2019

Connecticut Behavioral Risk Factor Surveillance System
Questionnaire
# Table of Contents

## Behavioral Risk Factor Surveillance System 2019 Questionnaire

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>1</td>
</tr>
<tr>
<td>Interviewer’s Script Landline</td>
<td>2</td>
</tr>
<tr>
<td>Interviewer’s Script Cell Phone</td>
<td>5</td>
</tr>
<tr>
<td>Core Sections</td>
<td>8</td>
</tr>
<tr>
<td>Section 1: Health Status</td>
<td>8</td>
</tr>
<tr>
<td>Section 2: Healthy Days</td>
<td>8</td>
</tr>
<tr>
<td>Section 3: Healthcare Access</td>
<td>9</td>
</tr>
<tr>
<td>Module 14: Healthcare Access</td>
<td>9</td>
</tr>
<tr>
<td>Section 4: Hypertension Awareness</td>
<td>10</td>
</tr>
<tr>
<td>Module 16: Home / Self-measured Blood Pressure</td>
<td>11</td>
</tr>
<tr>
<td>Section 5: Cholesterol Awareness</td>
<td>12</td>
</tr>
<tr>
<td>Section 6: Chronic Health Conditions</td>
<td>12</td>
</tr>
<tr>
<td>Module 2: Diabetes</td>
<td>15</td>
</tr>
<tr>
<td>Section 7: Arthritis</td>
<td>16</td>
</tr>
<tr>
<td>Section 8: Demographics</td>
<td>18</td>
</tr>
<tr>
<td>Module 29: Sexual Orientation and Gender Identity (SOGI)</td>
<td>20</td>
</tr>
<tr>
<td>State-Added Section 1: Town</td>
<td>21</td>
</tr>
<tr>
<td>State-Added Section 2: Income</td>
<td>27</td>
</tr>
<tr>
<td>Section 9: Tobacco Use</td>
<td>30</td>
</tr>
<tr>
<td>Section 10: Alcohol Consumption</td>
<td>31</td>
</tr>
<tr>
<td>Section 11: Exercise (Physical Activity)</td>
<td>32</td>
</tr>
<tr>
<td>Section 12: Fruits and Vegetables</td>
<td>38</td>
</tr>
<tr>
<td>Section 13: Immunization</td>
<td>40</td>
</tr>
<tr>
<td>Module 6: Place of Flu Vaccination</td>
<td>40</td>
</tr>
<tr>
<td>Module 7: Shingles Vaccination</td>
<td>41</td>
</tr>
<tr>
<td>Section 14: H.I.V./AIDS</td>
<td>42</td>
</tr>
<tr>
<td>Optional Modules</td>
<td>43</td>
</tr>
<tr>
<td>Module 4: Hepatitis Treatment</td>
<td>43</td>
</tr>
<tr>
<td>Module 20: Cognitive Decline</td>
<td>44</td>
</tr>
<tr>
<td>Module 23: Family Planning</td>
<td>46</td>
</tr>
<tr>
<td>Module 30: Random Child Selection</td>
<td>47</td>
</tr>
<tr>
<td>Module 31: Childhood Asthma Prevalence</td>
<td>51</td>
</tr>
<tr>
<td>Asthma Call Back Permission</td>
<td>51</td>
</tr>
<tr>
<td>Connecticut State Added Sections</td>
<td>52</td>
</tr>
<tr>
<td>State-Added Section 3: Child Questions</td>
<td>52</td>
</tr>
<tr>
<td>State-Added Section 4: Child Oral Health</td>
<td>54</td>
</tr>
<tr>
<td>State-Added Section 5: Social Context</td>
<td>55</td>
</tr>
<tr>
<td>State-Added Section 6: Radon</td>
<td>56</td>
</tr>
<tr>
<td>State-Added Section 7: Tobacco</td>
<td>57</td>
</tr>
<tr>
<td>State-Added Section 8: Traumatic Brain Injury</td>
<td>59</td>
</tr>
<tr>
<td>State-Added Section 9: Prescription Drug Access</td>
<td>59</td>
</tr>
</tbody>
</table>
Interviewer’s Script Landline

INT01. Hello, I am calling for the Connecticut Department of Public Health. My name is __________. We are gathering information about the health of Connecticut 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 [INSERT $N]?

01 Yes – Continue

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
INT02. Hello, I’m ______ calling from ICF for the Connecticut State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of Connecticut residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [HGENDER] 18 years of age or older in the household with the next birthday to be interviewed.

