2019

Behavioral Risk Factor Surveillance System Questionnaire
Imported & Hidden Sample Variables

[ASK ALL]
SAMPTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]
STATE. Imported Sample Variable: State

CT Connecticut

[ASK ALL]
HEALTHDEPT. Imported Sample Variable: Health Department Name

CT Connecticut Department of Public Health

[ASK ALL]
DEPTPHONE. Imported Sample Variable: 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, AND MOD28_1

1 Male
2 Female

[ASK ALL]
LENGTH. Imported Sample Variable: Interview Length

CT 24

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

Core Sections ......................................................................................................... 19
Section 1: Health Status ......................................................................................... 19
Section 2: Healthy Days ......................................................................................... 19
Section 3: Healthcare Access .................................................................................. 20
Module 14: Healthcare Access .............................................................................. 21
Section 4: Hypertension Awareness ....................................................................... 23
Module 16: Home / Self-measured Blood Pressure .................................................. 24
Section 5: Cholesterol Awareness ......................................................................... 25
Section 6: Chronic Health Conditions .................................................................... 26
Module 2: Diabetes .................................................................................................. 30
Section 7: Arthritis .................................................................................................. 33
Section 8: Demographics ....................................................................................... 36
Module 29: Sexual Orientation and Gender Identity (SOGI) ................................. 39
CT State-Added Section 1: Town .......................................................................... 42
Section 9: Tobacco Use ......................................................................................... 59
Section 10: Alcohol Consumption ........................................................................ 61
Section 11: Exercise (Physical Activity) ................................................................. 63
Section 12: Fruits and Vegetables .......................................................................... 70
Section 13: Immunization ...................................................................................... 73
Module 6: Place of Flu Vaccination ....................................................................... 74
Module 7: Shingles Vaccination ............................................................................ 76
Module 14: H.I.V./AIDS ...................................................................................... 76
Module 4: Hepatitis Treatment ............................................................................. 78
Module 20: Cognitive Decline ............................................................................... 80
Module 23: Family Planning .................................................................................. 82
Module 30: Random Child Selection ................................................................... 85
Module 31: Childhood Asthma Prevalence ........................................................... 90
CT State Added Section 3: Child Questions .......................................................... 91
CT State Added Section 4: Child Oral Health ....................................................... 96
CT State Added Section 5: Social Context ........................................................... 97
CT State Added Section 6: Radon ........................................................................ 98
CT State Added Section 7: Tobacco ...................................................................... 99
CT State Added Section 8: Traumatic Brain Injury ............................................ 102
CT State Added Section 9: Prescription Drug Access .......................................... 102
Asthma Call Back Permission .............................................................................. 103
Interviewer’s Script Landline

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).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

[ANSWERING MACHINE MESSAGE TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]
AM_TEXT. Hello, my name is _______. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]
PM_TEXT. Privacy Manager (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=1]
INT01. Hello, I am calling for the [HEALTHDEPT]. My name is ______________. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to
ask some questions about health and health practices. This call may be monitored or recorded for quality control.

Is this $N?

**INTERVIEWER NOTE:** IF NO: 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.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>01</td>
<td>Yes – Continue</td>
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<tr>
<td>10</td>
<td>Callback</td>
</tr>
<tr>
<td>20</td>
<td>Refusal</td>
</tr>
<tr>
<td>D3</td>
<td>Answering Machine</td>
</tr>
<tr>
<td>B2</td>
<td>Busy</td>
</tr>
<tr>
<td>DA</td>
<td>Dead Air</td>
</tr>
<tr>
<td>HU</td>
<td>Hang Up</td>
</tr>
<tr>
<td>NA</td>
<td>No Answer</td>
</tr>
<tr>
<td>NW</td>
<td>Non-Working Number</td>
</tr>
</tbody>
</table>

**[ASK IF SELFLAG=1 AND SAMPTYPE=1]**

**INT02.** Hello, I’m _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [INSERT RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT “him”] [IF HGENDER=02 INSERT “her”]

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
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<td>Selected on the line</td>
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</table>

**[ASK IF INT01=01 AND SAMPTYPE=1]**

**HS1.** Is this a private residence?

**READ IF NECESSARY:** By private residence, we mean somewhere like a house or apartment.
**INTERVIEWER NOTE:** 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.

01 Yes  
02 No  
03 No, this is a business

[ASK IF HS1=03]  
BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]  
COLLEGE. Do you live in college housing?

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

01 Yes  
02 No – Business  
03 No – Group Home

97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF COLLEGE=02,03,97,99]  
X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]  
STRES. Do you currently live in [STATE]?
[ASK IF STRES=02,97,99]
X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]
HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.
INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

01 Yes, it is a cell phone
02 Not a cell phone

[ASK IF HS2=01]
HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]
ADULT. Are you 18 years of age or older?

01 Yes
02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]
SEX1. Are you male or female?
01 Male
02 Female

97 DON’T KNOW / NOT SURE
99 REFUSED

[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

[ASK IF HS1=01 AND HS2=02]
**ADULTS.** I need to randomly select an 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?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02]
**XX3.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]
**XX4.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]
**ONEADULT.** Are you the adult?

01 Yes
02 No

[ASK IF ONEADULT=01]
**ASKGENDR.** Are you male or female?
01 Male  
02 Female  
97 DON'T KNOW / NOT SURE  
99 REFUSED  

[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=97,99]  
XX5. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]  

[ASK IF ONEADULT=02]  
GETADULT. May I speak with the adult in the household that is 18 years of age or older?  

01 Yes, adult coming to the phone [GO TO INT01]  
02 No, not here [TERM AS CALL BACK]  

[ASK IF ONEADULT=01]  
YOU. Then you are the person I need to speak with.  

01 Continue  

[ASK IF ADULTS > 1]  
MEN. How many of these adults are men?  

RANGE 0-[ADULTS] [NUMBER BOX]  

[ASK IF ADULTS > 1]  
NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN  

[ASK IF NWOMEN>0]  
WOMEN. So the number of women in the household is [NWOMEN].
Is that correct?

01 Yes
02 No [GO BACK TO ADULTS]

[ASK IF ADULTS>1]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female
02 2nd Oldest Female
03 3rd Oldest Female
04 4th Oldest Female
05 5th Oldest Female
06 6th Oldest Female
07 7th Oldest Female
08 8th Oldest Female
09 9th Oldest Female
11 Oldest Male
12 2nd Oldest Male
13 3rd Oldest Male
14 4th Oldest Male
15 5th Oldest Male
16 6th Oldest Male
17 7th Oldest Male
18 8th Oldest Male
19 9th Oldest Male
20 No respondent selected

[ASK IF ADULTS>1 AND SAMPTYPE=1]

NBIRTH. The person in your household that I need to speak with is [RSA]. Are you the [RSA] in this household?

01 Yes, male
02 Yes, female
03 No, adult coming to the phone
04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)]

NBIRTHCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03]

GENDER. Is the adult a man or a woman?

21 Male
22 Female

[IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]

[ASK IF \ NBIRTH=03]

NEWADULT. Hello, I am calling for the [HEALTHDEPT]. My name is _______. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

01 Continue

[ASK IF SAMPTYPE=1]

YOURTHE1. 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. [IF STATE=X INSERT “Any information you give me will not be connected to any personal information.”]; IF STATE=X INSERT “Any personal information that you provide will not be used to identify you.”] If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = MD insert: If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.] [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]
INTERVIEWER NOTE: The interview takes on average [insert LENGTH] minutes depending on your answers. [if STATE = WA, insert: If you have any questions about this study, you can call the study coordinator at the Washington State Department of Health, Wendi Gilreath. You can call her toll-free at 1-866-871-5405. Your phone number will be erased from the data in one year.

