



**Connecticut 2020**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Full Script with Programming and  
Interviewer Notes**

*Revised April, 2020*

# Behavioral Risk Factor Surveillance System

## 2020 Questionnaire

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## 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, ASKGENDR, RSA, AND MOD19\_1

1 Male  
2 Female

[ASK ALL]

**LENGTH.** Imported Sample Variable: Interview Length

CT 24

**CMONTH.** System variable - Current month

01 January  
02 February  
03 March

04 April  
05 May  
06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

**CYEAR.** System variable - Current year

[NUMBER BOX]

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

## Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 03/31/2021

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](mailto:ivk7@cdc.gov).

### ANSWERING MACHINE MESSAGE TEXT:

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE

1 Hello, my name is \_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [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 [DEPTPHONE] at your convenience. Thank you.

### PRIVACY MANAGER MESSAGE TEXT:

**PM\_TEXT.** TO BE LEFT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

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

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**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.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

01 Yes – Continue  
02 No [DISPLAY IF SAMPTYPE=1]  
03 No – Not a safe time [GO TO CALL BACK SCREEN] [DISPLAY IF SAMPTYPE=2]  
  
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=02]

**TERM1.** 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.

1 Continue [ASSIGN DISPO U1]

[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=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 US residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT "him"; IF HGENDER=2 INSERT "her"]?

01 Selected on the line

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

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 AND SAMPTYPE=1]

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

**READ 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, RVs or other locations in which the respondent lives for portions of the year.

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]

**BUS.** Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

**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.

- 1 Yes
- 2 No – Business
- 3 No – Group Home
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

**X2.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

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

[ASK IF STRES=2,7,9]

**X3.** Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

**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).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

**HS2X.** Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=1 AND HS2=2]

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

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

**SEX1.** Are you male or female?

- 1 Male
- 2 Female
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

[ASK IF HS1=1 AND HS2=2]

**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=2]

**XX3.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9]

**XX4.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

1 Yes  
2 No

[ASK IF ONEADULT=1]

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

1 Male  
2 Female  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

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

[ASK IF ASKGENDR=7,9]

**XX5.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

**GETADULT.** May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

**YOU.** Then you are the person I need to speak with.

1 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].

**INTERVIEWER NOTE:** Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

[ASK IF ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

**RSA.** System Generated Variable: Randomly Selected Adult

01 Oldest Female

02 2<sup>nd</sup> Oldest Female

03 3<sup>rd</sup> Oldest Female

04 4<sup>th</sup> Oldest Female  
05 5<sup>th</sup> Oldest Female  
06 6<sup>th</sup> Oldest Female  
07 7<sup>th</sup> Oldest Female  
08 8<sup>th</sup> Oldest Female  
09 9<sup>th</sup> Oldest Female  
11 Oldest Male  
12 2<sup>nd</sup> Oldest Male  
13 3<sup>rd</sup> Oldest Male  
14 4<sup>th</sup> Oldest Male  
15 5<sup>th</sup> Oldest Male  
16 6<sup>th</sup> Oldest Male  
17 7<sup>th</sup> Oldest Male  
18 8<sup>th</sup> Oldest Male  
19 9<sup>th</sup> Oldest Male  
20 No respondent selected  
21 Male  
22 Female

[IF RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

**[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]**

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: 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.]

1 Yes, male  
2 Yes, female

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]  
5 No, adult refused [GO TO INT20 TERM]  
6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

**SELCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[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. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

**PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD**

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

**PHONE.** Is this \$N?

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

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

**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.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1,7,9]

**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).

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

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

[ASK IF CELLFON2=2]

**NOTCELL1.** Thank you very much, but we are only interviewing cell telephones at this time.

- 1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=7,9]

**NOTCELL2.** Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

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

1 Yes

2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

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

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

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

[ASK IF SEX2=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

**PVTRES2D.** 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.

- 1 Yes
- 2 No

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

[ASK IF PVTRES2=2]

**COLLEGE2.** 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.

- 1 Yes
- 2 No – business
- 3 No – group home
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

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

[ASK IF COLLEGE2=2,3]

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

**X4.** Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

**CSTATE.** Do you currently live in [STATE]?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO CALL BACK SCREEN]

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

[ASK IF CSTATE=7,9]

**X5.** Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

**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  
66 Guam  
72 Puerto Rico  
78 Virgin Islands  
77 Live outside US and participating territories  
99 Refused

[ASK IF RSPSTATE= 99 or (CSTATE=2 AND STATE=VT AND RSPSTATE NE VT)]

**REFSTATE.** I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

**REFSTATE2.** Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 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)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

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].

**INTERVIEWER NOTE:** The interview takes on average [INSERT “[LENGTH] minutes depending on your answers.

- 1 Continue
- 2 Driving / not a safe time [GO TO CALL BACK SCREEN]
  
- 9 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 —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
  
- 7 DON'T KNOW / NOT SURE
- 9 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

77 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

77 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

77 DON'T KNOW / NOT SURE

99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

**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?

1 Yes

2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

### CT State Added Section 1: Health Care Access

[ASK IF STATE = CT AND S3Q1 = 1 AND CSTATE NE 2]

#### CT1\_1. State Added Section 1: Health Care 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 (Access Health CT), 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 ONLY IF NECESSARY:**

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

#### **DO NOT READ:**

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]

**CT1\_2.** Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No

**DO NOT READ:**

- 3 No medication was prescribed
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[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?"

- 1 Yes, only one
- 2 More than one
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 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?

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

**READ LIST ONLY IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)

4 5 or more years ago

8 NEVER  
7 DON'T KNOW  
9 REFUSED

### CT State Added Section 2: Reaction to Race

---

[ASK IF STATE=CT AND CSTATE NE 2]

#### CT2\_1. State-Added Section 2: Reaction to Race

Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than people of other races?

