



2022

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

CT Connecticut

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

CT Connecticut Department of Public Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

CT 1-877-364-0913

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, MOD25_1, RSA,

1 Male
2 Female

[ASK ALL]

ORIG_GENDER. Hidden question for piping him/her into resume intro

IF SEX1=1 OR SEX2=1 OR ASKGENDR=1 OR RSA=11,12,13,14,15,16,17,18,19,21
SET ORIG_GENDER=1

IF SEX1=2 OR SEX2=2 OR ASKGENDR=2 OR RSA=01,02,03,04,05,06,07,08,09,22
SET ORIG_GENDER=2

1 him
2 her

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

CT 25

[ASK IF STATE=CT]

SPLIT. Imported Sample Variable: Split

1 Split 1
2 Split 2

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

1 Sunday
2 Monday
3 Tuesday
4 Wednesday
5 Thursday
6 Friday
7 Saturday

CMONTH. System variable - Current month

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2022 Questionnaire

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Core Sections

Section 1: Health Status

S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 2: Healthy Days

S2Q1. Section 2: Healthy Days

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?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

S2Q2. 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?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap

- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S3Q2. Do you have one person (or a group of doctors) that you think of as your personal health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S3Q3. 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

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

- 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

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

CT State-Added Section 1: Healthcare Access – Split 1

CT1_1. State-Added Section X: Healthcare Access

Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

1 Yes

2 No

3 No medication was prescribed

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 4: Exercise

S4Q1. Section 4: Exercise

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

Section 5: Inadequate Sleep

[ASK ALL]

S5Q1. Section 5: Inadequate Sleep

On average, how many hours of sleep do you get in a 24-hour period?

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 6: Oral Health

S6Q1. Section 6: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

- 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

- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S6Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 7: Chronic Health Conditions

S7Q1. Section 7: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me yes, no, or you're not sure.

Ever told that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q2. (Ever told you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q4. (Ever told you had) asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q6. (Ever told you had) skin cancer that is not melanoma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q7. (Ever told you had) melanoma or any other types of cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S7Q8. (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

S7Q9. (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

S7Q10. 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

S7Q11. (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

S7Q12. (Ever told you had) diabetes?

- 1 Yes
 - 2 Yes, but female told only during pregnancy
 - 3 No
 - 4 No, pre-diabetes or borderline diabetes
- 7 DON'T KNOW / NOT SURE
9 REFUSED

Module 1: Prediabetes (Split 2)

MOD1_1. Module 1: Prediabetes

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 ago 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

MOD1_2. 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

S7Q13. How old were you when you were first told you had diabetes?

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

Section 8: Demographics

S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE

09 REFUSED

S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q2B. Are you...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

S8Q3. Which one or more of the following would you say is your race?

10 [IF S8Q2=2 INSERT "Hispanic"] White

20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American

30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF S8Q2=2 INSERT "Hispanic"] Asian
50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

88 No choices
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

S8Q3A. Is that ...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

S8Q3PI. Is that...

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

S8Q4. Which one of these groups would you say best represents your race?

10 [IF S8Q2=2 INSERT "Hispanic"] White
20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American
30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF S8Q2=2 INSERT "Hispanic"] Asian
50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

88 No choices
77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q4A. Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q4PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

77 DON'T KNOW/ NOT SURE
99 REFUSED

Module 26: Sexual Orientation and Gender Identity (SOGI) (Split 1 and 2)

MOD26_1A. Module 26: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

7 I don't know the answer
9 REFUSED

MOD26_1B. The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

- 1 1- Lesbian or Gay

- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

- 7 I don't know the answer
- 9 REFUSED

MOD26_2. Do you consider yourself to be transgender?

If yes, ask: "Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?"

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q5. Are you...?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

- 9 REFUSED

S8Q6. What is the highest grade or year of school you completed?

- 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)

- 9 REFUSED

S8Q7. Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State-Added Section 2: Town

CT2_1. State-Added Section 2: Town

What town do you live in?