May I please speak to him/her?
  01 Selected on the line

HS1. Is this a private residence?
  01 Yes
  02 No
  03 No, this is a business

COLLEGE. Do you live in college housing?
  01 Yes
  02 No – Business
  03 No – Group Home

  97 DON’T KNOW / NOT SURE
  99 REFUSED

STRES. Do you currently live in Connecticut?
  01 Yes
  02 No

  97 DON’T KNOW / NOT SURE
  99 REFUSED

HS2. Is this a cell phone?
  01 Yes, it is a cell phone
  02 Not a cell phone
ADULT. Are you 18 years of age or older?
  01 Yes
  02 No

SEX1. Are you male or female?
  01 Male
  02 Female
  97 DON'T KNOW / NOT SURE
  99 REFUSED

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?

ONEADULT. Are you the adult?
  01 Yes
  02 No

ASKGENDR. Are you male or female?
  01 Male
  02 Female
  97 DON'T KNOW / NOT SURE
  99 REFUSED

MEN. How many of these adults are men?

WOMEN. So the number of women in the household is [NWOMEN]. Is that correct?
  01 Yes
  02 No

NBIRTH. The person in your household that I need to speak with is [INSERT RSA]. Are you the [RSA] in this household?
01 Yes, male
02 Yes, female
03 No, adult not available at this time.

GENDER. Is the adult a man or a woman?
   21 Male
   22 Female

NEWADULT. Hello, I am calling for the Connecticut Department of Public Health. My name is ______. We are gathering information about the health of Connecticut 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

Interviewer’s Script Cell Phone

INT01. Hello, I am calling for the Connecticut Department of Public Health. My name is ________. We are gathering information about the health of Connecticut 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?
   01 Yes – Continue
   02 No – Not a safe time
   10 Callback
   20 Refusal
   D3 Answering Machine
   B2 Busy
   DA Dead Air
   HU Hang Up
   NA No Answer
   NW Non-Working Number

PHONE. Is this [$N]?
   01 Yes
02 No
03 Not a safe time/driving

97 DON'T KNOW / NOT SURE
99 REFUSED

**CELLFON2.** Is this a cell phone?

01 Yes
02 No
03 Not a safe time / driving

97 DON'T KNOW / NOT SURE
99 REFUSED

**CADULT.** Are you 18 years of age or older?

01 Yes
02 No

**SEX2.** Are you male or female?

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED

**PVTRESID2.** Do you live in a private residence?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

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

01 Yes
02 No – business
03 No – group home
04 Not a safe time / driving

97 DON’T KNOW / NOT SURE
99 REFUSED

CSTATE. Do you currently live in Connecticut?
01 Yes
02 No
03 Not a safe time / driving

97 DON’T KNOW / NOT SURE
99 REFUSED

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?
01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-18
99 REFUSED

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

01 Continue
02 Driving / not a safe time

99 REFUSED
Core Sections

Section 1: Health Status

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

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
   88 None

97 DON'T KNOW / NOT SURE
99 REFUSED

S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

RANGE 1-30
   88 None

97 DON'T KNOW / NOT SURE
99 REFUSED
S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

RANGE 1-30
  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, 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?
  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)
  97 DON’T KNOW / NOT SURE
  99 REFUSED
S3Q2. Do you have one person you think of as your personal doctor or healthcare provider?
   01 Yes, only one
   02 More than one
   03 No

   97 DON’T KNOW / NOT SURE
   99 REFUSED

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

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

   88 NEVER
   97 DON’T KNOW
   99 REFUSED

Section 4: Hypertension Awareness

S4Q1. Section 4: Hypertension Awareness

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

S4Q2. Are you currently taking prescription medicine for your high blood pressure?
Module 16: Home / Self-measured Blood Pressure

MOD16_1. Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?
   01 Yes
   02 No
   97 DON'T KNOW / NOT SURE
   99 REFUSED

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

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
   97 DON'T KNOW / NOT SURE
   99 REFUSED

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?
   01 Telephone
   02 Other methods such as email, internet portal or fax
   03 In person
Section 5: Cholesterol Awareness

**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?

- 01 Never
- 02 Within the past year (anytime less than one year ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 Within the past 3 years (2 years but less than 3 years ago)
- 05 Within the past 4 years (3 years but less than 4 years ago)
- 06 Within the past 5 years (4 years but less than 5 years ago)
- 08 5 or more years ago

97 DON’T KNOW / NOT SURE
99 REFUSED

**S5Q2.** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 01 Yes
- 02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

**S5Q3.** Are you currently taking medicine prescribed by your doctor 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?