1 Worse than other races  
2 The same as other races  
3 Better than other races

**DO NOT READ:**

4 Worse than some races, better than others  
5 Only encountered people of the same race  
6 No health care in the past 12 months  
7 DON'T KNOW / NOT SURE  
9 REFUSED

### Section 4: Exercise

---

[ASK ALL]

#### S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

**INTERVIEWER:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

### Section 5: Inadequate Sleep

---

[ASK ALL]

#### S5Q1. Section 5: Inadequate Sleep

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

**INTERVIEWER:** Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 6: Chronic Health Conditions

---

[ASK ALL]

#### 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?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

#### S6Q2. (Ever told you had) angina or coronary heart disease?

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

[ASK ALL]

**S6Q3.** (Ever told you had) a stroke?

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

[ASK ALL]

**S6Q4.** (Ever told you had) asthma?

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

[ASK IF S6Q4=1]

**S6Q5.** Do you still have asthma?

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

[ASK ALL]

**S6Q6.** (Ever told you had) skin cancer?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q7.** (Ever told you had) any other types of cancer?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q8.** (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q9.** (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).

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q10.** (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

[ASK ALL]

**S6Q11.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.

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

[ASK ALL]

**S6Q12.** (Ever told you had) diabetes?

**INTERVIEWER:** 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.

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

[ASK IF HGENDER=1 AND S6Q12=2]

**S6Q12A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

## Module 1: Prediabetes

[ASK IF S6Q12 NE 1 AND CSTATE NE 2]

### MOD1\_1. Module 1: Prediabetes

Have you had a test for high blood sugar or diabetes within the past three years?

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

[IF S6Q12=4 THEN MOD1\_2=1]

[ASK IF (S6Q12 NE 1,4 AND CSTATE NE 2)]

**MOD1\_2.** Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If Yes and respondent is female, ask: **Was this only when you were pregnant?**

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND MOD1\_2=2]

**MOD1\_2A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

1 Go Back [GO BACK TO MOD1\_2]

[ASK IF S6Q12=1]

**S6Q13.** How old were you when you were told you had diabetes?

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 7: Oral Health

---

[ASK ALL]

**S7Q1. Section 7: Oral Health**

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

**READ IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

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

[ASK ALL]

**S7Q2.** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

**READ IF NECESSARY:** If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

**READ IF NECESSARY:**

1 1 to 5

2 6 or more but not all  
3 All

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

### CT State Added Section 3: Adult Oral Health

---

[ASK IF STATE = CT AND CSTATE NE 2]

#### CT3\_1. State Added Section 3: Adult Oral Health

Have you ever been told that you have periodontal disease (gum disease)?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]

CT3\_2. Have you ever had treatment for gum disease such as scaling and root planing, or deep cleaning?

**INTERVIEWER NOTE:** Not root canals or cleaning done at regular checkups, had treatment for gums

1 Yes  
2 No

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]

CT3\_3. What type or kind of dental insurance do you have?

1 Through your employer or someone else's employer  
2 Medicaid / HUSKY

- 3 Purchase through Access Health CT
- 4 Other
- 5 None

**DO NOT READ:**

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

[ASK ALL]

**LANG1. INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 1 ENGLISH
- 2 SPANISH

Section 8: Demographics

---

[ASK ALL]

**S8Q1. Section 8: Demographics**

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.

**Interviewer Note:** Code 99 = 99 and older

RANGE 18-99 [NUMBER BOX]

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S6Q13>s8q1 AND S8Q1<> 777,999 AND S6Q13 NE 98,99]

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]

**S8Q2B.** Are you...

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

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

7 DON'T KNOW / NOT SURE [EXCLUSIVE]  
9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

**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
- 77 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
- 47 Other Asian
  
- 60 Other
- 77 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
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S8Q3)>1]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 60, 77 & 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
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 77, 99]

**S8Q4A.** Is that...

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

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)]

[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8Q3PI RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 77,99]

**S8Q4PI.** Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
  
- 60 Other
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

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

---

[ASK IF HGENDER=1 AND CSTATE NE 2]

### MOD20\_1A. Module 20: 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 7

#### PLEASE READ:

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

#### DO NOT READ:

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

[ASK IF HGENDER=2 AND CSTATE NE 2]

**MOD20\_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 7.

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_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.

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q5.** Are you...?

**PLEASE READ:**

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

9 REFUSED

[ASK ALL]

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

**READ ONLY IF NECESSARY**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

9 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.

- 1 Own
- 2 Rent
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

#### CT State-Added Section 4: Town

[ASK IF STATE=CT AND CSTATE NE 2]

#### **CT4\_1. State-Added Section 4: Town**

What town do you live in?

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

017A2 Bristol  
047A2 Broad Brook  
018A1 Brookfield  
019A8 Brooklyn  
020A2 Burlington  
021A3 Canaan  
022A8 Canterbury  
023A2 Canton  
050B4 Centerbrook  
109B8 Central Village  
024A8 Chaplin  
025A5 Cheshire  
026A4 Chester  
027A4 Clinton  
101B5 Clintonville  
042B4 Cobalt  
028A6 Colchester  
029A3 Colebrook  
023B2 Collinsville  
030A7 Columbia  
031A3 Cornwall  
057B1 Cos Cob  
032A7 Coventry  
033A4 Cromwell  
034A1 Danbury  
069A8 Danielson  
035A1 Darien  
069B8 Dayville  
036A4 Deep River  
037A5 Derby  
084B5 Devon  
038A4 Durham  
100B3 East Canaan  
039A8 Eastford  
040A2 East Granby  
041A4 East Haddam  
042A4 East Hampton  
043A2 East Hartford  
044A5 East Haven  
045A6 East Lyme