- 112B8 Abington
- 067B7 Amston
- 001A7 Andover
- 002A5 Ansonia
- 003A8 Ashford
- 069C8 Attawaugan
- 004A2 Avon
- 133B6 Baltic
- 074B3 Bantam
- 005A3 Barkhamsted
- 006A5 Beacon Falls
- 007A2 Berlin
- 008A5 Bethany
- 009A1 Bethel
- 010A3 Bethlehem
- 011A2 Bloomfield
- 012A7 Bolton
- 013A6 Bozrah
- 014A5 Branford
- 015A1 Bridgeport
- 016A3 Bridgewater
- 017A2 Bristol
- 047A2 Broad Brook
- 018A1 Brookfield

019A8 Brooklyn
020A2 Burlington
021A3 Canaan
022A8 Canterbury
023A2 Canton
050B4 Centerbrook
109B8 Central Village
024A8 Chaplin
025A5 Cheshire
026A4 Chester
027A4 Clinton
101B5 Clintonville
042B4 Cobalt
028A6 Colchester
029A3 Colebrook
023B2 Collinsville
030A7 Columbia
031A3 Cornwall
057B1 Cos Cob
032A7 Coventry
033A4 Cromwell
034A1 Danbury
069A8 Danielson
035A1 Darien
069B8 Dayville
036A4 Deep River
037A5 Derby
084B5 Devon
038A4 Durham
100B3 East Canaan
039A8 Eastford
040A2 East Granby
041A4 East Haddam
042A4 East Hampton
043A2 East Hartford
044A5 East Haven
045A6 East Lyme
046A1 Easton
047B2 East Windsor
048A7 Ellington

155B2 Elmwood
049A2 Enfield
050A4 Essex
051A1 Fairfield
093B5 Fair Haven
021B3 Falls Village
052A2 Farmington
013B6 Fitchville
053A6 Franklin
072B6 Gales Ferry
117B1 Georgetown
013C6 Gilman
054A2 Glastonbury
135C1 Glenbrook
055A3 Goshen
056A2 Granby
158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford
065A2 Hartland
066A3 Harwinton
067A7 Hebron
061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville

071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester
078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam
083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain
090A1 New Canaan
091A1 New Fairfield
092A3 New Hartford
093A5 New Haven
094A2 Newington
095A6 New London
096A3 New Milford
150B3 New Preston
097A1 Newtown
045B6 Niantic
059C6 Noank
098A3 Norfolk
099B5 North Branford
100A3 North Canaan

101A5 North Haven
074C3 Northfield
099A5 Northford
141C8 North Grosvenor Dale
102A6 No. Stonington
103A1 Norwalk
104A6 Norwich
086A6 Oakdale
105A6 Old Lyme
137B6 Old Mystic
106A4 Old Saybrook
136B8 Oneco
107A5 Orange
108A5 Oxford
137C6 Pawcatuck
109A8 Plainfield
110A2 Plainville
131B2 Plantsville
111A3 Plymouth
112A8 Pomfret
113A4 Portland
114A6 Preston
115A5 Prospect
116A8 Putnam
152B6 Quaker Hill
141D8 Quinnebaug
117A1 Redding
118A1 Ridgefield
157B1 Riverside
082B4 Rockfall
146C7 Rockville
119A2 Rocky Hill
069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem
122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico

123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury
131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale
134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland
143A2 Torrington
144A1 Trumbull
086B6 Uncasville
145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren

150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue
154A4 Westbrook
056B2 West Granby
155A2 West Hartford
156A5 West Haven
060B5 West Lake
157A1 Weston
158A1 Westport
159A2 Wethersfield
160A7 Willington
163A8 Willimantic
161A1 Wilton
162A3 Winchester
163B8 Windham
164A2 Windsor
165A2 Windsor Locks
162B3 Winsted
166A5 Wolcott
167A5 Woodbridge
168A3 Woodbury
169A8 Woodstock
148B5 Yalesville
77777 DON'T KNOW / NOT SURE
88888 OTHER
99999 REFUSED

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

S8Q10. 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

S8Q11. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

- 6 6 or more
- 7 DON'T KNOW / NOT SURE
- 8 None
- 9 REFUSED

S8Q12. How many cell phones do you have for your personal use?