01 Yes
02 No
S6Q7. (Ever told you had) any other types of cancer?
01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

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

S6Q9. (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?
01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

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.
01 Yes
02 Yes, but female told only during pregnancy
03 No
04 No, pre-diabetes or borderline diabetes
97 DON’T KNOW / NOT SURE
99 REFUSED
S6Q12. How old were you when you were told you have diabetes?
RANGE 0-97
  997 DON'T KNOW / NOT SURE
  999 REFUSED

Module 2: Diabetes

MOD2_1. Module 2: Diabetes
Are you now taking insulin?
  01 Yes
  02 No
  97 DON'T KNOW / NOT SURE
  99 REFUSED

MOD2_2. About how often do you check your blood for glucose or sugar?
1 _ _ Times per day (RANGE 101-198)
2 _ _ Times per week (RANGE 201-220)
3 _ _ Times per month (RANGE 301-390)
4 _ _ Times per year (RANGE 401-499)
  888 Never
  997 DON'T KNOW / NOT SURE
  999 REFUSED

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 101-120)
2 _ _ Times per week (RANGE 201-220)
3 _ _ Times per month (RANGE 301-390)
4 _ _ Times per year (RANGE 401-499)
  555 No feet
  888 Never
  997 DON'T KNOW / NOT SURE
  999 REFUSED

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?

RANGE 1-76
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
  88  None
  97  DON'T KNOW / NOT SURE
  99  REFUSED

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?
  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
  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) have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
S7Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

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

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

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

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

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?

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
97 DON'T KNOW / NOT SURE
Section 8: Demographics

S8Q1. Section 8: Demographics

What is your age?
RANGE 18-99
  997 DON'T KNOW / NOT SURE
  999 REFUSED

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

S8Q2B. Are you…
  01 Mexican, Mexican American, Chicano/a
  02 Puerto Rican
  03 Cuban
  04 Another Hispanic, Latino/a, or Spanish origin
  05 NO
  97 DON'T KNOW / NOT SURE
  99 REFUSED

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

S8Q3A. Is that …

  41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
97 DON'T KNOW / NOT SURE
99 REFUSED

S8Q3PI. Is that…
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander
97 DON'T KNOW / NOT SURE
99 REFUSED

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

S8Q4A. Is that…
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
97 DON'T KNOW / NOT SURE
99 REFUSED

S8Q4PI. Is that…
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
Module 29: Sexual Orientation and Gender Identity (SOGI)

MOD29_1A. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

- 01 Gay
- 02 Straight, that is, not gay
- 03 Bisexual
- 04 Something else
- 97 I don’t know the answer / The respondent did not understand the question
- 99 REFUSED

MOD29_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

- 01 Lesbian or Gay
- 02 Straight, that is, not gay
- 03 Bisexual
- 04 Something else
- 97 I don’t know the answer / The respondent did not understand the question
- 99 REFUSED

MOD29_2. Do you consider yourself to be transgender?

- 01 Yes, Transgender, male-to-female
- 02 Yes, Transgender, female to male
- 03 Yes, Transgender, gender nonconforming
- 04 No
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

S8Q5. Are you…?

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married, or
- 06 A member of an unmarried couple
S8Q6. What is the highest grade or year of school you completed?

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)
99 REFUSED

S8Q7. Do you own or rent your home?

01 Own
02 Rent
03 Other arrangement
97 DON'T KNOW / NOT SURE
99 REFUSED

State-Added Section 1: Town

CT1_1: What town do you live in?