01 Person Interested, Continue
02 Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO ADULTS]

Interviewer’s Script Cell Phone

[ASK IF SAMPTYPE=2]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _______________. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

Is this a safe time to talk with you?

INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

[ASK IF INT01=01]

PHONE. Is this $N?  

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

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<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
<td>03 Not a safe time/driving [GO TO TERM]</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
<td></td>
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[ASK IF PHONE=02]

XPHONE. 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.

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<tbody>
<tr>
<td>01 Continue [GO TO TERM]</td>
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</table>

[ASK IF PHONE=01,97,99]

CELLFON2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

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<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
<td>03 Not a safe time / driving [GO TO TERM]</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
<td></td>
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</table>

[ASK IF CELLFON2=02]
NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]

NOTCELL2. Thank you for your time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]

CADULT. Are you 18 years of age or older?

01 Yes
02 No

[ASK IF CADULT=02]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]

SEX2. Are you male or female?

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]

XX6. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]
**PVTRESID2.** Do you live in a private residence?

**READ ONLY IF NECESSARY:** BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

**INTERVIEWER NOTE:** PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV’S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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</table>

[ASK IF PVTRESID2=02]

**COLLEGE.** Do you live in college housing?

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No – business</td>
</tr>
<tr>
<td>03</td>
<td>No – group home</td>
</tr>
<tr>
<td>04</td>
<td>Not a safe time / driving [GO TO CALL BACK SCREEN]</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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[ASK IF COLLEGE=02,03]

**NOTARES.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

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<tr>
<td>01</td>
<td>Continue [ASSIGN DISPO M8]</td>
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</table>
[ASK IF PVTRESRD2=97,99 OR COLLEGE=97,99]

X4. Thank you very much for your time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESRD2=01 OR COLLEGE=01]

CSTATE. Do you currently live in [STATE]?

01 Yes
02 No
03 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE=97,99]

X5. Thank you very much for your time.

01 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=02]

RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
99 Refused

[ASK IF RSPSTATE=99 or (STATE=VT AND RSPSTATE NE VT)]
**REFSTATE.** I’m sorry, but our data is compiled by state. [IF RSPSTATE=99 AND STATE NE VT INSERT “In order to qualify for the interview we need to know which state you live in.”] [IF STATE=VT AND RSPSTATE NE VT INSERT “We are only interviewing residents of the state of Vermont.”] Thank you for your time.

01 Continue [ASSIGN DISPO M7]

**[ASK IF SAMPTYPE=2]**

**LANDLINE.** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

**INTERVIEWER NOTE:** TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

**[ASK IF PVTRESID2=01]**

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

99 REFUSED

**[ASK IF SAMPTYPE=2]**

**SVINTRO.** 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = MD insert: If you have any questions regarding your rights
as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.] [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

INTERVIEWER NOTE: The interview takes on average [insert LENGTH] minutes depending on your answers. [if STATE = WA, insert: If you have any questions about this study, you can call the study coordinator at the Washington State Department of Health, Wendi Gilreath. You can call her toll-free at 1-866-871-5405. Your phone number will be erased from the data in one year.

01 Continue
02 Driving / not a safe time [GO TO CALL BACK SCREEN]
99 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

01 Excellent
02 Very good
03 Good
04 Fair, or
05 Poor

97 DON’T KNOW / NOT SURE
99 REFUSED

Section 2: Healthy Days
[ASK ALL]
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
  97 DON’T KNOW / NOT SURE
  99 REFUSED

[ASK ALL]
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
  97 DON’T KNOW / NOT SURE
  99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]
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
  97 DON’T KNOW / NOT SURE
  99 REFUSED

Section 3: Healthcare Access
S3Q1. Section 3: Healthcare Access

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, [IF STATE = AK AND CSTATE NE 02, INSERT: Native Health Service] or Indian Health Service?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 14: Healthcare Access

MOD14_1. Module 14: Healthcare Access

What is the primary source of your health care coverage?

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

READ IF NECESSARY:
01 A plan purchased through an employer or union (including plans purchased through another person's employer)
02 A plan that you or another family member buys on your own
03 Medicare
04 Medicaid or other state program
05 TRICARE (formerly CHAMPUS), VA, or Military
06 Alaska Native, Indian Health Service, Tribal Health Services
$ Or
07 Some other source
08 None (no coverage)

DO NOT READ:
97 DON’T KNOW / NOT SURE
[ASK ALL]
S3Q2. Do you have one person you think of as your personal doctor or healthcare provider?
If no, ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

01 Yes, only one
02 More than one
03 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

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

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

INTERVIEWER NOTE: READ LIST ONLY IF NECESSARY

01 Within the past year (anytime less than 12 months ago)
02 Within the past 2 years (1 year but less than 2 years ago)
03 Within the past 5 years (2 years but less than 5 years ago)
04 5 or more years ago
Section 4: Hypertension Awareness

[ASK ALL]

**S4Q1. Section 4: Hypertension Awareness**

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

**INTERVIEWER:** If ‘Yes’ and respondent is female, ask: “Was this only when you were pregnant?”

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 Told borderline high or pre-hypertensive

- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S4Q1=02 AND HGENDER=1]

**S4Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S4Q1]

[ASK IF S4Q1=01]

**S4Q2.** Are you currently taking prescription medicine for your high blood pressure?

- 01 Yes
Module 16: Home / Self-measured Blood Pressure

[ASK IF CSTATE NE 02]

MOD16_1. Module 16: Home / Self-measured Blood Pressure

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD16_2. Do you regularly check your blood pressure outside of your healthcare professional’s office or at home?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD16_2=01]

MOD16_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

01 At home
02 On a machine at a pharmacy, grocery, or similar location
03 Do not check it
[ASK IF MOD16_2=01]

**MOD16_4.** How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

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<tbody>
<tr>
<td>01</td>
<td>Telephone</td>
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<tr>
<td>02</td>
<td>Other methods such as email, internet portal or fax</td>
</tr>
<tr>
<td>03</td>
<td>In person</td>
</tr>
<tr>
<td>04</td>
<td>DO NOT SHARE INFORMATION</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
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**Section 5: Cholesterol Awareness**

[ASK ALL]

**S5Q1. Section 5: Cholesterol Awareness**

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

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<tr>
<td>01</td>
<td>Never</td>
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<tr>
<td>02</td>
<td>Within the past year (anytime less than one year ago)</td>
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<tr>
<td>03</td>
<td>Within the past 2 years (1 year but less than 2 years ago)</td>
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<td>04</td>
<td>Within the past 3 years (2 years but less than 3 years ago)</td>
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<tr>
<td>05</td>
<td>Within the past 4 years (3 years but less than 4 years ago)</td>
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<tr>
<td>06</td>
<td>Within the past 5 years (4 years but less than 5 years ago)</td>
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<tr>
<td>08</td>
<td>5 or more years ago</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
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<td>99</td>
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</table>
**S5Q2.** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

**S5Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes  
02 No  
97 DON’T KNOW  
99 REFUSED

---

**Section 6: Chronic Health Conditions**

**S6Q1.** Section 6: 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) you had a heart attack also called a myocardial infarction?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED
S6Q2. (Ever told you had) angina or coronary heart disease?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

S6Q3. (Ever told you had) a stroke?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

S6Q4. (Ever told you had) asthma?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

S6Q5. Do you still have asthma?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

S6Q6. (Ever told you had) skin cancer?
### S6Q7. (Ever told you had) any other types of cancer?