RANGE 1-5 [NUMBER BOX]

- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

S8Q13. 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

S8Q14. Are you currently...?

- 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

- 9 REFUSED

Module 22: Industry and Occupation (Split 1 and 2)

MOD22_1. Module 22: Industry and Occupation

What kind of work [“do”; “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

01 Enter Response [TEXT BOX]

99 REFUSED

MOD22_2. What kind of business or industry [“do”; “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

01 Enter Response [TEXT BOX]

99 REFUSED

S8Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE

99 REFUSED

S8Q16A. Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16B. Less than \$25,000 (\$20,000 to less than \$25,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16C. Less than \$20,000 (\$15,000 to less than \$20,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16D. Less than \$15,000 (\$10,000 to less than \$15,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16E. Less than \$10,000?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16H. Less than \$100,000 (\$75,000 to less than \$100,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16I. Less than \$150,000 (\$100,000 to less than \$150,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16J. Less than \$200,000 (\$150,000 to less than \$200,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16K. \$200,000 or more?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q16. Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)
04 Less than \$25,000 (\$20,000 to less than \$25,000)
03 Less than \$20,000 (\$15,000 to less than \$20,000)
02 Less than \$15,000 (\$10,000 to less than \$15,000)
01 Less than \$10,000
06 Less than \$50,000 (\$35,000 to less than \$50,000)
07 Less than \$75,000 (\$50,000 to less than \$75,000)
08 Less than \$100,000 (\$75,000 to less than \$100,000)
09 Less than \$150,000 (\$100,000 to less than \$150,000)
10 Less than \$200,000 (\$150,000 to less than \$200,000)
11 \$200,000 or more

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q17. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

PS8Q18. About how much do you weigh without shoes?

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q18. About how much do you weigh without shoes?

RANGE 50-999 [NUMBER BOX]
7777 DON'T KNOW / NOT SURE
9999 REFUSED

S8Q18M. About how much do you weigh without shoes?

RANGE 23-352 [NUMBER BOX]
7777 DON'T KNOW / NOT SURE
9999 REFUSED

PS8Q19. About how tall are you without shoes?

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q19. About how tall are you without shoes?

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]
7777 DON'T KNOW / NOT SURE
9999 REFUSED

S8Q19M. About how tall are you without shoes?

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

Section 9: Disability

S9Q1. Section 9: Disability

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

S9Q2. 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

S9Q3. 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

S9Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S9Q5. Do you have difficulty dressing or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S9Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 10: Breast and Cervical Cancer Screening

S10Q1. Section 10: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S10Q2. How long has it been since you had your last mammogram?

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

S10Q3. Have you ever had a cervical cancer screening test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S10Q4. How long has it been since you had your last cervical cancer screening test?

- 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

S10Q5. 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

S10Q6. 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

S10Q7. Have you had a hysterectomy?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 11: Colorectal Cancer Screening

S11Q1. Section 11: Colorectal Cancer Screening

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q2. Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy

2 Sigmoidoscopy

3 Both

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q3. How long has it been since your most recent colonoscopy?

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

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q4. How long has it been since your most recent sigmoidoscopy?

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

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q7. 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
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q8. When was your most recent CT colonography or virtual colonoscopy?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q9. 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
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q10. How long has it been since you had this test?

- 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

S11Q11. 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 test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q12. 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

S11Q13. How long has it been since you had this test?

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

Section 12: Tobacco Use

S12Q1. Section 12: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S12Q2. 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

S12Q3. 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

S12Q4. 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)

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 3: Tobacco Use – Split 2

CT3_1. State Added Section 3: Tobacco Use

Do you now smoke cigars, cigarillos or little cigars 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

CT3_2. Do you now smoke tobacco in a hookah, narghile or other type of water pipe 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

CT3_3. During the past 7 days, have you breathed or smelled the smoke or aerosol from someone who was smoking or vaping tobacco, marijuana, or cannabis product?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 13: Lung Cancer Screening

S13Q1. Section 13: Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

888 NEVER SMOKE CIGARETTES REGULARLY
777 DON'T KNOW / NOT SURE
999 REFUSED

S13Q2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

S13Q3. On average, when you [IF S12Q2=1,2 INSERT "smoke"; IF S12Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S12Q2=1,2 INSERT "do"; IF S12Q2=3 INSERT "did"] you usually smoke each day?