_ _ _ _ _ Enter Town Code

112B8 Abington 007A2 Berlin 017A2 Bristol 109B8 Central
067B7 Amston 008A5 Bethany 047A2 Broad Village
001A7 Andover 009A1 Bethel Brook 024A8 Chaplin
002A5 Ansonia 010A3 018A1 025A5 Cheshire
003A8 Ashford Bethlehem Brookfield 026A4 Chester
069C8 011A2 019A8 Brooklyn 027A4 Clinton
Attawaugan Bloomfield 020A2 101B5
004A2 Avon 012A7 Bolton Burlington Clintonville
133B6 Baltic 013A6 Bozrah 021A3 Canaan 042B4 Cobalt
074B3 Bantam 014A5 Branford 022A8 028A6
005A3 015A1 Canterbury Colchester
Barkhamsted Bridgeport 023A2 Canton 029A3
006A5 Beacon 016A3 050B4 Colebrook
Falls Bridgewater Centerbrook
<table>
<thead>
<tr>
<th>Code</th>
<th>City</th>
<th>Code</th>
<th>City</th>
<th>Code</th>
<th>City</th>
</tr>
</thead>
<tbody>
<tr>
<td>023B2</td>
<td>Collinsville</td>
<td>093B5</td>
<td>Fair Haven</td>
<td>131C2</td>
<td>Milford</td>
</tr>
<tr>
<td>030A7</td>
<td>Columbia</td>
<td>021B3</td>
<td>Falls Village</td>
<td>085A1</td>
<td>Monroe</td>
</tr>
<tr>
<td>031A3</td>
<td>Cornwall</td>
<td>052A2</td>
<td>Farmington</td>
<td>086C6</td>
<td>Montville</td>
</tr>
<tr>
<td>032A7</td>
<td>Coventry</td>
<td>053A6</td>
<td>Franklin</td>
<td>041B4</td>
<td>Moodus</td>
</tr>
<tr>
<td>033A4</td>
<td>Cromwell</td>
<td>013B6</td>
<td>Fitchville</td>
<td>109C8</td>
<td>Moosup</td>
</tr>
<tr>
<td>034A1</td>
<td>Danbury</td>
<td>053A6</td>
<td>Gales Ferry</td>
<td>087A3</td>
<td>Morris</td>
</tr>
<tr>
<td>069A8</td>
<td>Danielson</td>
<td>013C6</td>
<td>Gilman</td>
<td>062B5</td>
<td>Mt. Carmel</td>
</tr>
<tr>
<td>069B8</td>
<td>Dayville</td>
<td>054A2</td>
<td>Giffen</td>
<td>059B6</td>
<td>Mystic</td>
</tr>
<tr>
<td>036A4</td>
<td>Deep River</td>
<td>117B1</td>
<td>Georgetown</td>
<td>088A5</td>
<td>Naugatuck</td>
</tr>
<tr>
<td>035A1</td>
<td>Darien</td>
<td>072B6</td>
<td>Gales</td>
<td>089A2</td>
<td>New Britain</td>
</tr>
<tr>
<td>037A5</td>
<td>Derby</td>
<td>013C6</td>
<td>Gilman</td>
<td>090A1</td>
<td>New Canaan</td>
</tr>
<tr>
<td>084B5</td>
<td>Devon</td>
<td>054A2</td>
<td>Giffen</td>
<td>091A1</td>
<td>New Fairfield</td>
</tr>
<tr>
<td>038A4</td>
<td>Durham</td>
<td>135C1</td>
<td>Glastonbury</td>
<td>092A3</td>
<td>New Hartford</td>
</tr>
<tr>
<td>040A2</td>
<td>East Granby</td>
<td>158B1</td>
<td>Greens</td>
<td>093A5</td>
<td>New Haven</td>
</tr>
<tr>
<td>039A8</td>
<td>Easton</td>
<td>056A2</td>
<td>Graenby</td>
<td>094A2</td>
<td>New Haven</td>
</tr>
<tr>
<td>042A4</td>
<td>East Hampton</td>
<td>141B8</td>
<td>Griswold</td>
<td>096A3</td>
<td>New Milford</td>
</tr>
<tr>
<td>043A2</td>
<td>East Millford</td>
<td>059A6</td>
<td>Groton</td>
<td>150B3</td>
<td>New Preston</td>
</tr>
<tr>
<td>044A5</td>
<td>East Haven</td>
<td>060A5</td>
<td>Guilford</td>
<td>097A1</td>
<td>Newtown</td>
</tr>
<tr>
<td>045A6</td>