046A1 Easton  
047B2 East Windsor  
048A7 Ellington  
155B2 Elmwood  
049A2 Enfield  
050A4 Essex  
051A1 Fairfield  
093B5 Fair Haven  
021B3 Falls Village  
052A2 Farmington  
013B6 Fitchville  
053A6 Franklin  
072B6 Gales Ferry  
117B1 Georgetown  
013C6 Gilman  
054A2 Glastonbury  
135C1 Glenbrook  
055A3 Goshen  
056A2 Granby  
158B1 Greens Farms  
057A1 Greenwich  
058A6 Griswold  
141B8 Grosvenor Dale  
059A6 Groton  
060A5 Guilford  
061A4 Haddam  
075B6 Hadlyme  
062A5 Hamden  
063A8 Hampton  
064A2 Hartford  
065A2 Hartland  
066A3 Harwinton  
067A7 Hebron  
061B4 Higganum  
126B1 Huntington  
134B7 Hyde Park  
050C4 Ivoryton  
058B6 Jewett City  
007B2 Kensington  
068A3 Kent

069D8 Killingly  
070A4 Killingworth  
122B3 Lakeville  
071A6 Lebanon  
072A6 Ledyard  
122C3 Lime Rock  
073A6 Lisbon  
074A3 Litchfield  
075A6 Lyme  
076A5 Madison  
077A2 Manchester  
078A7 Mansfield  
079A2 Marlborough  
080A5 Meriden  
081A5 Middlebury  
082A4 Middlefield  
042C4 Middle Haddam  
083A4 Middletown  
084A5 Milford  
131C2 Milldale  
085A1 Monroe  
086C6 Montville  
041B4 Moodus  
109C8 Moosup  
087A3 Morris  
062B5 Mt. Carmel  
059B6 Mystic  
088A5 Naugatuck  
089A2 New Britain  
090A1 New Canaan  
091A1 New Fairfield  
092A3 New Hartford  
093A5 New Haven  
094A2 Newington  
095A6 New London  
096A3 New Milford  
150B3 New Preston  
097A1 Newtown  
045B6 Niantic  
059C6 Noank

098A3 Norfolk  
099B5 North Branford  
100A3 North Canaan  
101A5 North Haven  
074C3 Northfield  
099A5 Northford  
141C8 North Grosvenor Dale  
102A6 No. Stonington  
103A1 Norwalk  
104A6 Norwich  
086A6 Oakdale  
105A6 Old Lyme  
137B6 Old Mystic  
106A4 Old Saybrook  
136B8 Oneco  
107A5 Orange  
108A5 Oxford  
137C6 Pawcatuck  
109A8 Plainfield  
110A2 Plainville  
131B2 Plantsville  
111A3 Plymouth  
112A8 Pomfret  
113A4 Portland  
114A6 Preston  
115A5 Prospect  
116A8 Putnam  
152B6 Quaker Hill  
141D8 Quinnebaug  
117A1 Redding  
118A1 Ridgefield  
157B1 Riverside  
082B4 Rockfall  
146C7 Rockville  
119A2 Rocky Hill  
069E8 Rogers  
103B1 Rowayton  
120A3 Roxbury  
121A6 Salem  
122A3 Salisbury

097B1 Sandy Hook  
036B4 Saybrook  
049B2 Scitico  
123A8 Scotland  
124A5 Seymour  
125A3 Sharon  
126A1 Shelton  
127A1 Sherman  
128A2 Simsbury  
129A7 Somers  
130A5 Southbury  
131A2 Southington  
103C1 South Norwalk  
051B1 Southport  
132A2 South Windsor  
133A6 Sprague  
135A1 Springdale  
134A7 Stafford  
135B1 Stamford  
136A8 Sterling  
137A6 Stonington  
014B5 Stony Creek  
078B7 Storrs  
138A1 Stratford  
139A2 Suffield  
122D3 Taconic  
104B6 Taftville  
146B7 Talcotville  
128B2 Tarrifyville  
111B3 Terryville  
140A3 Thomaston  
141A8 Thompson  
142A7 Tolland  
143A2 Torrington  
144A1 Trumbull  
086B6 Uncasville  
145A7 Union  
052B2 Unionville  
146A7 Vernon  
147A6 Voluntown

148A5 Wallingford  
047C2 Warehouse Point  
149A3 Warren  
150A3 Washington  
151A5 Waterbury  
152A6 Waterford  
153A3 Watertown  
109D8 Wauregan  
128C2 Weatogue  
154A4 Westbrook  
056B2 West Granby  
155A2 West Hartford  
156A5 West Haven  
060B5 West Lake  
157A1 Weston  
158A1 Westport  
159A2 Wethersfield  
160A7 Willington  
163A8 Willimantic  
161A1 Wilton  
162A3 Winchester  
163B8 Windham  
164A2 Windsor  
165A2 Windsor Locks  
162B3 Winsted  
166A5 Wolcott  
167A5 Woodbridge  
168A3 Woodbury  
169A8 Woodstock  
148B5 Yalesville  
77777 DON'T KNOW / NOT SURE  
88888 OTHER  
99999 REFUSED

[ASK IF CSTATE=2]

**CNTY.** In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE  
99999 REFUSED

[ASK IF S8Q9 NE 77777,99999]

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

1 Yes, correct zip code  
2 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?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S8Q10=1 AND SAMPTYPE=1]

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

RANGE 1-5 [NUMBER BOX]

6 6 or more  
7 DON'T KNOW / NOT SURE

8 None  
9 REFUSED

[ASK ALL]

**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]

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

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

[ASK ALL]

**S8Q14.** Are you currently...?

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

**PLEASE READ:**  
1 Employed for wages  
2 Self-employed  
3 Out of work for 1 year or more  
4 Out of work for less than 1 year  
5 A Homemaker