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

S13Q4. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT Scan of your chest area?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S13Q5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S13Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

- 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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 14: Alcohol Consumption

S14Q1. Section 14: Alcohol Consumption

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.

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 (RANGE 101-107)

2_ _ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days

777 DON'T KNOW / NOT SURE

999 REFUSED

S14Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

RANGE 1-76 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

S14Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NO DAYS

77 DON'T KNOW / NOT SURE

99 REFUSED

S14Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 15: Immunization

S15Q1. Section 15: Immunization

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

S15Q2M. 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?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]
77 DON'T KNOW / NOT SURE
99 REFUSED

S15Q2Y.

Code YEAR (RANGE 2021-2022) [NUMBER BOX]
7777 DON'T KNOW / NOT SURE
9999 REFUSED

S15Q3. 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

S15Q4. 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

[Section 16: H.I.V./AIDS](#)

S16Q1. Section 16: H.I.V./AIDS

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

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S16Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

S16Q2Y.

Code YEAR (RANGE 1985-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

S16Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 17: Long-term COVID Effects

S17Q1. Section 17: Long-term COVID Effects

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?

- 1 Yes
- 2 No
- 3 Tested positive using home test without health professional

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S17Q2. Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S17Q3. Which of the following was the primary symptom that you experienced? Was it...

- 01. Tiredness or fatigue
- 02. Difficulty thinking or concentrating or forgetfulness / memory problems (Sometimes referred to as "brain fog")
- 03. Difficulty breathing or shortness of breath
- 04. Joint or muscle pain
- 05. Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 06. Dizziness on standing

- 07. Depression, anxiety, or mood changes
- 08. Symptoms that get worse after physical or mental activities
- 09. You did not have any long-term symptoms that limited your activities

77 DON'T KNOW / NOT SURE
99 REFUSED

Optional Modules

Module 16: Social Determinants and Health Equity (Split 1 and 2)

MOD16_1. Module 16: Social Determinants and Health Equity

In general, how satisfied are you with your life? Are you...

- 1 Very Satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_2. How often do you get the social and emotional support that you need? Is that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_3. How often do you feel socially isolated from others? Is it...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_4. In the past 12 months have you lost employment or had hours reduced?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_5. 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

MOD16_6. 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...

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_7. 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

MOD16_8. 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

MOD16_9. During the last 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_10. Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it ...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 17: Marijuana Use (Split 1 and 2)

MOD17_1. Module 17: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

During the past 30 days, on how many days did you use marijuana or cannabis?

RANGE 1-30 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

MOD17_2. 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

MOD17_3. (Did you) 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

MOD17_4. (Did you) 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

MOD17_5. (Did you) dab it (for example, using a dabbing rig, knife, or dab pen)?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

MOD17_6. (Did you) use it in some other way?

1 Yes
2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD17_7. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD17_2 NE 1]
- 2 **Eat it or Drink it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD17_3 NE 1]
- 3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD17_4 NE 1]
- 4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD17_5 NE 1]
- 5 **Use it some other way.** HIDE IF MOD17_6 NE 1]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 4: Marijuana Use – Split 1 and 2

CT4_1. State Added Section 4: Marijuana Use

How much do you think daily or near daily use of marijuana or cannabis risks harming the average adult's health?

- 1 No risk
- 2 Slight risk
- 1 Moderate risk
- 2 Great risk

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT4_2. During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of using marijuana or cannabis?

Range 1-30 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE

99 REFUSED

CT4_3. When you used marijuana or cannabis during the past 30 days, was it usually:

- 1 For medical reasons
- 2 For non-medical reasons
- 3 For both medical and non-medical reasons

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT4_4. Have you often thought that you should quit or cut down on your marijuana use, or tried to do so more than once, but without success?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT4_5. How do you USUALLY get the marijuana that you use?