<td>East Lyme</td>
<td>060A5</td>
<td>Haddam</td>
<td>104B6</td>
<td>Niantic</td>
</tr>
<tr>
<td>046A1</td>
<td>Easton</td>
<td>063A8</td>
<td>Hamden</td>
<td>059C6</td>
<td>Noank</td>
</tr>
<tr>
<td>047B2</td>
<td>East Windsor</td>
<td>064A2</td>
<td>Hampton</td>
<td>098A3</td>
<td>Norfolk</td>
</tr>
<tr>
<td>050A4</td>
<td>Enfield</td>
<td>065A2</td>
<td>Hartland</td>
<td>099B5</td>
<td>North Branford</td>
</tr>
<tr>
<td>049A2</td>
<td>Enfield</td>
<td>066A3</td>
<td>Harwinton</td>
<td></td>
<td>North Canaan</td>
</tr>
<tr>
<td>155B2</td>
<td>Elmwood</td>
<td>067A7</td>
<td>Hebron</td>
<td>100A3</td>
<td>North Haddam</td>
</tr>
<tr>
<td>048A7</td>
<td>Ellington</td>
<td>067A7</td>
<td>Hebron</td>
<td>083A4</td>
<td>Haddam</td>
</tr>
<tr>
<td>050A4</td>
<td>Essex</td>
<td>068A4</td>
<td>Midfield</td>
<td>084A5</td>
<td>Milford</td>
</tr>
<tr>
<td>023B2</td>
<td>Fairfield</td>
<td>068A4</td>
<td>Midfield</td>
<td>084A5</td>
<td>Milford</td>
</tr>
<tr>
<td>061B4</td>
<td>Killingworth</td>
<td>073A6</td>
<td>Lisbon</td>
<td>095A6</td>
<td>New London</td>
</tr>
<tr>
<td>122B3</td>
<td>Lakeville</td>
<td>074A3</td>
<td>Litchfield</td>
<td>096A3</td>
<td>New Milford</td>
</tr>
<tr>
<td>071A6</td>
<td>Lebanon</td>
<td>074A3</td>
<td>Litchfield</td>
<td>150B3</td>
<td>New Preston</td>
</tr>
<tr>
<td>072A6</td>
<td>Ledyard</td>
<td>075A6</td>
<td>Lyme</td>
<td>097A1</td>
<td>Newtown</td>
</tr>
<tr>
<td>122C3</td>
<td>Lime Rock</td>
<td>076A5</td>
<td>Madison</td>
<td>045B6</td>
<td>Niantic</td>
</tr>
<tr>
<td>077A2</td>
<td>Manchester</td>
<td>078A7</td>
<td>Mansfield</td>
<td>059C6</td>
<td>Noank</td>
</tr>
<tr>
<td>079A2</td>
<td>Marlborough</td>
<td>080A5</td>
<td>Meriden</td>
<td>098A3</td>
<td>Norfolk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>081A5</td>
<td></td>
<td>099B5</td>
<td>North Branford</td>
</tr>
<tr>
<td></td>
<td></td>
<td>081A5</td>
<td></td>
<td></td>
<td>North Canaan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>082A4</td>
<td></td>
<td>100A3</td>
<td>North Haddam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>083A4</td>
<td></td>
<td>101A5</td>
<td>North Haven</td>
</tr>
</tbody>
</table>
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
157B1 Riverside
082B4 Rockfall
146C7 Rocky
014B5 Rocky
078B7 Rocky
138A1 Rocky
139A2 Rocky
122D3 Rocky
104B6 Rocky
146B7 Rocky
128B2 Rocky
111B3 Rocky
140A3 Rocky
141A8 Rocky
142A7 Rocky
143A2 Rocky
144A1 Rocky
086B6 Rocky
145A7 Rocky
052B2 Rocky
146A7 Rocky
147A6 Rocky
148A5 Rocky
047C2 Rocky
149A3 Rocky
150A3 Rocky
151A5 Rocky
152A6 Rocky
169A8
Woodstock
148B5 Yalesville
77777 Don't know/Not sure
88888 Other
99999 Refused
CNTY. In what county do you currently live?
- 01 Gave Response
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