6 A Student  
7 Retired  
\$ Or  
8 Unable to work  
  
9 REFUSED

[ASK ALL]

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

RANGE 1-87 [NUMBER BOX]

88 NONE  
99 REFUSED

[ASK IF S8Q15=1-87]

**S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes  
2 No [GO BACK TO S8Q15]  
  
9 REFUSED

[ASK ALL]

**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)

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

[ASK IF S8Q16A=01]

**S8Q16B.** Less than \$20,000 (\$15,000 to less than \$20,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16B=01]

**S8Q16C.** Less than \$15,000 (\$10,000 to less than \$15,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16C=01]

**S8Q16D.** Less than \$10,000?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16A=02]

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

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16E=02]

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

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16F=02]

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

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

### CT State Added Section 5: Income

---

[ASK IF STATE=CT AND S8Q16G=02 AND CSTATE NE 2]

**CT5\_1. State Added Section 5: Income**

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=CT AND CT5\_1=02 AND CSTATE NE 2]

**CT5\_2.** \$100,000 or more?

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[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

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16 NE 77,99]

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

1 Yes, correct as is.

2 No, re-ask question [GO BACK TO S8Q16A]

[ASK IF HGENDER=2 AND S8Q1=18-49]

**S8Q17.** To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**PS8Q18.** 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 PS8Q18=P]

**S8Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18=50-79 OR S8Q18=351-776]

**S8Q18\_A.** Just to double-check, you indicated [S8Q18] pounds as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=K]

**S8Q18M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18M=23-352 AND PS8Q18=K]

**S8Q18AM.** Just to double-check, you indicated [S8Q18M] kilograms as your weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q18M]

[ASK ALL]

**PS8Q19.** 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 PS8Q19=F]

**S8Q19.** About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions down. 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]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S8Q19=300-407 OR S8Q19=609-711]

**S8Q19A.** Just to double check, you indicated you are [S8Q19] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q19]

[ASK IF PS8Q19=M]

**S8Q19M.** 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]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q19M=90-254 AND PS8Q19=M]

**S8Q19AM.** Just to double check, you indicated you are [S8Q19M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q19M]

### Section 9: Disability

[ASK ALL]

#### **S9Q1. Section 9: Disability**

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

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

[ASK ALL]

**S9Q2.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S9Q3.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S9Q5.** Do you have difficulty dressing or bathing?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 10: Tobacco Use

---

[ASK ALL]

### **S10Q1. Section 10: Tobacco Use**

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

**INTERVIEWER NOTE:** Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q1=1]

**S10Q2.** Do you now smoke cigarettes every day, some days, or not at all?

**DO NOT READ:**

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S10Q2=1,2]

**S10Q3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q2=3]

**S10Q4.** 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:**

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

[ASK ALL]

**S10Q5.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**READ IF NECESSARY:** Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

**DO NOT READ:**

- 1 Every day
- 2 Some days
- 3 Not at all
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 8: E-Cigarettes

---

[ASK IF CSTATE NE 2]

**MOD8\_1. Module 8: E-Cigarettes**

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

**READ IF NECESSARY:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD8\_1=1]

**MOD8\_2.** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

**INTERVIEWER NOTE:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 11: Alcohol Consumption

---

[ASK ALL]

### S11Q1. Section 11: 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?

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

1\_\_ Days per week (RANGE 101-107)

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

888 No drinks in past 30 days  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S11Q1 NE 888,777,999]

**S11Q2.** 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]

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

[ASK IF S11Q2=12-99]

**S11Q2A.** I am sorry, you just said that you consume [S11Q2] drinks per day. Is that correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S11Q2]

[ASK IF S11Q1 NE 888,777,999]

**S11Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S11Q3=16-76]

**S11Q3A.** I am sorry, you said that in the past month there were [S11Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q3]

[ASK IF S11Q1 NE 888,777,999]

**S11Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S11Q4=16-76]

**S11Q4A.** I am sorry, you said that in the past 30 days you had [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=88 AND HGENDER=2 AND S11Q4=4-76) OR (S11Q3=88 AND HGENDER=1 AND S11Q4=5-76)]

**S11Q4B.** 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?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=1-76 AND HGENDER=2 AND S11Q4=1-3) OR (S11Q3=1-76 AND HGENDER=1 AND S11Q4=1-4)]

**S11Q4C.** 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 [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q3]

## Section 12: Immunization

---

[ASK ALL]

### S12Q1. Section 12: Immunization

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

**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.

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

[ASK IF S12Q1=1]

**S12Q2M.** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q1=1 OR S12Q2CHK=1]

**S12Q2Y.**

Code YEAR (RANGE 2019-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S12Q1=1 AND S12Q2M<CMONTH AND S12Q2Y<CYEAR]

**S12Q2CHK.** 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?

1 Yes  
2 No

[ASK IF S12Q2Y=CYEAR AND S12Q2M>CMONTH AND NOT(S12Q2M=77,99)]

**S12Q2CHK2.** 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 in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S12Q2M]

## Module 17: Place of Flu Vaccination

[ASK IF S12Q1=1 AND CSTATE NE 2]

**MOD17\_1. Module 17: 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
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q1 = 50-99]

**S12Q3.** Have you ever had the shingles or zoster vaccine?

**READ 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 which requires 2 shots.

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

[ASK ALL]

**S12Q4.** 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."

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

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

---

[ASK IF S8Q1=18-49 AND CSTATE NE 2]

### MOD15\_1. Module 15: HPV Vaccination

Have you ever had the Human Papilloma virus vaccination or HPV vaccination?

**INTERVIEWER NOTE: Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)**

**READ IF NECESSARY:** A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, or [IF HGENDER=2 INSERT “Gardasil or Cervarix”; IF HGENDER=1 INSERT “Gardasil”].