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<tr>
<td>01</td>
<td>Yes</td>
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<tr>
<td>02</td>
<td>No</td>
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<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
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### S6Q8. (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

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<td>02</td>
<td>No</td>
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<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
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### S6Q9. (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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<td>01</td>
<td>Yes</td>
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<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
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</table>

### S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.
S6Q11. (Ever told you had) diabetes?

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 04.

S6Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

S6Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

[ASK IF S6Q11=01]
Module 2: Diabetes

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_1. Module 2: Diabetes

Are you now taking insulin?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

MOD2_2. About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

1 _ _ Times per day (RANGE 101-199)
2 _ _ Times per week (RANGE 201-299)
3 _ _ Times per month (RANGE 301-399)
4 _ _ Times per year (RANGE 401-499) [NUMBER BOX]

888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD2_2=105-120 OR MOD2_2=205-220 OR MOD2_2=305-390]

MOD2_2A. I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2].

Is this information correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO MOD2_2]
MOD2_3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

1 _ _ Times per day (RANGE 101-199)
2 _ _ Times per week (RANGE 201-299)
3 _ _ Times per month (RANGE 301-399)
4 _ _ Times per year (RANGE 401-499) [NUMBER BOX]

555 No feet
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

MOD2_3A: I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO MOD2_3]

MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

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

MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO MOD2_4]
[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

88 None  
98 Never heard of A one C test  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF S6Q11=01 AND MOD2_3 NE 555 AND CSTATE NE 02]

MOD2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

88 None  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

MOD2_7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

READ ONLY IF NECESSARY:  
01 Within the past month (anytime less than 1 month ago)  
02 Within the past year (1 month but less than 12 months ago)  
03 Within the past 2 years (1 year but less than 2 years ago)  
04 2 or more years ago

DO NOT READ:  
88 Never  
97 DON’T KNOW / NOT SURE  
99 REFUSED
MOD2_8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

MOD2_9. Have you ever taken a course or class in how to manage your diabetes yourself?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

Section 7: Arthritis

S7Q1. Section 7: Arthritis

(Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER NOTE: 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).

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

**[ASK IF S7Q1=01]**

**S7Q2.** Has a doctor or other health professional every suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE:** IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
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<tbody>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
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</table>

**[ASK IF S7Q1=01]**

**S7Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
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<tbody>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**[ASK IF S7Q1=01]**

**S7Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say “Please answer the question based on how you are when you are taking any of the medications or treatments you might use.”

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
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<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
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</table>
S7Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is “yes” mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

S7Q6. 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.

RANGE 0-10 [NUMBER BOX]

97 DON’T KNOW / NOT SURE
99 REFUSED

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH
02 SPANISH
### Section 8: Demographics

#### S8Q1. What is your age?

**READ IF NECESSARY:** I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

**RANGE 18-99 [NUMBER BOX]**

- 997 DON’T KNOW / NOT SURE
- 999 REFUSED

**[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999]**

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

**01 GO BACK [GO TO S8Q1]**

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

- 01 No, not of Hispanic, Latino/a, or Spanish origin
- 02 Yes

- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

**[ASK IF S8Q2=02]**

**[MUL=4]**

**S8Q2B.** Are you...

**INTERVIEWER NOTE:** One or more categories may be selected.

- 01 Mexican, Mexican American, Chicano/a
- 02 Puerto Rican
S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 OTHER
97 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]
[MUL=7]
S8Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
48 Cambodian [DISPLAY IF STATE=WA AND CSTATE NE 02]
47 Other Asian

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]
97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=50]
[MUL=4]
S8Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

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

97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=MUL]
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 99]
S8Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code “refused.”

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]
[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]
S8Q4A. Is that…
Module 29: 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?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97.
PLEASE READ:
01 1- Gay
02 2- Straight, that is, not gay
03 3- Bisexual
04 4- Something else

DO NOT READ:
97 I don't know the answer / the respondent did not understand the question
99 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 02]
MOD29_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97.

PLEASE READ:
01 1- Lesbian or Gay
02 2- Straight, that is, not gay
03 3- Bisexual
04 4- Something else

DO NOT READ:
97 I don't know the answer / the respondent did not understand the question
99 REFUSED

[ASK IF CSTATE NE 02]
MOD29_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?”

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender.
Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: 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.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

01 1 - Yes, Transgender, male-to-female  
02 2 - Yes, Transgender, female to male  
03 3 - Yes, Transgender, gender nonconforming  
04 4 - No

97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]  
**S8Q5. Are you…?**

01 Married  
02 Divorced  
03 Widowed  
04 Separated  
05 Never married[IF STATE NE WA INSERT ", Or"]  
06 A member of an unmarried couple[IF STATE=WA INSERT ", Or"]  
08 In a registered domestic partnership [DISPLAY IF STATE=WA AND CSTATE NE 02]

99 REFUSED

[ASK ALL]  
**S8Q6. What is the highest grade or year of school you completed?**

INTERVIEWER NOTE: READ ONLY IF NECESSARY
01 Never attended school or only attended kindergarten
02 Grades 1 through 8 (Elementary)
03 Grades 9 through 11 (Some high school)
04 Grade 12 or GED (High school graduate)
05 College 1 year to 3 years (Some college or technical school)
06 College 4 years or more (College graduate)
[IF STATE = AK AND CSTATE NE 02, INSERT:
07 GED (High School equivalence diploma)
08 Home-schooled with diploma or correspondence school]
99 REFUSED

[ASK ALL]
S8Q7. Do you own or rent your home?

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. (includes "rent to own")

01 Own
02 Rent
03 Other arrangement

97 DON’T KNOW / NOT SURE
99 REFUSED

CT State-Added Section 1: Town

[ASK IF STATE=CT AND SAMPTYPE=1,2 AND CSTATE NE 02]
CT1_1. State-Added Section 1: Town

What town do you live in?

112B8 Abington
067B7 Amston
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
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<tr>
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<td>Washington</td>
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<td>128C2</td>
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<tr>
<td>154A4</td>
<td>Westbrook</td>
</tr>
<tr>
<td>056B2</td>
<td>West Granby</td>
</tr>
<tr>
<td>155A2</td>
<td>West Hartford</td>
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<td>156A5</td>
<td>West Haven</td>
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<td>060B5</td>
<td>West Lake</td>
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<td>157A1</td>
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<td>160A7</td>
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<tr>
<td>163A8</td>
<td>Willimantic</td>
</tr>
<tr>
<td>161A1</td>
<td>Wilton</td>
</tr>
<tr>
<td>162A3</td>
<td>Winchester</td>
</tr>
</tbody>
</table>
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

[ASK IF CSTATE NE 02]
S8Q8. Aggregated state-specific county response

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S8Q8 NE 997,999 AND CSTATE NE 02]
S8Q8C. I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county
02 No, incorrect county [GO BACK TO az_cnty]

[ASK IF CSTATE=02]
CNTY. In what county do you currently live?