S8Q9. What is the ZIP Code where you currently live?
RANGE 00000-99996
- 99997 DON'T KNOW / NOT SURE
- 99999 REFUSED

S8Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?
- 01 Yes
- 02 No
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

S8Q11. How many of these telephone numbers are residential numbers?
RANGE 1-6
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

S8Q12. How many cell phones do you have for personal use?
RANGE 1-5
- 06 Six or more
- 97 DON'T KNOW / NOT SURE
- 98 NONE
- 99 REFUSED

S8Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
- 01 Yes
- 02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

**S8Q14.** Are you currently…?
- 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

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

RANGE 0-15
- 88 NONE
- 99 REFUSED

**S8Q16A.** Is your annual household income from all sources—

Less than $25,000 ($20,000 to less than $25,000)?
- 01 Yes
- 02 No
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

**S8Q16B.** Less than $20,000 ($15,000 to less than $20,000)?
- 01 Yes
- 02 No
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED
S8Q16C. Less than $15,000 ($10,000 to less than $15,000)?

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

S8Q16D. Less than $10,000?

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

S8Q16E. Less than $35,000 ($25,000 to less than $35,000)?

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

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

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

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

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

State-Added Section 2: Income

CT2_1: less than $100,000 ($75,000 to less than $100,000)?

1 Yes
2 No
7 Don't know / Not sure
CT2_2: $100,000 or more?
1 Yes
2 No
7 Don’t know / Not sure
9 Refused

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

PS8Q17. About how much do you weigh without shoes?
P Pounds
K Kilograms
7 DON’T KNOW / NOT SURE
9 REFUSED

S8Q17. About how much do you weigh without shoes?
RANGE 50-776

S8Q17M. About how much do you weigh without shoes?
RANGE 23-352

PS8Q18. About how tall are you without shoes?
F Feet
M Centimeters
7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q18. About how tall are you without shoes?
RANGE 300-311, 400-411, 500-511, 600-611, 700-711

S8Q18M. About how tall are you without shoes?
RANGE 90-254

S8Q19. To your knowledge, are you now pregnant?
01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

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

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

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
S8Q23. Do you have serious difficulty walking or climbing stairs?
   01 Yes
   02 No
   97 DON'T KNOW / NOT SURE
   99 REFUSED

S8Q24. Do you have difficulty dressing or bathing?
   01 Yes
   02 No
   97 DON'T KNOW / NOT SURE
   99 REFUSED

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

Section 9: Tobacco Use

S9Q1. Section 9: Tobacco Use
Have you smoked at least 100 cigarettes in your entire life?
   01 Yes
   02 No
   97 DON'T KNOW / NOT SURE
   99 REFUSED

S9Q2. Do you now smoke cigarettes 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

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
S9Q4. How long has it been since you last smoked a cigarette, even one or two puffs?
01 Within the past month (less than 1 month ago)
02 Within the past 3 months (1 month but less than 3 months ago)
03 Within the past 6 months (3 months but less than 6 months ago)
04 Within the past year (6 months but less than 1 year ago)
05 Within the past 5 years (1 year but less than 5 years ago)
06 Within the past 10 years (5 years but less than 10 years ago)
07 10 years or more
08 Never smoked regularly
97 DON’T KNOW / NOT SURE
99 REFUSED

S9Q5. Do you currently use chewing tobacco, snuff, or snus 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

Section 10: Alcohol Consumption

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?

1__ Days per week (RANGE 101-107)
2__ Days in past 30 days (RANGE 201-230)
888 No drinks in past 30 days
997 DON’T KNOW / NOT SURE
999 REFUSED
**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?

RANGE 1-76
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

**S10Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have or more drinks on an occasion?

RANGE 1-76
- 88 NONE
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

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

RANGE 1-76
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

---

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

**S11Q1.** 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?

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

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

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
03 Backpacking
04 Badminton
05 Basketball
06 Bicycling machine exercise
07 Bicycling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09 Bowling
10 Boxing
11 Calisthenics
12 Canoeing/rowing in competition
13 Carpentry
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
15 Elliptical/EFX machine exercise
16 Fishing from river bank or boat
17 Frisbee
18 Gardening (spading, weeding, digging, filling)
19 Golf (with motorized cart)
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
97 DON’T KNOW / NOT SURE
99 REFUSED

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 101-107)
2_ _ Days in past 30 days (RANGE 201-230)
997 DON’T KNOW / NOT SURE
999 REFUSED

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 ]
997 DON’T KNOW / NOT SURE
999 REFUSED

S11Q5. What other type of physical activity gave you the next most exercise during the past month?
01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
02 Aerobics video or class
03 Backpacking
04 Badminton
05 Basketball
06 Bicycling machine exercise
07 Bicycling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09 Bowling
10 Boxing
11 Calisthenics
12 Canoeing/rowing in competition
13 Carpentry
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
15 Elliptical/EFX machine exercise
16 Fishing from river bank or boat
17 Frisbee
18 Gardening (spading, weeding, digging, filling)
19 Golf (with motorized cart)
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, tobogganung
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
97 DON'T KNOW / NOT SURE
99 REFUSED

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 101-107)
2_ _ Days in past 30 days (RANGE 201-230)
997 DON'T KNOW / NOT SURE
999 REFUSED

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 ]

997 DON'T KNOW / NOT SURE
999 REFUSED

S11Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

1_ _ Days per week (RANGE 101-107)
Section 12: Fruits and Vegetables

**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.

1. _ _ Days (RANGE 101-130)
2. _ _ Weeks (RANGE 201-207)
3. _ _ Months (RANGE 301-330)
   300 Less than once a month
   888 Never
   997 DON'T KNOW / NOT SURE
   999 REFUSED

**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?

1. _ _ Days (RANGE 101-130)
2. _ _ Weeks (RANGE 201-207)
3. _ _ Months (RANGE 301-330)
   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?