**INTERVIEWER NOTE:** If respondent comments that this question was already asked, clarify that the earlier questions were about HPV testing and this question is about vaccination.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15\_1=1]

**MOD15\_2.** How many HPV shots did you receive?

RANGE 1-2 [NUMBER BOX]

3 All shots

7 DON'T KNOW / NOT SURE

9 REFUSED

### Section 13: Falls

[ASK IF S8Q1>44 OR S8Q1=777, 999]

**S13Q1. Section 13: Falls**

In the past 12 months, how many times have you fallen?

**READ IF NECESSARY:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S13Q1=1-76]

**S13Q2.** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

**READ IF NECESSARY:** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

### CT State Added Section 6: Fall Prevention

[ASK IF STATE=CT AND S13Q1=1-76 AND CSTATE NE 2]

#### CT6\_1. State-Added Section 6: Fall Prevention

As a result of this fall or falls, were you given guidance from a doctor or other health care professional on best ways to prevent future falls?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

### Section 14: Seat Belt Use and Drinking and Driving

---

[ASK ALL]

#### S14Q1. Section 14: Seat Belt Use and Drinking and Driving

How often do you use seat belts when you drive or ride in a car? Would you say -

**PLEASE READ:**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

- 8 Never drive or ride in a car
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S14Q1=1-5, 7,9 AND S11Q1 NE 888]

**S14Q2.** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

### Section 15: Breast and Cervical Cancer Screening

---

[ASK IF HGENDER=2]

**S15Q1. Section 15: Breast and Cervical Cancer Screening**

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

**INTERVIEWER NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

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

[ASK IF S15Q1=1]

**S15Q2.** How long has it been since you had your last mammogram?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

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

[ASK IF HGENDER=2]

**S15Q3.** Have you ever had a Pap test?

**INTERVIEWER NOTE:** A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No

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

[ASK IF S15Q3=1]

**S15Q4.** How long has it been since you had your last Pap test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

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

[ASK IF HGENDER=2]

**S15Q5.** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

**INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)**

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

[ASK IF S15Q5=1]

**S15Q6.** How long has it been since you had your last H.P.V. test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

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

[ASK IF HGENDER=2 AND S8Q17 NE 1]

**S15Q7.** Have you had a hysterectomy?

**INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).**

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

[Section 16: Prostate Cancer Screening](#)

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q1. Section 16: Prostate Cancer Screening**

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

**INTERVIEWER NOTE:** A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q2.** Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q3.** Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q4.** Have you ever had a P.S.A. test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S16Q4=1]

**S16Q5.** How long has it been since you had your last P.S.A. test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**DO NOT READ:**

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

[ASK IF S16Q4=1]

**S16Q6.** What was the main reason you had this P.S.A. test – was it ...?

**PLEASE READ:**

- 1 Part of a routine exam
  - 2 Because of a prostate problem
  - 3 Because of a family history of prostate cancer
  - 4 Because you were told you had prostate cancer
  - 5 Some other reason
- 
- 7 DON'T KNOW / NOT SURE
  - 9 REFUSED

## Section 17: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q1. Section 17: Colorectal Cancer Screening**

The next questions are about the five different types of tests for colorectal cancer screening.

A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

**INTERVIEWER NOTE:** Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

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

[ASK IF S17Q1=1]

**S17Q2.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q3.** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

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

[ASK IF S17Q3=1]

**S17Q4.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q5.** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**INTERVIEWER NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S17Q5=1]

**S17Q6.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

**S17Q7.** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

**INTERVIEWER NOTE:** This is also called a FIT-DNA test, a stool DNA test, or Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

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

[ASK IF S17Q7=1]

**S17Q8.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

**S17Q9.** For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

**INTERVIEWER NOTE:** Unlike a regular colonoscopy, you do not need medication to make you sleepy during this test.

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

[ASK IF S17Q9=1]

**S17Q10.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ:**

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

Section 18: H.I.V./AIDS

---

[ASK ALL]

**S18Q1. Section 18: H.I.V./AIDS**

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

**INTERVIEWER NOTE:** 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.

- 1 Yes
- 2 No

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

[ASK IF S18Q1=1]

**S18Q2M.** 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 77 and the last four digits for the year.

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S18Q1=1]

**S18Q2Y.**

Code YEAR (RANGE 1985-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S18Q2Y=CYEAR AND S18Q2M>CMONTH AND NOT(S18Q2M=77,99)]

**S18Q2CHK.** I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S18Q2M]

[ASK ALL]

**S18Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.  
You have been treated for a sexually transmitted disease or STD in the past year.  
You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.  
You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

### CT State Added Section 12: COVID-19 Questions

---

[ASK IF CSTATE NE 2]

#### **CTCOV\_INTRO. COVID-19 Questions**

As you might have heard on the news, there is currently an outbreak of a novel coronavirus, also called COVID-19, impacting Connecticut. We wanted to ask some questions regarding this outbreak. For the purposes of this survey, we will reference the disease as “coronavirus (COVID-19)”.

- 1 Continue

[ASK IF CSTATE NE 2]

**CTCOV1A.** Earlier in the survey, we asked you about some medical conditions that you may or may not have. I will read out loud a few other conditions. For each one, please tell me if you have the condition. Have you been told by a healthcare provider that you have any of the following....

Hypertension?

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

[ASK IF CSTATE NE 2]

**CTCOV1B.** (Have you been told by a healthcare provider that you have any of the following....)

Chronic liver disease, such as cirrhosis?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV1C.** (Have you been told by a healthcare provider that you have any of the following....)

A weakened immune system?

**INTERVIEWER NOTE: Read if needed: such as having cancer, HIV infection, chronic corticosteroid therapy, being an organ transplant recipient, or on a medication that weakens the immune system.**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV2.** Have you or anyone else in your household been diagnosed as having coronavirus (COVID-19)?