01 Gave Response [TEXT BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99996 [NUMBER BOX]
99997 DON’T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q9 NE 99997,99999]

S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

  01 Yes, correct zip code
  02 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]

S8Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

  01 Yes
  02 No

  97 DON’T KNOW / NOT SURE
  99 REFUSED

[ASK IF S8Q10=01 AND SAMPTYPE=1]

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

RANGE 1-6 [NUMBER BOX]

  97 DON’T KNOW / NOT SURE
  99 REFUSED

[ASK IF SAMPTYPE =1]

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

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

  06 Six or more

  97 DON’T KNOW / NOT SURE
  98 NONE
  99 REFUSED
[ASK ALL]

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?

**INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

S8Q14. Are you currently…?

**INTERVIEWER NOTE:** If more than one, say “Select the category which best describes you”.

01 Employed for wages  
02 Self-employed  
03 Out of work for 1 year or more  
04 Out of work for less than 1 year  
05 A Homemaker  
06 A Student  
07 Retired  
$ Or  
08 Unable to work  

99 REFUSED

[ASK ALL]

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

**RANGE 1-15 [NUMBER BOX]**

88 NONE  
99 REFUSED
### S8Q15CHK

Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT “child”; IF S8Q15=2-15 INSERT “children”] under 18 living in your household. Is that correct?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No [GO BACK TO S8Q15]</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q16A

Is your annual household income from all sources—

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

**INTERVIEWER NOTE:** If respondent refuses at any income level, code ‘99’ (refused)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q16B

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

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q16C

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

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>S8Q16D</strong></td>
<td>Less than $10,000?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>01 Yes</td>
<td>02 No</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

<table>
<thead>
<tr>
<th><strong>S8Q16E</strong></th>
<th>Less than $35,000 ($25,000 to less than $35,000)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

<table>
<thead>
<tr>
<th><strong>S8Q16F</strong></th>
<th>Less than $50,000 ($35,000 to less than $50,000)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

<table>
<thead>
<tr>
<th><strong>S8Q16G</strong></th>
<th>Less than $75,000 ($50,000 to less than $75,000)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>
## READ ONLY IF NECESSARY: Is your annual household income from all sources—

<table>
<thead>
<tr>
<th>Response</th>
<th>Piping</th>
<th>IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than $10,000</td>
<td>S8Q16D=01</td>
</tr>
<tr>
<td>02</td>
<td>Less than $15,000 ($10,000 to less than $15,000)</td>
<td>S8Q16D=02</td>
</tr>
<tr>
<td>03</td>
<td>Less than $20,000 ($15,000 to less than $20,000)</td>
<td>S8Q16C=02</td>
</tr>
<tr>
<td>04</td>
<td>Less than $25,000 ($20,000 to less than $25,000)</td>
<td>S8Q16B=02</td>
</tr>
<tr>
<td>05</td>
<td>Less than $35,000 ($25,000 to less than $35,000)</td>
<td>S8Q16E=01</td>
</tr>
<tr>
<td>06</td>
<td>Less than $50,000 ($35,000 to less than $50,000)</td>
<td>S8Q16F=01</td>
</tr>
<tr>
<td>07</td>
<td>Less than $75,000 ($50,000 to less than $75,000)</td>
<td>S8Q16G=01</td>
</tr>
<tr>
<td>08</td>
<td>$75,000 or more</td>
<td>S8Q16G=02 AND NOT(STATE=AK,CT,VT,WA)</td>
</tr>
<tr>
<td>08</td>
<td>08 [IF STATE NE AK INSERT &quot;$75,000 or more&quot;; IF STATE=AK INSERT “Less than $85,000 ($75,000 to less than $85,000)”]</td>
<td>S8Q16G=02 AND CSTATE=02 AND STATE=AK,CT,VT,WA</td>
</tr>
<tr>
<td>09</td>
<td>Less than $100,000 ($75,000 to less than $100,000)</td>
<td>AK1_2 =01 OR AK1_3=02 OR CT2_1=01 OR CT2_2=02 OR VT5_1=01 OR VT5_2=02 OR WA5_1=01 OR WA5_2=02</td>
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<tr>
<td>10</td>
<td>$100,000 or more</td>
<td>AK1_3=01 OR CT2_2=01 OR VT5_2=01 OR WA5_2=01</td>
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<tr>
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<tr>
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<td>Response</td>
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<tr>
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<td>Don't Know</td>
<td>AK1_1=97 OR AK1_2 =97 OR AK1_3=97 OR CT2_1=97 OR CT2_2=97 OR VT5_1=97 OR VT5_2=97 OR WA5_1=97 OR WA5_2=97</td>
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<tr>
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<tr>
<td>99</td>
<td>Refused</td>
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</tr>
</tbody>
</table>

**[ASK ALL]**

**S8Q16.** Aggregated response to income question

- 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
- 05 Less than $35,000 ($25,000 to less than $35,000)
- 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 $75,000 or more
- 09 Less than $100,000 ($75,000 to less than $100,000)
- 10 $100,000 or more

- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

**[ASK IF S8Q16 NE 97,99]**

**S8Q16AA.** Your Annual Household Income is [S8Q16]. Is This Correct?

- 01 Yes, correct as is.
- 02 No, re-ask question [GO BACK TO S8Q16A]

**[ASK ALL]**

**PS8Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** ENTER “P” FOR WEIGHT GIVEN IN POUNDS OR ENTER “K” FOR WEIGHT GIVEN IN KILOGRAMS
P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q17=P]

S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX]

[ASK IF S8Q17=50-79 OR S8Q17=351-776]

S8Q17A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

[ASK IF S8Q17M=23-352 AND PS8Q17=K]

S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q17M]

[ASK ALL]

PS8Q18. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER “F” FOR HEIGHT GIVEN IN FEET OR ENTER “M” FOR HEIGHT GIVEN IN CENTIMETERS
F Feet
M Centimeters
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q18=F]
S8Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

[ASK IF S8Q18=300-407 OR S8Q18=609-711]
S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

  01 Yes
  02 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]
S8Q18M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

[ASK IF S8Q18M=90-254 AND PS8Q18=M]
S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

  01 Yes
  02 No [GO BACK TO S8Q18M]

[ASK IF HGENDER=2 AND S8Q1=18-49]
S8Q19. To your knowledge, are you now pregnant?

  01 Yes
[ASK ALL]
**S8Q20.** 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?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]
**S8Q21.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]
**S8Q22.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]
**S8Q23.** Do you have serious difficulty walking or climbing stairs?
<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
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</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**[ASK ALL]**

**S8Q24.** Do you have difficulty dressing or bathing?

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**[ASK OF ALL]**

**S8Q25.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

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**Section 9: Tobacco Use**

**[ASK ALL]**

**S9Q1.** Section 9: Tobacco Use

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

**INTERVIEWER NOTE:** For cigarettes, do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

**INTERVIEWER NOTE:** 5 packs = 100 cigarettes

<table>
<thead>
<tr>
<th>01 Yes</th>
</tr>
</thead>
</table>
S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:
01 Every day
02 Some days
03 Not at all

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q1=01]

S9Q3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2=01,02]

S9Q4. How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY 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

DO NOT READ:
[ASK ALL]

S9Q5. Do you currently use chewing tobacco, snuff, [IF STATE = AK AND CSTATE NE 02, INSERT: Iq’mik] or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus rhymes with ‘goose’. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. [IF STATE = AK, INSERT:Iq’Mik (also known as Blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and “punk ash”, which is the ash generated by burning a fungus that grows on birch trees.]