1. _ _ Days (RANGE 101-130)
2. _ _ Weeks (RANGE 201-207)
S12Q4: How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

1___ Days (RANGE 101-130)
2___ Weeks (RANGE 201-207)
3___ Months (RANGE 301-330)
    300 Less than once a month
    888 Never
    997 DON’T KNOW / NOT SURE
    999 REFUSED

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

1___ Days (RANGE 101-130)
2___ Weeks (RANGE 201-207)
3___ Months (RANGE 301-330)
    300 Less than once a month
    888 Never
    997 DON’T KNOW / NOT SURE
    999 REFUSED

S12Q6: Not including lettuce salads and potatoes, how often did you eat other vegetables?

1___ Days (RANGE 101-130)
2___ Weeks (RANGE 201-207)
3___ Months (RANGE 301-330)
    300 Less than once a month
    888 Never
    997 DON’T KNOW / NOT SURE
    999 REFUSED
Section 13: Immunization

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?

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

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
97 DON'T KNOW / NOT SURE
99 REFUSED

S13Q2Y. Code YEAR (RANGE 2018-2019)

9997 DON'T KNOW / NOT SURE
9999 REFUSED

Module 6: Place of Flu Vaccination

MOD6_1. Module 6: Place of Flu Vaccination

At what kind of place did you get your last flu shot or vaccine?
S13Q3. Have you received a tetanus shot in the past 10 years?

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

S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

Module 7: Shingles Vaccination

MOD7_1. Module 7: Shingles Vaccination

Have you ever had the shingles or zoster vaccine?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED
Section 14: H.I.V./AIDS

**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?

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

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

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

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

**S14Q2Y.**

Code YEAR (RANGE 1985-2019)

- 9997 DON'T KNOW / NOT SURE
- 9999 REFUSED
**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?

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

Optional Modules

**Module 4: Hepatitis Treatment**

**MOD4_1.** Module 4: Hepatitis Treatment
Have you ever been told by a doctor or other health professional that you had Hepatitis C?

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

**MOD4_2.** Were you treated for Hepatitis C in 2015 or after?

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

**MOD4_3.** Were you treated for Hepatitis C prior to 2015?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
MOD4_4: Do you still have Hepatitis C?
01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

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

MOD4_6: Are you currently taking medicine to treat Hepatitis B?
01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 20: Cognitive Decline

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
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…
   01 Always
   02 Usually
   03 Sometimes
   04 Rarely
   05 Never
   97 DON’T KNOW / NOT SURE
   99 REFUSED

MOD20_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is…
   01 Always
   02 Usually
   03 Sometimes
   04 Rarely
   05 Never
   97 DON’T KNOW / NOT SURE
   99 REFUSED

MOD20_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is…
   01 Always
   02 Usually
   03 Sometimes
   04 Rarely
   05 Never
   97 DON’T KNOW / NOT SURE
   99 REFUSED

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…
   01 Always
   02 Usually
   03 Sometimes
   04 Rarely
   05 Never
   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
   04 Same sex partner
   97 DON’T KNOW / NOT SURE
   99 REFUSED

MOD23_2. The last time you had sex with a man what did you or your partner do to keep you from getting pregnant?
   01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
   02 Male sterilization (vasectomy)
   03 Contraceptive implant (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
MOD23_4. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 30: Random Child Selection

MOD30T1. Module 29: 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
MOD30_1M. What is the birth month and year of the 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
  97 DON'T KNOW / NOT SURE
  99 REFUSED

MOD30_1Y. Code YEAR (RANGE 2001-2019)
  9997 DON'T KNOW / NOT SURE
  9999 REFUSED

MOD30_2. Is the child a boy or a girl?
  01 Boy
  02 Girl
  99 REFUSED

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

MOD30_3B. Are they…
  01 Mexican, Mexican American, Chicano/a
  02 Puerto Rican
  03 Cuban
  04 Another Hispanic, Latino/a, or Spanish origin
  05 No
  97 DON'T KNOW / NOT SURE
MOD30_4. Which one or more of the following would you say is the race of the child?
10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander
60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

MOD30_4A. Is that…
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

MOD30_4P. 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

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

MO30_5A. Is that…

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian
60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

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

MOD30_6. How are you related to the child?