1 Yes, I have

2 Yes, someone else in my household

3 Yes, both myself and at least one other person in my household

4 No one in household

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV3.** During the last 30 days, did you feel like you had a fever?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV3 = 1 AND CSTATE NE 2]

**CTCOV3A.** Was the fever measured with a thermometer and at least 100.4 Fahrenheit or 38.0 Celsius?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4A.** During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.

Dry Cough with no phlegm or mucus?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4B.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Cough with phlegm or mucus?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4C.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Shortness of breath or difficulty breathing?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4D.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Muscle Aches?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4E.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Chills?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4F.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Diarrhea?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4G.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Vomiting?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4H.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Abdominal pain?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4i.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Nasal congestion?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4j.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Sore throat?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4k.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Headache?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4L.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Loss of taste?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV4M.** (During the last 30 days, did you have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, you might have.)

Loss of smell?

**INTERVIEWER NOTE: Do not probe if Don't Know/Refused**

**INTERVIEWER NOTE: If respondent reports having any symptoms 'all the time', read: "Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions"**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

**CATI programming Note: IF CTCOV3 is not 1 AND CTCOV4a to CTCOV4m are all not = 1 SKIP TO CTCOV14 (Section 4: Travel History)**

[ASK IF CTCOV3 = 1 OR CTCOV4A – CTCOV4M = 1 AND CSTATE NE 2]

**CTCOV5.** When was the first day that you began to feel any of these symptoms, including a fever? Please give me the day and month.

\_\_\_\_\_/\_\_\_\_\_  
(Day) (Month)

77 Don't Know

99 Refused

[ASK IF CTCOV3 = 1 OR CTCOV4A – CTCOV4M = 1 AND CSTATE NE 2]

**CTCOV6.** Are you still feeling any of these symptoms?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV6 NE 1 AND CSTATE NE 2]

**CTCOV6A.** When was the first day you no longer felt any of these symptoms. Please tell me the day and month.

\_\_\_\_ / \_\_\_\_

(Day) (Month)

77 Don't Know

99 Refused

[ASK IF CTCOV3 = 1 OR CTCOV4A – CTCOV4M = 1 AND CSTATE NE 2]

**CTCOV7.** Did you spend at least one night in a hospital while you were sick?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV3 = 1 OR CTCOV4A – CTCOV4M = 1 AND CSTATE NE 2]

**CTCOV8.** While you were sick, did you seek care from a healthcare professional?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=2 AND CSTATE NE 2]

**CTCOV9.** Why didn't you see a doctor about your symptoms?

**Read Only if Necessary:**

01 Not serious enough

- 02 Waited until symptoms went away
- 03 Cost
- 04 Insurance
- 05 Concerned about exposure to coronavirus (COVID 19)
- 06 Couldn't take time off work
- 07 I don't go to doctors
- 77 Don't Know
- 99 Refused

**CATI programming Note: IF CTCov8 =2, skip to CTCov14**

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV10.** What date after you first started feeling sick did you first seek care from a health professional?

\_\_\_\_/\_\_\_\_  
(Day) (Month)

- 77 Don't Know
- 99 Refused

[ASK IF CTCOV10 = 77 OR 99 AND CSTATE NE 2]

**CTCOV10A.** Can you tell us roughly, how many days after your symptoms started did you first seek care?

- 1 1–2 Days
- 2 3-5 Days
- 3 More Than 5 Days
- 4 Same Day Or Less Than 1 Day
- 7 Don't Know
- 9 Refused

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11A.** Where did you seek medical care? For each option, please tell me yes or no.

Visited your primary care provider's office or another doctor's office?

- 1 Yes
- 2 No

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

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11B.** (Where did you seek medical care? For each option, please tell me yes or no.)

Telephone call to your primary care provider's office or doctor's office?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11C.** (Where did you seek medical care? For each option, please tell me yes or no.)

Telemedicine such as an electronic consultation or video call with a health care provider?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11D.** (Where did you seek medical care? For each option, please tell me yes or no.)

Retail clinic or pharmacy?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11E.** (Where did you seek medical care? For each option, please tell me yes or no.)

Urgent care?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11F.** (Where did you seek medical care? For each option, please tell me yes or no.)

Emergency room?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11G.** (Where did you seek medical care? For each option, please tell me yes or no.)

Hospital, not in the emergency room?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV11H.** (Where did you seek medical care? For each option, please tell me yes or no.)

Some other place?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CSTATE NE 2]

**CTCOV12.** Were you tested for coronavirus (COVID-19)?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CTCOV8=1 AND CTCOV12=1 AND CSTATE NE 2]

**CTCOV13.** Where were you tested for coronavirus (COVID-19)?

**PLEASE READ:**

- 01 Hospital inpatient
- 02 Emergency department
- 03 Urgent Care Center
- 04 Private Doctor Office
- 05 Community Health Center/Clinic
- 06 Drive thru testing at a hospital
- 07 Drive thru testing at other location
- 08 Other

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF CTCOV13=08 AND CSTATE NE 2]

**CTCOV13a.** What type of place were you tested for coronavirus (COVID-19)?

Specify: \_\_\_\_\_

[ASK IF CSTATE NE 2]

**CTCOV14.** During the last 30 days, have you or anyone in your household traveled to an area with known local spread of coronavirus (COVID-19)?

- 1 Yes, I have
- 2 Yes, someone else in my household
- 3 Yes, both myself and at least one other person in my household
- 4 No one in my household
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV15.** During the past 14 days, how often have you been staying at home and avoiding interacting with others outside your household (aside from getting essential needs)? Would you say....