DO NOT READ:
01 Every day
02 Some days
03 Not at all

97 DON’T KNOW / NOT SURE
99 REFUSED

Section 10: Alcohol Consumption

[ASK ALL]

S10Q1. Section 10: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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
S10Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

[ASK IF S10Q2=12-76]
S10Q2A. I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q2]

[ASK IF S10Q1 NE 888,997,999]
S10Q3. 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]

[ASK IF S10Q3=16-76]
S10Q3A. I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more drinks. Is this correct?

01 Correct as is
S10Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

S10Q4A. I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]

S10Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]

S10Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q3]

Section 11: Exercise (Physical Activity)
[ASK ALL]

**S11Q1. Section 11: Exercise (Physical Activity)**

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?

**INTERVIEWER NOTE:** 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.

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S11Q1=01]

**S11Q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

<table>
<thead>
<tr>
<th>01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 Aerobics video or class</td>
</tr>
<tr>
<td>03 Backpacking</td>
</tr>
<tr>
<td>04 Badminton</td>
</tr>
<tr>
<td>05 Basketball</td>
</tr>
<tr>
<td>06 Bicycling machine exercise</td>
</tr>
<tr>
<td>07 Bicycling</td>
</tr>
<tr>
<td>08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>09 Bowling</td>
</tr>
<tr>
<td>10 Boxing</td>
</tr>
<tr>
<td>11 Calisthenics</td>
</tr>
<tr>
<td>12 Canoeing/rowing in competition</td>
</tr>
<tr>
<td>13 Carpentry</td>
</tr>
<tr>
<td>14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.</td>
</tr>
<tr>
<td>15 Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>16 Fishing from river bank or boat</td>
</tr>
<tr>
<td>17 Frisbee</td>
</tr>
<tr>
<td>18 Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>19 Golf (with motorized cart)</td>
</tr>
</tbody>
</table>
20 Golf (without motorized cart)
21 Handball
22 Hiking – cross-country
23 Hockey
24 Horseback riding
25 Hunting large game – deer, elk
26 Hunting small game – quail
27 Inline Skating
28 Jogging
29 Lacrosse
30 Mountain climbing
31 Mowing lawn
32 Paddleball
33 Painting/papering house
34 Pilates
35 Racquetball
36 Raking lawn/trimming hedges
37 Running
38 Rock climbing
39 Rope skipping
40 Rowing machine exercises
41 Rugby
42 Scuba diving
43 Skateboarding
44 Skating – ice or roller
45 Sledding, tobogganing
46 Snorkeling
47 Snow blowing
48 Snow shoveling by hand
49 Snow skiing
50 Snowshoeing
51 Soccer
52 Softball/Baseball
53 Squash
54 Stair climbing/Stair master
55 Stream fishing in waders
56 Surfing
57 Swimming
58 Swimming in laps
59 Table tennis
60 Tai Chi  
61 Tennis  
62 Touch football  
63 Volleyball  
64 Walking  
66 Waterskiing  
67 Weight lifting  
68 Wrestling  
69 Yoga  
71 Childcare  
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)  
73 Household Activities (vacuuming, dusting, home repair, etc.)  
74 Karate/Martial Arts  
75 Upper Body Cycle (wheelchair sports, ergometer)  
76 Yard work (cutting/gathering wood, trimming, etc.)  
98 Other [TEXT BOX]  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S11Q2 =01-76,98]

S11Q3. How many times per week or per month did you take part in this activity during the past month?

1_ _ Days per week (RANGE 101-150)  
2_ _ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S11Q2=01-76,98]

S11Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30  
60 minutes is coded as 100  
1 hour is coded as 100  
2 hours and 30 minutes is coded as 230
S11Q5. What other type of physical activity gave you the next most exercise during the past month?

<table>
<thead>
<tr>
<th>Number</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Active Gaming Devices (Wii Fit, Dance, Dance revolution)</td>
</tr>
<tr>
<td>02</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>03</td>
<td>Backpacking</td>
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<td>04</td>
<td>Badminton</td>
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<td>05</td>
<td>Basketball</td>
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<td>06</td>
<td>Bicycling machine exercise</td>
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<tr>
<td>07</td>
<td>Bicycling</td>
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<tr>
<td>08</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
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<td>09</td>
<td>Bowling</td>
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<td>10</td>
<td>Boxing</td>
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<td>11</td>
<td>Calisthenics</td>
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<tr>
<td>12</td>
<td>Canoeing/rowing in competition</td>
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<tr>
<td>13</td>
<td>Carpentry</td>
</tr>
<tr>
<td>14</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.</td>
</tr>
<tr>
<td>15</td>
<td>Elliptical/EFX machine exercise</td>
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<tr>
<td>16</td>
<td>Fishing from river bank or boat</td>
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<td>Frisbee</td>
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<td>18</td>
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<td>21</td>
<td>Handball</td>
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<td>22</td>
<td>Hiking – cross-country</td>
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<td>23</td>
<td>Hockey</td>
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<td>24</td>
<td>Horseback riding</td>
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<td>Hunting small game – quail</td>
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<td>Inline Skating</td>
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<td>28</td>
<td>Jogging</td>
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<td>Lacrosse</td>
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<td>30</td>
<td>Mountain climbing</td>
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<tr>
<td>31</td>
<td>Mowing lawn</td>
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<tr>
<td>32</td>
<td>Paddleball</td>
</tr>
<tr>
<td>33</td>
<td>Painting/papering house</td>
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<tr>
<td>34</td>
<td>Pilates</td>
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<tr>
<td>35</td>
<td>Racquetball</td>
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<tr>
<td>36</td>
<td>Raking lawn/trimming hedges</td>
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<td>37</td>
<td>Running</td>
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<td>38</td>
<td>Rock climbing</td>
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<td>39</td>
<td>Rope skipping</td>
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<td>40</td>
<td>Rowing machine exercises</td>
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<td>41</td>
<td>Rugby</td>
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<td>42</td>
<td>Scuba diving</td>
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<td>Skateboarding</td>
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<td>Skating – ice or roller</td>
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<td>45</td>
<td>Sledding, tobogganing</td>
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<td>46</td>
<td>Snorkeling</td>
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<td>47</td>
<td>Snow blowing</td>
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<td>48</td>
<td>Snow shoveling by hand</td>
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<tr>
<td>49</td>
<td>Snow skiing</td>
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<tr>
<td>50</td>
<td>Snowshoeing</td>
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<tr>
<td>51</td>
<td>Soccer</td>
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<tr>
<td>52</td>
<td>Softball/Baseball</td>
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<td>53</td>
<td>Squash</td>
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<td>54</td>
<td>Stair climbing/Stair master</td>
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<td>55</td>
<td>Stream fishing in waders</td>
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<td>56</td>
<td>Surfing</td>
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<td>57</td>
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<td>58</td>
<td>Swimming in laps</td>
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<td>Table tennis</td>
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<td>Volleyball</td>
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<td>66</td>
<td>Waterskiing</td>
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<td>67</td>
<td>Weight lifting</td>
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<td>68</td>
<td>Wrestling</td>
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<td>69</td>
<td>Yoga</td>
</tr>
<tr>
<td>71</td>
<td>Childcare</td>
</tr>
<tr>
<td>72</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
</tr>
</tbody>
</table>
73 Household Activities (vacuuming, dusting, home repair, etc.)
74 Karate/Martial Arts
75 Upper Body Cycle (wheelchair sports, ergometer)
76 Yard work (cutting/gathering wood, trimming, etc.)
88 No other activity
98 Other [TEXT BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q5=01-76,98]
S11Q6. How many times per week or per month did you take part in this activity during the past month?