- 01 Buy it from a retail marijuana store
- 02 Buy it from a medical dispensary
- 03 Buy it from a grocery store, gas station, mall, or other convenience store
- 04 Buy it from a friend or someone else
- 05 Buy it from an online store
- 06 Get it for free or share someone else's
- 07 Grow it yourself at home or have someone grow it for you
- 08 Get it from somewhere else

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 23: Random Child Selection (Split 1 and 2)

MOD23T1. Module 23: Random Child Selection

RNDS8Q15. System Generated Variable: Randomly Selected Child

- 01 first
- 02 second
- 03 third
- 04 fourth
- 05 fifth
- 06 sixth
- 07 seventh
- 08 eighth
- 09 ninth
- 10 tenth
- 11 eleventh
- 12 twelfth
- 13 thirteenth
- 14 fourteenth
- 15 fifteenth
- 16 sixteenth
- 17 seventeenth
- 18 eighteenth
- 19 nineteenth
- 20 twentieth
- 21 twenty-first
- 22 twenty-second
- 23 twenty-third
- 24 twenty-fourth
- 25 twenty-fifth
- 26 twenty-sixth
- 27 twenty-seventh
- 28 twenty-eighth
- 29 twenty-ninth
- 30 thirtieth
- 31 thirty-first
- 32 thirty-second
- 33 thirty-third
- 34 thirty-fourth
- 35 thirty-fifth
- 36 thirty-sixth
- 37 thirty-seventh
- 38 thirty-eighth
- 39 thirty-ninth

40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eighth
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh
68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third
74 seventy-fourth
75 seventy-fifth
76 seventy-sixth
77 seventy-seventh
78 seventy-eighth
79 seventy-ninth

80 eightieth
81 eighty-first
82 eighty-second
83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

MOD23T2. Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] 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.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS8Q15] child in your household. All following questions about children will be about the [RNDS8Q15] child.

1 Continue

MOD23_1M. What is the birth month and year of the [RNDS8Q15] child?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15=1-87 AND CSTATE NE 2]

MOD23_1Y.

Code YEAR (RANGE 2004-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

MOD23_2. Is the child a boy or a girl?

1 Boy
2 Girl
3 Nonbinary / other

9 REFUSED

MOD23_3. What was the child's sex on their original birth certificate?

1 Boy
2 Girl

9 REFUSED

MOD23_4. Is the child Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD23_4B. Are they...

1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Another Hispanic, Latino/a, or Spanish origin

5 No [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

MOD23_5. Which one or more of the following would you say is the race of the child?

- 10 [IF MOD23_4=2 INSERT "Hispanic"] White
- 20 [IF MOD23_4=2 INSERT "Hispanic"] Black or African American
- 30 [IF MOD23_4=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF MOD23_4=2 INSERT "Hispanic"] Asian
- 50 [IF MOD23_4=2 INSERT "Hispanic"] Pacific Islander

- 88 No choices
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

MOD23_5A. Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 48 Cambodian [HIDE IF NOT(STATE=WA AND CSTATE NE 2)]
- 47 Other Asian

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

MOD23_5P. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

MOD23_6. Which one of these groups would you say best represents the child's race?

10 [IF MOD23_4=2 INSERT "Hispanic"] White
20 [IF MOD23_4=2 INSERT "Hispanic"] Black or African American
30 [IF MOD23_4=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF MOD23_4=2 INSERT "Hispanic"] Asian
50 [IF MOD23_4=2 INSERT "Hispanic"] Pacific Islander

88 No Choices
77 DON'T KNOW / NOT SURE
99 REFUSED

MOD23_6A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
48 Cambodian [HIDE IF NOT(STATE=WA AND CSTATE NE 2)]
47 Other Asian

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD23_6P. Is that...

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD23_7. How are you related to the child? Are you a...

- 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

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 24: Childhood Asthma Prevalence (Split 1 and 2)

MOD24_1. Module 24: Childhood Asthma Prevalence

The next two questions are about the [RNDS8Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD24_2. Does the child still have asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 5: Child Questions – Split 1 and 2

CT5_1. State-Added Section 5: Child Questions

We would like to ask you a few more questions about the [RNDS9Q15] child.