**INTERVIEWER NOTE: 'essential needs' include getting groceries, prescriptions filled, doing laundry, etc.**

**INTERVIEWER NOTE: If respondent answers 4) 'all of the time', PROBE: "You answered 'all of the time', did you mean 'all of the time' over the past 14 days?" IF YES, CONTINUE. IF NO, RE-ASK COV8 RE-EMPHASIZING TIME PERIOD OF PAST 14 DAYS**

- 1 None of the time
- 2 Some of the time
- 3 Most of the time
- 4 All of the time
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV16a.** In the past seven days, how many days (0-7) have you...

Gone to the grocery store?

\_\_ Number of Days [Range 1-7]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV16b.** (In the past seven days, how many days (0-7) have you...)

Gone to the pharmacy?

\_\_ Number of Days [Range 1-7]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV16c.** (In the past seven days, how many days (0-7) have you...)

Gone shopping for other things?

\_\_ Number of Days [Range 1-7]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV16d.** (In the past seven days, how many days (0-7) have you...)

Gone to church or other religious service?

\_\_ Number of Days [Range 1-7]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV16e.** (In the past seven days, how many days (0-7) have you...)

Gone to court?

\_\_ Number of Days [Range 1-7]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17a.** Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?

Wash your hands more frequently in general?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17b.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Use more disinfectants, such as hand sanitizers and cloth wipes?

1 Yes

2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17c.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid shaking hands with others?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17d.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Wear a face mask?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17e.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid touching your face?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17f.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid friends and neighbors?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17g.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Staying three to six feet away from others?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17h.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid bars and restaurants?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17i.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid most retail stores?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV17j.** (Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?)

Avoid public transportation?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV18.** Overall, how prepared do you think you are to deal with a coronavirus infection if you or someone in your family contracted the virus?

**PLEASE READ:**

1 Very prepared

2 Somewhat prepared

3 Not too prepared

4 Not at all prepared

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**CTCOV19.** Looking ahead to a year from now, what, if any, impact do you believe the coronavirus will have on you and your family's day to day life, would you say it will change your life in a...

**PLEASE READ:**

1 very major way

2 fairly major way

3 only a small way

4 or will it not change your life in any way

7 DON'T KNOW / NOT SURE

9 REFUSED

## Optional Modules

### Module 11: Cancer Survivorship: Type of Cancer

---

[ASK IF (S6Q6=1 OR S6Q7=1 OR S16Q6=4) AND CSTATE NE 2]

#### MOD11\_1. Module 11: Cancer Survivorship

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

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD11\_1=1,2,3]

**MOD11\_2.** At what age were you [IF MOD11\_1=1 INSERT "told that you had cancer?"; IF MOD11\_1=2,3 INSERT "first diagnosed with cancer?"]

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

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

[ASK IF MOD11\_2>S8Q1 AND S8Q1 NE 777,999 AND MOD11\_2 NE 98,99 AND CSTATE NE 2]

**MOD11\_2C.** You said you were [S8Q1] years of age and told that you had cancer at age [MOD11\_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD11\_2]

[ASK IF S6Q6=1 AND MOD11\_1=1 AND CSTATE NE 2]

**MOD11\_3A.** Was it “Melanoma” or “other skin cancer”?

21 Melanoma  
22 Other Skin Cancer  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[IF S16Q6=4 and MOD11\_1=1 Code MOD11\_3 as 19]

[ASK IF MOD11\_1=2,3 OR (MOD11\_1=1 AND S6Q6<>1)]

**MOD11\_3.** [IF MOD11\_1=1 AND S6Q6 NE 1 INSERT “What type of cancer was it?”; IF MOD11\_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

**\$ Breast**

01 Breast cancer

**\$ Female reproductive (Gynecologic)**

02 Cervical cancer (cancer of the cervix)  
03 Endometrial cancer (cancer of the uterus)  
04 Ovarian cancer (cancer of the ovary)

**\$ Head/Neck**

05 Head and neck cancer  
06 Oral cancer  
07 Pharyngeal (throat) cancer  
08 Thyroid  
09 Larynx

**\$ Gastrointestinal**

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

**\$ Leukemia/Lymphoma** (lymph nodes and bone marrow)

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

**\$ Male reproductive**

- 19 Prostate cancer
- 20 Testicular cancer

**\$ Skin**

- 21 Melanoma
- 22 Other skin cancer

**\$ Thoracic**

- 23 Heart
- 24 Lung

**\$ Urinary cancer**

- 25 Bladder cancer
- 26 Renal (kidney) cancer

**\$ Others**

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

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## Module 12: Cancer Survivorship: Course of Treatment

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

**MOD12\_1. Module 12: Cancer Survivorship: Course of treatment**

Are you currently receiving treatment for cancer?

**READ ONLY IF NECESSARY:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**READ ONLY IF NECESSARY:**

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary

**DO NOT READ:**

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

[ASK IF MOD12\_1=2]

**MOD12\_2.** What type of doctor provides the majority of your health care? Is it a ...

**INTERVIEWER NOTE:** If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

**READ IF NECESSARY:** An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

**PLEASE READ:**

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

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD12\_1=2]

**MOD12\_3.** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

**READ ONLY IF NECESSARY:** "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12\_1=2]

**MOD12\_4.** Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12\_4=1]

**MOD12\_5.** Were these instructions written down or printed on paper for you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12\_1=2]

**MOD12\_6.** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

**READ ONLY IF NECESSARY:** “Health insurance” also includes Medicare, Medicaid, or other types of state health programs.

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

[ASK IF MOD12\_1=2]

**MOD12\_7.** Were you ever denied health insurance or life insurance coverage because of your cancer?

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

[ASK IF MOD12\_1=2]

**MOD12\_8.** Did you participate in a clinical trial as part of your cancer treatment?

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

### Module 13: Cancer Survivorship: Pain Management

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

**MOD13\_1. Module 13: Cancer Survivorship: Pain Management**

Do you currently have physical pain caused by your cancer or cancer treatment?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD13\_1=1]

**MOD13\_2.** Would you say your pain is currently under control ...?

**PLEASE READ:**

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Module 22: Random Child Selection

---

[ASK IF S8Q15=1 AND S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22T1. Module 22: 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.