1_ _ Days per week (RANGE 101-150)
2_ _ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S11Q5=01-76,98]
S11Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30
60 minutes is coded as 100
1 hour is coded as 100
2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S11Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?
INTERVIEWER NOTE: Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1. _ _ Days per week (RANGE 101-150)
2. _ _ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

888 NONE
997 DON'T KNOW / NOT SURE
999 REFUSED

Section 12: Fruits and Vegetables

[ASK ALL]

S12Q1. Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’:
“Include fresh, frozen or canned fruit. Do not include dried fruits.”

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.

INTERVIEWER NOTE: Enter quantity in days, weeks, or months

1. _ _ Days (RANGE 101-199)
2. _ _ Weeks (RANGE 201-299)
3. _ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
S12Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:** “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

**INTERVIEWER NOTE:** Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask “Was that per day, week or month?”

1. _ _ Days (RANGE 101-199)
2. _ _ Weeks (RANGE 201-299)
3. _ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

S12Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**READ IF RESPONDENT ASKS ABOUT SPINACH:** “Include spinach salads.”

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

1. _ _ Days (RANGE 101-199)
2. _ _ Weeks (RANGE 201-299)
3. _ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
[ASK ALL]

S12Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1__ __ Days (RANGE 101-199)
2__ __ Weeks (RANGE 201-299)
3__ __ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1__ __ Days (RANGE 101-199)
2__ __ Weeks (RANGE 201-299)
3__ __ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
[ASK ALL]
S12Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1_ _ Days (RANGE 101-199)
2_ _ Weeks (RANGE 201-299)
3_ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

Section 13: Immunization

[ASK ALL]
S13Q1. Section 13: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or flu shot injected into your arm?

READ ONLY 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.

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED
[ASK IF S13Q1=01]

S13Q2M. 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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01]

S13Q2Y.
Code YEAR (RANGE 2018-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

01 Yes
02 No

Module 6: Place of Flu Vaccination

[ASK IF S13Q1=01 AND CSTATE NE 02]
**MOD6_1. Module 6: Place of Flu Vaccination**

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:**
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S13Q3.** Have you received a tetanus shot in the past 10 years?

**INTERVIEWER NOTE:** If yes ask: “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

- 01 Yes, received Tdap
- 02 Yes, received tetanus shot, but not Tdap
- 03 Yes, received tetanus shot but not sure what type
- 04 No, did not receive any tetanus shot in the past 10 years

- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S13Q4.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?
INTerviewer note: If respondent is confused read: “There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.”

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 7: Shingles Vaccination

[ask if S8Q1=50-99 and CSTATE NE 02]

MOD7_1. Module 7: Shingles Vaccination

Have you ever had the shingles or zoster vaccine?

read only if necessary: 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, a new vaccine which requires 2 shots.

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

Section 14: H.I.V./AIDS

[ask all]

S14Q1. Section 14: H.I.V./AIDS

The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. 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.
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?

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S14Q1=01]

**S14Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

**INTERVIEWER NOTE:** If response is before January 1985, code “Don't know.”

**INTERVIEWER NOTE:** If the respondent remembers the year but cannot remember the month, code the first two digits 97 and the last four digits for the year.

<table>
<thead>
<tr>
<th>01 January</th>
<th>02 February</th>
<th>03 March</th>
<th>04 April</th>
<th>05 May</th>
<th>06 June</th>
<th>07 July</th>
<th>08 August</th>
<th>09 September</th>
<th>10 October</th>
<th>11 November</th>
<th>12 December</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>97 DON'T KNOW / NOT SURE</th>
<th>99 REFUSED</th>
</tr>
</thead>
</table>

[ASK IF S14Q1=01]

**S14Q2Y.**

Code YEAR (RANGE 1985-2019) [NUMBER BOX]

| 9997 DON'T KNOW / NOT SURE |
[ASK ALL]
**S14Q3.** 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?

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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
<td>02</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
<td>99</td>
<td>REFUSED</td>
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</tbody>
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**Module 4: Hepatitis Treatment**

[ASK IF CSTATE NE 02]
**MOD4_1.** Module 4: Hepatitis Treatment

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

**INTERVIEWER NOTE:** Hepatitis C is an infection of the liver from the Hepatitis C virus.

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<tbody>
<tr>
<td>01</td>
<td>Yes</td>
<td>02</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
<td>99</td>
<td>REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

[ASK IF MOD4_1=01]
**MOD4_2.** Were you treated for Hepatitis C in 2015 or after?
INTERVIEWER NOTE: Most Hepatitis C treatments offered in 2015 or after were oral medicines or pills including Harvoni, Viekira, Zepatier, Epclusa and others.

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD4_1=01]
MOD4_3. Were you treated for Hepatitis C prior to 2015?

INTERVIEWER NOTE: Most Hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD4_1=01]
MOD4_4. Do you still have Hepatitis C?

INTERVIEWER NOTE: You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]
MOD4_5. The next question is about Hepatitis B.

Has a doctor, nurse, or other health professional ever told you that you had Hepatitis B?

INTERVIEWER NOTE: Hepatitis B is an infection of the liver from the Hepatitis B virus.
Module 20: Cognitive Decline

[ASK IF (S8Q1>=45 OR S8Q1=997,999) AND CSTATE NE 02]

MOD20_1. Module 20: 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?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_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...
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...

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...
MOD20_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…

**PLEASE READ:**
01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

**DO NOT READ:**
97 DON’T KNOW / NOT SURE
99 REFUSED

MOD20_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

Module 23: Family Planning

MOD23_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

01 Yes
02 No
03 No partner / not sexually active
MOD23.2. The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
02 Male sterilization (vasectomy)
03 Contraceptive implant (ex. Implanon)
04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
05 Copper-bearing IUD (ex. ParaGard)
06 IUD, type unknown
07 Shots (ex. Depo-Provera)
08 Birth control pills, any kind
09 Contraceptive patch (ex. Ortho Evra)
10 Contraceptive ring (ex. NuvaRing)
11 Male condoms
12 Diaphragm, cervical cap, sponge
13 Female condoms
14 Not having sex at certain times (rhythm or natural family planning)
15 Withdrawal (or pulling out)
16 Foam, jelly, film, or cream
17 Emergency contraception (morning after pill)
What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:
01 You didn’t think you were going to have sex/no regular partner
02 You just didn’t think about it
03 Don’t care if you get pregnant
04 You want a pregnancy
05 You or your partner don’t want to use birth control
06 You or your partner don’t like birth control/side effects
07 You couldn’t pay for birth control
08 You had a problem getting birth control when you needed
09 Religious reasons
10 Lapse in use of a method
11 Don’t think you or your partner can get pregnant (infertile or too old)
12 You had tubes tied (sterilization)
13 You had a hysterectomy
14 Your partner had a vasectomy (sterilization)
15 You are currently breast-feeding
16 You just had a baby/postpartum
17 You are pregnant now
18 Same sex partner
19 Other reasons
Module 30: Random Child Selection

[ASK IF S8Q15=1 AND CSTATE NE 02]
MOD30T1. Module 30: Random Child Selection

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.