Was this child ever breastfed or fed breast milk?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_2. For about how many months was this child breastfed or fed breast milk?

RANGE 1-60 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

CT5_2A. Was this child at least 3 months old before they were first fed anything other than breast milk?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_2B. Was this child at least 6 months old before they were first fed anything other than breast milk?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

PCT5_3: About how much does this child weigh without shoes?

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

CT5_3M. About how much does this child weigh without shoes?

NOTE: If respondent answers in metrics, put “9” in column 407. Round fractions up

RANGE 2-352 [NUMBER BOX]

PCT5_4: About how tall is this child without shoes?

F HEIGHT GIVEN IN FEET
M HEIGHT GIVEN IN CENTIMETERS

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_4. About how tall is this child without shoes?

RANGE 015-099, 100-111, 200-211, 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

CT5_4M. About how tall is this child without shoes?

Round fractions down

RANGE 38-254 [NUMBER BOX]

CT5_5. On an average day, about how much time does this child spend in front of a television, either watching programs or movies, or playing video games? (Include activities such as Nintendo, PlayStation, Xbox, and watching DVDs or videos.)

M Response given in Minutes
H Response given in Hours

8 None [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

CT5_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT5_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

CT5_6. On an average day, about how much time does this child spend using a computer, tablet, or handheld device for playing video games or for something that is not schoolwork? (Include activities such as Nintendo, Game Boy, or other portable video games, PlayStation, Xbox, playing on-line games, watching programs or movies, using social media or browsing the Internet.)

M Response given in Minutes
H Response given in Hours

8 None [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

CT5_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT5_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

CT5_7: On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

RANGE 1-15 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE

99 REFUSED

CT5_8. In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru?

1__ PER DAY (RANGE 101-115)

2__ PER WEEK (RANGE 201-284) [NUMBER BOX]

888 None

777 DON'T KNOW / NOT SURE

999 REFUSED

CT State Added Section 6: Child Oral Health – Split 1 and 2

CT6_1. State-Added Section 6: Child Oral Health

In the past 12 months has the child seen a dental provider?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

CT6_2. In the past 12 months , have you been told by a dental provider that the child has dental decay (cavities)?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

CT6_3. Has the child received dental SEALANT on at least one permanent tooth by a dentist or dental hygienist?

1 Yes

2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 9: Cancer Survivorship : Type of Cancer (Split 1 and 2)

MOD9_1. Module 9: Type of Cancer

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_2. At what age were you [IF MOD9_1=1 INSERT "told that you had cancer?"; IF MOD9_1=2,3 INSERT "first diagnosed with cancer?"]

RANGE 1-97 [NUMBER BOX]

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD9_3A. Was it "Melanoma" or "other skin cancer"?

- 16 Melanoma
- 22 Other Skin Cancer

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD9_3. [IF MOD9_1=1 AND S7Q6 NE 1 INSERT "What type of cancer is it?"; IF MOD9_1=2,3 INSERT "With your most recent diagnoses of cancer, what type of cancer was it?"]

- 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

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 10: Cancer Survivorship: Course of Treatment (Split 1 and 2)

MOD10_1. Module 10: Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

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

MOD10_2. What type of doctor provides the majority of your health care? Is it a ...

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD10_3. 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

MOD10_4. 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

MOD10_5. Were these instructions written down or printed on paper for you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD10_6. 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

MOD10_7. 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

MOD10_8. 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 11: Cancer Survivorship: Pain Management (Split 1 and 2)

MOD11_1. Module 11: Cancer Survivorship: Pain Management

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

MOD11_2. Would you say your pain is currently under control ...?

- 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)

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 7: COVID Vaccination (Split 1 and 2)

MOD7_1. Module 7: COVID Vaccination

Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD7_2. Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 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

MOD7_3. How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD7_4. Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

- 1 Already received all recommended doses
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD7_5M. During what month and year did you receive your [IF MOD7_3=2,3,4 INSERT "first"] COVID-19 vaccination?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD7_5Y.

Code YEAR (RANGE 2020-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

MOD7_6M. During what month and year did you receive your second COVID-19 vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD7_6Y.