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
97 DON’T KNOW / NOT SURE
99 REFUSED
Module 31: Childhood Asthma Prevalence

MOD31_1. Module 30: Childhood Asthma Prevalence
The next two questions are about the 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

MOD31_2. Does the child still have asthma?
  01 Yes
  02 No
  97 DON'T KNOW / NOT SURE
  99 REFUSED

Asthma Call Back Permission

AST1. Asthma Call Back Permission
We would like to call you again within the next 2 weeks to talk in more detail about “your”; or “your child’s” experiences with asthma. The information will be used to help develop and improve the asthma programs in Connecticut. 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

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
  97 DON'T KNOW
  99 REFUSED
**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  

**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  
97 DON’T KNOW  
99 REFUSED  

Connecticut State Added Sections  
State-Added Section 3: Child Questions

**CT3_1:** We would like to ask you a few more questions about the child. Was this child ever breastfed or given pumped breast milk, even for a short period of time?

1 Yes  
2 No  
7 Don’t know / Not sure  
9 Refused  

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

___ Number of Months [RANGE 01-60]  
77 Don’t know / Not sure  
99 Refused  

**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?
PCT3_3: About how much does this child weigh without shoes?

P Pounds
K Kilograms
7 Don't know / Not sure
9 Refused

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

_____ P Pounds / ______ Kilograms

PCT3_4: About how tall is this child without shoes?

F HEIGHT GIVEN IN FEET
M HEIGHT GIVEN IN CENTIMETERS
7 Don't Know
9 Refused

CT3_4: About how tall is this child without shoes?

_ _ / _ _ Height (f t / inches/) or _ _ / _ _ (meters/centimeters)

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.)

CT3_5M Enter Minutes : _ _ [Range 01-99]

CT3_5H Enter Hours : _ _ [Range 01-24]

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.)

M Response given in Minutes
H Response given in Hours

8 None
7 Don’t Know
9 Refused

CT3_6M: Enter Minutes : _ _ [Range 01-99]
CT3_6H: Enter Hours : _ _ [Range 01-24]

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.

__ __ [range 01-15] glasses, cans or bottles

88 None
77 Don’t know
99 Refused

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?

1_ _ PER DAY [RANGE: 101-115]
2_ _ PER WEEK [RANGE: 201-284]
888 None
777 Don’t know
999 Refused

State-Added Section 4: Child Oral Health

CT4_1: In the past 12 months has the child seen a dental provider?

1 Yes
2 No
CT4_2: In the past 12 months, have you been told by a dental provider that the child has dental decay (cavities)?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

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

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

State-Added Section 5: Social Context

CT5_1: 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 …

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never
8 Not applicable
7 Don’t know / Not sure
9 Refused

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 ---
State-Added Section 6: Radon

CT6_1: Radon is a radioactive gas that occurs in nature. Has your household air been tested for the presence of radon gas?

1   Yes
2   No
7   Don’t know / Not sure
9   Refused

CT6_2: What was the level?

1   Acceptable (<4 pCi/L)
2   High
7   Don’t know / Not sure
9   Refused

CT6_3: Did you do anything to reduce the radon level?

1   Yes
2   No
7   Don’t know / Not sure
9   Refused

CT6_4: Do you, or does anyone in your home, plan to have your household air tested for radon within the next year?

1   Yes
State-Added Section 7: Tobacco

CT7_1: 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?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

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

1. Every day
2. Some days
3. Not at all
7. Don’t know / Not sure
9. Refused

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?

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

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

1  Yes
2  No
7  Don’t know / Not sure
9  Refused

CT7_6: During the past 30 days, on how many days did you smoke tobacco using a hookah?

__ Number of days (1-30)
88 None
77 Do not know/ Not sure
99 Refused

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?

__ Number of days (1-7)
88 None
55 Unemployed
66 Employed but did not work in the past 7 days
77 Do not know/ Not sure
99 Refused

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?

__ Number of days (1-7)
88 None
State-Added Section 8: Traumatic Brain Injury

CT8_1: 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?

1 Yes
2 No
7 Don’t know / Not sure
9 Refused

State-Added Section 9: Prescription Drug Access

CT9_1: 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?

1 Yes
2 No, not safely stored
3 No opioids in the home
7 Don’t know / Not sure
9 Refused

CT9_2: When you are finished using your prescription opioid-based pain relievers, or If you were to finish using a prescription opioid-based pain reliever, are you aware of how to safely dispose of them?

1 Yes
2 No
7 Don’t know / Not sure
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