01 Continue

[ASK IF S8Q15=2-15 AND CSTATE NE 02]
[RANDOMLY SELECT ONE OF THE CHILDREN. SET RNDS8Q15 = RANDOMLY SELECTED CHILD]

MOD30T2. 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.

01 Continue

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]
MOD30_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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_1Y.

Code YEAR (RANGE 2001-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]
MOD30_2. Is the child a boy or a girl?

01 Boy
02 Girl
99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]
MOD30_3. Is the child Hispanic, Latino/a, or Spanish origin?

05 No, not of Hispanic, Latino/a, or Spanish origin
01 Yes
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_3=01]
[MUL=4]

MOD30_3B. Are they…

INTERVIEWER NOTE: One or more categories may be selected

PLEASE READ:
<table>
<thead>
<tr>
<th>Code</th>
<th>Race Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Mexican, Mexican American, Chicano/a</td>
</tr>
<tr>
<td>02</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>03</td>
<td>Cuban</td>
</tr>
<tr>
<td>04</td>
<td>Another Hispanic, Latino/a, or Spanish origin</td>
</tr>
</tbody>
</table>

**DO NOT READ:**
- 05 No [EXCLUSIVE]
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

**INTERVIEWER NOTE:** SELECT ALL THAT APPLY

**PLEASE READ:**
- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

**DO NOT READ:**
- 60 Other
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
45 Korean
46 Vietnamese
48 Cambodian [DISPLAY IF STATE=WASH AND CSTATE NE 02]
47 Other Asian

**DO NOT READ:**
60 Other
97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

**PLEASE READ:**
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

**DO NOT READ:**
60 Other
97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

**INTERVIEWER NOTE:** Select all that apply.

**ASK IF MOD30_4=50**
**[MUL=4]**

**MOD30_4P.** Is that…

**MOD30_5.** Which one of these groups would you say best represents the child’s race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4=MUL AND (MOD30_4=10 AND MOD30_5=40)]
[IF MOD30_4 NE MUL AND MOD30_5=40 AUTO PUNCH WITH MOD30_4A RESPONSE]
[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4A AND 97,99]
MOD30_5A. Is that…

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
48 Cambodian [DISPLAY IF STATE=WA AND CSTATE NE 02]
47 Other Asian

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4P=MUL AND (MOD30_4P=51 OR MOD30_5=50)]
[IF MOD30_4P NE MUL AND MOD30_5=50 AUTO PUNCH WITH MOD30_4P RESPONSE]
[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4P, 97,99]
MOD30_5P. Is that…

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

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[DATA PROCESSING NOTE: MOD30_5 is presented as one question, combine MOD30_5A and MOD30_5P into MOD30_5 for delivery]
[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]
MOD30_6. How are you related to the child?

PLEASE READ:
01 Parent (include biologic, step, or adoptive parent)
02 Grandparent
03 Foster parent or guardian
04 Sibling (include biologic, step, and adoptive sibling)
05 Other relative
06 Not related in any way

DO NOT READ:
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 31: Childhood Asthma Prevalence

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]
MOD31_1. Module 31: 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?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD31_1=01]
MOD31_2. Does the child still have asthma?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED
CT State Added Section 3: Child Questions

CHLDAGE2. Calculate child’s age in years from MOD30_1Y

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30_1Y in (9997,9999))]

CT3_1. State-Added Section 3: Child Questions

We would like to ask you a few more questions about the [RNDS8Q15] child. Was this child ever breastfed or given pumped breast milk, even for a short period of time?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF CT3_1=01 AND CSTATE NE 02]

CT3_2. For about how many months was this child breastfed or given pumped breast milk?

RANGE 1-60 [NUMBER BOX]

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF CT3_1=01 AND CSTATE NE 02]

CT3_2A. For about how many months was this child only breastfed or given pumped breast milk, that is, no other liquids or solids except a minimal amount of water or medicine?

RANGE 1-60 [NUMBER BOX]

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30_1Y in (9997,9999))]

PCT3_3: About how much does this child weigh without shoes?
P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PCT3_3=P]

CT3_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT3_3=5-776]

CT3_3A. Just to double-check, you indicated [CT3_3] pounds as your child's weight.

IS THIS CORRECT?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO CT3_3]

[DATA PROCESSING NOTE: if pct3_3=97 (Don't Know) or 99 (Refused), autofill during post-processing CT3_3 with 7777 (Don’t Know) or 9999(Refused)]

[ASK IF PCT3_3=K]

CT3_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]

[ASK IF CT3_3M=2-352]

CT3_3AM. Just to double-check, you indicated [CT3_3M] kilograms as your child's weight.

IS THIS CORRECT?
PCT3_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

[DATA PROCESSING NOTE: if pct3_4=7 (Don’t Know) or 9 (Refused), autofill during post-processing CT3_4 with 7777 (Don’t Know) or 9999(Refused)]

[ASK IF PCT3_4=F]
CT3_4. About how tall is this child without shoes?

NOTE: If respondent answers in metrics, put “9” in column 411.
Round fractions down

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

[ASK IF PCT3_4=F]
CT3_4A. Just to double check, you indicated that the child is [CT3_4] TALL.

IS THIS CORRECT?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO CT3_4]

[ASK IF PCT3_4=M]
CT3_4M. About how tall is this child without shoes?

NOTE: If respondent answers in metrics, put “9” in column 411.
Round fractions down

RANGE 38-254 [NUMBER BOX]

[ASK IF CT3_4M=38-254]

CT3_4AM: Just to double check, you indicated that the child is [CT3_4M] TALL.

IS THIS CORRECT?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO CT3_4M]

[ASK IF (STATE=CT AND (0<=CHILDAGE2<18 OR MOD30_1Y in (9997,9999))) AND CSTATE NE 02]
[MUL=2]

CT3_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]

[ASK IF CT3_5=M]

CT3_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT3_5=H]

CT3_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]
CT3_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.)

INTERVIEWER NOTE: Enter both hours and minutes if needed

<table>
<thead>
<tr>
<th>M Response given in Minutes</th>
<th>H Response given in Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 None [EXCLUSIVE]</td>
<td>7 DON’T KNOW / NOT SURE [EXCLUSIVE]</td>
</tr>
<tr>
<td>9 REFUSED [EXCLUSIVE]</td>
<td></td>
</tr>
</tbody>
</table>

CT3_6M. Enter Minutes
RANGE 1-99 [NUMBER BOX]

CT3_6H. Enter Hours
RANGE 1-24 [NUMBER BOX]

CT3_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.

INTERVIEWER NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can. DO NOT READ. This also includes drinks such
as, Hawaiian punch, hi-c, Snapple, Gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk

RANGE 1-15 [NUMBER BOX]

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

[ASK IF STATE=CT AND (0<=CHILDAGE2<18 OR MOD30_1Y in (9997,9999)) AND CSTATE NE 02]

CT3_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?

READ ONLY IF NECESSARY: Such as food you get at McDonald’s, Burger King, Taco Bell, KFC, or Pizza Hut.