Code YEAR (RANGE 2020-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

CT State Added Section 7: Hepatitis Treatment – Split 1**CT7_1. State Added Section: Hepatitis Treatment**

Have you ever been told by a doctor or other health professional that you had Hepatitis C?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT7_2. Were you treated for Hepatitis C?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT7_3. Have you received vaccination for Hepatitis A?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT7_4. Have you received vaccination for Hepatitis B?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 13: Cognitive Decline (Split 2)

MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always

done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD13_2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD13_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

1 Always

2 Usually

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD13_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

1 Always

2 Usually

3 Sometimes

4 Rarely
5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD13_5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD13_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 8: Suicide Prevention – Split 1

CT8_1. State Added Section 8: Suicide Prevention

Have you ever thought of taking your own life?

1 Yes
2 No

7 Don't Know/Not Sure
9 Refused

CT8_2. Have you ever tried to end your life?

1 Yes
2 No

7 Don't Know/Not Sure
9 Refused

CT8_3. Are you aware of the “1 WORD, 1 VOICE, 1 LIFE” suicide prevention campaign in CT that aims to increase the awareness of the 2-1-1 call number, and provide training and materials to prevent suicide?

1 Yes
2 No

7 Don't Know/Not Sure
9 Refused

Module 27: Family Planning (Split 2)

MOD27_1. Module 27: Family Planning

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

In the past 12 months, did you have sexual intercourse?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD27_2. Some things people do to keep from getting pregnant include not have sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD27_3. The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream

09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

10 Withdrawal or pulling out

11 Emergency contraception or the morning after pill (Plan B or ella)

12 Other method

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD27_2=1]

MOD27_4. The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

00 Nothing else

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge

09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

10 Withdrawal or pulling out

11 Emergency contraception or the morning after pill (Plan B or ella)

12 Other method

77 DON'T KNOW / NOT SURE

99 REFUSED

MOD27_5. Where did you get the [MOD27_3] you used when you last had sexual intercourse?

01 Private doctor's office

02 Community health clinic, Community clinic, Public health clinic

03 Family planning or Planned Parenthood Clinic

04 School or school-based clinic

05 Hospital outpatient clinic, emergency room, regular hospital room

06 Urgent care center, urgi-care or walk-in facility

07 In-store health clinic (like CVS, Target, or Walmart)

08 Health care visit with a pharmacist

09 Website or app

10 Some other place

77 DON'T KNOW / NOT SURE

99 REFUSED

MOD27_6. Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

01 You didn't think you were going to have sex / no regular partner

02 You just didn't think about it

03 You wanted a pregnancy

04 You didn't care if you got pregnant

05 You or your partner didn't want to use birth control (side effects, don't like birth control)

06 You had trouble getting or paying for birth control

07 You didn't trust giving out your personal information to medical personnel

08 Didn't think you or your partner could get pregnant (infertile or too old)

09 You were using withdrawal or "pulling out"

10 You had your tubes tied (sterilization)

11 Your partner had a vasectomy (sterilization)

12 You were breast-feeding or you just had a baby

13 You were assigned male at birth

14 Other reasons

77 DON'T KNOW / NOT SURE

99 REFUSED

MOD27_7. If you could use any birth control method you wanted, what method would you use?

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge

09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

10 Withdrawal or pulling out

11 Emergency contraception or the morning after pill (Plan B or ella)

12 Other method

13 I am using the method that I want to use

14 I don't want to use any method

77 DON'T KNOW / NOT SURE

99 REFUSED

[Asthma Call Back Permission \(Split 1 and 2\)](#)

ACFLAG_SPLIT. Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S7Q5=1,2,7,9 AND MOD24_2=1,2,7,9 AND CSTATE NE 2 AND STATE=CT THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "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. Would it be okay to continue with those questions now?

- 1 Yes
- 2 No

AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

MKP. Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

- 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

AST2B. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

- 1 Gave Response [TEXT BOX]

- 7 DON'T KNOW
- 9 REFUSED

ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Continue

- 7 DON'T KNOW
- 9 REFUSED