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.	
				If sex= female (using BIRTHSEX, CP05, LL07 ) continue,		

				otherwise go to MSOGI.03.		
<b>MSOGI.02</b>	Which of the following best represents how you think of yourself?		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.	
<b>MSOGI.03</b>	Do you consider yourself to be transgender?		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 woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take	

					<p>hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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## Module 23: Marijuana Use

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

<b>MMU.05</b>	...dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
<b>MMU.06</b>	...use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
				If respondent answers yes to only one type of use, skip MMU.07		
				Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).		
<b>MMU.07</b>	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...		Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it or drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Drink it (for example, in		Select one. If respondent provides more than one say: Which way did you use it most often?  Do not include hemp-based CBD-only products.	

			tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or 6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
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## Module 24: Adverse Childhood Experiences

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

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

<b>MACE.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.11</b>	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.12</b>	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?		1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
<b>MACE.13</b>	For how much of your childhood was there an adult in your household		1. Never 2. A little of the time			

	<p>who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?</p>		<p>3. Some of the time  4. Most of the time  5. All of the time  7 Don't Know/Not sure  9 Refused</p>			
	<p>Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.</p>				<p>If yes provide number [STATE TO INSERT NUMBER HERE]</p>	

## Module 25: Place of Flu Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if CIMM= 1 This question may be inserted in core after CIMM.02		
MFP.01	At what kind of place did you get your last flu shot or vaccine?		Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health 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?	

				10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
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## Module 26: HPV - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Columns
				To be asked of respondents between the ages of 18 and 49 years (can be calculated from YEARBORN variable); otherwise, go to next module		
<b>MHPV.01</b>	Have you ever had an H.P.V. vaccination?		<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>If respondent comments that this question was already asked, clarify <b>that the earlier questions was about HPV testing, and this</b> question is about vaccination.</p>	

<b>MHPV.02</b>	How many HPV shots did you receive?		__ Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused			
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# Module 27: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MTDAP.01	Have you received a tetanus shot in the past 10 years?		1 Yes, received 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?	

## Module 28: COVID Vaccination

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

## Module 29: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel lonely? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours		1 Yes 2 No 7 Don't Know/ Not sure			

	reduced?		9 Refused			
<b>MSDHE.05</b>	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.06</b>	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.07</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.08</b>	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.09</b>	During the past 12 months has a lack of reliable transportation		1 Yes 2 No 7 Don't Know/ Not			

	kept you from medical appointments, meetings, work, or from getting things needed for daily living?		sure 9 Refused			
<b>MSDHE.10</b>	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

## Module 30: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MRTR.01</b>	Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.  How do other people usually classify you in this country? Would you say: White, Black or African American,		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race		If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself." Interviewer note: do not offer "mixed race" as a category but use	

	Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?		08 Some other group 77 Don't know / Not sure 99 Refused		as a code if respondent offers it.	
<b>MRTR.02</b>	How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused		The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.	
<b>MRTR.03</b>	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		Read if necessary: 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure			

			9 Refused		
				Ask If CDEM.13 = 1, 2, 4 [CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self- employed,” or “out of work for less than one year.”]	
<b>MRTR.04</b>	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		
<b>MRTR.05</b>	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure		If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences

			9 Refused			
<b>MRTR.06</b>	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

### Module 31: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If CDEM.14 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is &gt;1 and CDEM.14 does not equal 88 or</p>			<p>If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions</p>		

	<p>99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.</p>			<p>about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		
<b>MRCS.01</b>	<p>What is the birth month and year of the [Xth] child?</p>		<p>__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused</p>			
<b>MRCS.02</b>	<p>Is the child a boy or a girl?</p>		<p>1 Boy 2 Girl 3 Nonbinary/other 9 Refused</p>	<p>Go to MRCS.04</p>		
<b>MRCS.03</b>	<p>What was</p>		<p>1 Boy</p>			

	the child's sex on their original birth certificate?		2 Girl 9 Refused			
<b>MRCS.04</b>	Is the child Hispanic, Latino/a, or Spanish origin?		Read if response is yes: 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		If yes, ask: Are they...	
<b>MRCS.04</b>	Which one or more of the following would you say is the race of the child?		10 White 20 Black or African American 30 American Indian or Alaska Native <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 88 No additional choices		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			77 Don't know / Not sure 99 Refused			
<b>MRC5.05</b>	How are you related to the child? Are you a--		Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 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 32: Childhood Asthma Prevalence

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

	professional EVER said that the child has asthma?		9 Refused			
<b>MCAP.02</b>	Does the child still have asthma?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## Asthma Call-Back Permission Script

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

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

# Closing Statement

## Read

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

## Appendix 1: Physical Activity List

1. Walking
2. Running or jogging
3. Gardening or yard work
4. Bicycling or bicycling machine exercise
5. Aerobics video or class
6. Calisthenics
7. Elliptical/EFX machine exercise
8. Household activities
9. Weightlifting
10. Yoga, Pilates, or Tai Chi
11. Other