1_ _ PER DAY (RANGE 101-115)
2_ _ PER WEEK (RANGE 201-284) [NUMBER BOX]

888 None
997 DON'T KNOW / NOT SURE
999 REFUSED

CT State Added Section 4: Child Oral Health

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30_1Y in (9997,9999)) AND CSTATE NE 02]

CT4_1. State-Added Section 4: Child Oral Health

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED
CT4_2. In the past 12 months, have you been told by a dental provider that the child has dental decay (cavities)?

- 01 Yes
- 02 No
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

CT4_3. Has the child received dental SEALANT on at least one permanent teeth by a dentist or dental Hygienist?

- 01 Yes
- 02 No
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

CT State Added Section 5: Social Context

CT5_1. State-Added Section 5: Social Context

Now, I am going to ask you about several factors that can affect a person’s health.

How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say …

PLEASE READ:
- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never
**DO NOT READ:**
08 Not applicable  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]
**CT5_2.** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say ---

**PLEASE READ:**
01 Always  
02 Usually  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**
08 Not applicable  
97 DON'T KNOW / NOT SURE  
99 REFUSED

**CT State Added Section 6: Radon**

[ASK IF STATE=CT AND CSTATE NE 02]
**CT6_1.** State-Added Section 6: Radon

Radon is a radioactive gas that occurs in nature. Has your household air been tested for the presence of radon gas?

01 Yes  
02 No  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF CT6_1=01 AND CSTATE NE 02]
**CT6_2.** What was the level?
01 Acceptable (<4 pCi/L)
02 High

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CT6_2=02 AND CSTATE NE 02]
CT6_3. Did you do anything to reduce the radon level?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]
CT6_4. Do you, or does anyone in your home, plan to have your household air tested for radon within the next year?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

CT State Added Section 7: Tobacco

[ASK IF STATE=CT AND CSTATE NE 02]
CT7_1. State-Added Section 7: Tobacco

The next 2 questions are about electronic or e-cigarettes and other electronic vapor products containing nicotine. Do not include Marijuana. Have you ever used an e-cigarette or other electronic vapor product, even just one time, in your entire life?

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPOR PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPOR PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.
**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vapor products include electronic hookahs (e-hookahs), vape pens, Juuls, e-cigars, mods and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint or candy.

<table>
<thead>
<tr>
<th>01 Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 No</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF CT7_1=01 AND CSTATE NE 02]

**CT7_2.** Do you now use e-cigarettes or other electronic vapor products every day, some days, or not at all?

| 01 Every day   |
| 02 Some days   |
| 03 Not at all  |
| 97 DON'T KNOW / NOT SURE |
| 99 REFUSED     |

[ASK IF CT7_1=01 AND CSTATE NE 02]

**CT7_3.** The next 4 questions are on other tobacco-related products.

Have you ever tried smoking cigars, cigarillos, clove cigars, little cigars, or flavored little cigars, even one or two puffs?

| 01 Yes   |
| 02 No    |
| 97 DON'T KNOW / NOT SURE |
| 99 REFUSED |

[ASK IF CT7_3=01 AND CSTATE NE 02]

**CT7_4.** During the past 30 days, on how many days did you smoke cigars, cigarillos, clove cigars, little cigars, or flavored little cigars?

RANGE 1-30 [NUMBER BOX]
88 NONE  
97 DON’T KNOW / NOT SURE  
99 REFUSED  

[ASK IF STATE=CT AND CSTATE NE 02]  
**CT7_5.** A water pipe is called a hookah. Have you ever tried smoking tobacco from a hookah in your entire life, even one or two puffs?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td>02 No</td>
</tr>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF CT7_5=01 AND CSTATE NE 02]  
**CT7_6.** During the past 30 days, on how many days did you smoke tobacco using a hookah?  

RANGE 1-30 [NUMBER BOX]  

88 NONE  
97 DON’T KNOW / NOT SURE  
99 REFUSED  

[ASK IF STATE=CT AND S8Q14=01,02,04 AND CSTATE NE 02]  
**CT7_7.** The next 2 questions are about secondhand tobacco smoke or aerosol exposure. During the past 7 days, either indoors or outdoors at your workplace, on how many days did you breathe the smoke or aerosol from someone other than you who was smoking or vaping a tobacco product?  

RANGE 1-7 [NUMBER BOX]  

55 Unemployed  
66 Employed but did not work in the past 7 days  

88 NONE  
97 DON’T KNOW / NOT SURE  
99 REFUSED  

[ASK IF STATE=CT AND CSTATE NE 02]
CT7_8. During the past 7 days, on how many days did you breathe the smoke or aerosol from someone else who was smoking or vaping a tobacco product in an indoor or outdoor public place?

RANGE 1-7 [NUMBER BOX]

88 NONE
97 DON'T KNOW / NOT SURE
99 REFUSED

CT State Added Section 8: Traumatic Brain Injury

[ASK IF STATE=CT AND CSTATE NE 02]

CT8_1. State-Added Section 8: Traumatic Brain Injury

Next, I’m going to ask you a question about traumatic brain injury.

In the last 12 months, has a doctor or other health professional told you that you have suffered a traumatic brain injury or concussion?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

CT State Added Section 9: Prescription Drug Access

[ASK IF STATE=CT AND CSTATE NE 02]

CT9_1. State-Added Section 9: Prescription Drug Access

In order to keep medications secure, it’s recommended to store them in a combination safe, locked cabinet, or a childproof or locked drawer—not your bathroom medicine cabinet. If you have opioid-based pain relievers in your home, are they safely stored away from others who may use them for recreational or other non-medical purposes?

01 Yes
02 No, not safely stored
03 No opioids in the home
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]

CT9_2: [IF CT9_1 =01,02,97,99 INSERT “When you are finished using your
prescription opioid-based pain relievers,”; IF CT9_1=03 INSERT “If you were to finish
using a prescription opioid-based pain reliever,”] are you aware of how to safely dispose
of them?

INTERVIEWER NOTE: Safe disposal includes: Throwing out medication in a sealed
container in a trash can, drug take-back programs, or community lock boxes. Safe
disposal does NOT include flushing medications down the toilet or sink.

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[IF STATE=CT GO TO ASTHMA CALL BACK PERMISSION SCRIPT]

Asthma Call Back Permission

[IF S6Q4=01 AND MOD31_1=02,97,99 CONTINUE WITH ADULT SELECTION]
[IF S6Q4=02,97,99 AND MOD31_1=01 CONTINUE WITH CHILD SELECTION]
[IF S6Q4=01 AND MOD31_1=01 RANDOMLY SELECT ADULT OR CHILD; 50/50
SPLIT]

[ASK IF S6Q4=01 OR MOD31_1=01 AND CSTATE NE 02]

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF
ADULT IS SELECTED INSERT “your”; IF CHILD IS SELECTED 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. 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. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

01 Yes
02 No

[ASK IF AST1=01]

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

01 Gave Response [TEXT BOX]
07 DON’T KNOW
99 REFUSED

[ASK IF AST1=01]

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

01 adult with asthma
02 adult had asthma
03 child with asthma
04 child had asthma

[ASK IF AST2A=01 AND ACFLAG=03,04]

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?

01 Gave Response [TEXT BOX]
07 DON’T KNOW
99 REFUSED

[IF STATE=AZ, CT, IN, NH, RI, TX, VT GO TO CLOSE]

[ASK ALL]
CLOSE. 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.

01 Continue