1 Continue

[ASK IF S8Q15=2-87]

[IF S8Q15=2-87, RANDOMLY SET RNDS8Q15 USING S8Q15 RESPONSE FOR RANDOMIZATION]

**RNDS8Q15.** System Generated Variable: Randomly Selected Child

01 first  
02 second

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

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

83 eighty-third  
84 eighty-fourth  
85 eighty-fifth  
86 eighty-sixth  
87 eighty-seventh

[ASK IF S8Q15=2-87 AND S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22T2.** Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

1 Continue

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22\_1M.** What is the birth month and year of the [RNDS8Q15] child?

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22\_1Y.**

Code YEAR (RANGE 2002-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD22\_1Y<=2020]

**CHLDAGE1.** Calculate child's age in months.

[ASK IF MOD22\_1Y<=2020]

**CHLDAGE2.** Calculate child's age in years

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22\_2.** Is the child a boy or a girl?

1 Boy  
2 Girl

9 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22\_3.** Is the child Hispanic, Latino/a, or Spanish origin?

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD22\_3=1]

[MUL=4]

**MOD22\_3B.** Are they...

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

**PLEASE READ:**

1 Mexican, Mexican American, Chicano/a  
2 Puerto Rican  
3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ:**

5 No [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

[MUL=5]

**MOD22\_4.** Which one or more of the following would you say is the race of the child?

**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

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF MOD22\_4=40]

[MUL=7]

**MOD22\_4A.** Is that...

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

**PLEASE READ:**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**DO NOT READ:**

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

[ASK IF MOD22\_4=50]

[MUL=4]

**MOD22\_4P.** Is that...

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

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF NBR(MOD22\_4)>1]

[ONLY SHOW RESPONSES CHOSEN AT MOD22\_4 AND 77,99]

**MOD22\_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  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(MOD22\_4A)>1 AND (NBR(MOD22\_4)==1 OR MOD22\_5=40)]  
[IF MOD22\_4 NE MUL AND MOD22\_5=40 AUTO PUNCH WITH MOD22\_4A RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT MOD22\_4A AND 77,99]

**MOD22\_5A.** Is that...

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

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

[ASK IF NBR(MOD22\_4P)>1 AND (NBR(MOD22\_4P)==1 OR MOD22\_5=50)]  
[IF MOD22\_4P NE MUL AND MOD22\_5=50 AUTO PUNCH WITH MOD22\_4P RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT MOD22\_4P, 77,99]

**MOD22\_5P.** Is that...

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

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

[DATA PROCESSING NOTE: MOD22\_5 is presented as one question, combine MOD22\_5A and MOD22\_5P into MOD22\_5 for delivery]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD22\_6.** How are you related to the child? Are you a...

**PLEASE READ:**

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

**DO NOT READ:**

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

**Module 23: Childhood Asthma Prevalence**

---

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 2]

**MOD23\_1. Module 23: Childhood Asthma Prevalence**

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

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

[ASK IF MOD23\_1=1]

**MOD23\_2. Does the child still have asthma?**

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

**Connecticut State Added Sections**

### CT State Added Section 7: Child Questions

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

#### CT7\_1. State-Added Section 7: 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?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CT7\_1=1 AND CSTATE NE 2]

CT7\_2. For about how many months was this child breastfed or given pumped breast milk?

RANGE 1-60 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CT7\_1=1 AND CSTATE NE 2]

CT7\_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]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

PCT7\_3: About how much does this child weigh without shoes?

P Pounds

K Kilograms

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PCT7\_3=P]

**CT7\_3.** About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT7\_3=5-776]

**CT7\_3A.** Just to double-check, you indicated [CT7\_3] pounds as your child's weight.

IS THIS CORRECT?

1 Yes, correct as is  
2 No, re-ask question [GO BACK TO CT7\_3]

[DATA PROCESSING NOTE: if pct7\_3=77 (Don't Know) or 99 (Refused), autofill during post-processing CT7\_3 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT7\_3=K]

**CT7\_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 CT7\_3M=2-352]

**CT7\_3AM.** Just to double-check, you indicated [CT7\_3M] kilograms as your child's weight.

IS THIS CORRECT?

1 Yes, correct as is  
2 No, re-ask question [GO BACK TO CT7\_3M]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

**PCT7\_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 pct7\_4=7 (Don't Know) or 9 (Refused), autofill during post-processing CT7\_4 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT7\_4=F]

**CT7\_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 PCT7\_4=F]

**CT7\_4A.** Just to double check, you indicated that the child is [CT7\_4] TALL.

IS THIS CORRECT?

1 Yes, correct as is  
2 No, re-ask question [GO BACK TO CT7\_4]

[ASK IF PCT7\_4=M]

**CT7\_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 CT7\_4M=38-254]

**CT7\_4AM:** Just to double check, you indicated that the child is [CT7\_4M] TALL.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT7\_4M]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

[MUL=2]

**CT7\_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 CT7\_5=M]

**CT7\_5M.** Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT7\_5=H]

**CT7\_5H.** Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

[MUL=2]

**CT7\_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

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 CT7\_6=M]

**CT7\_6M.** Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT7\_6=H]

**CT7\_6H.** Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

**CT7\_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  
 77 DON'T KNOW / NOT SURE  
 99 REFUSED

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

**CT7\_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  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

**CT State Added Section 8: Child Oral Health**

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

**CT8\_1. State-Added Section 8: Child Oral Health**

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

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

[ASK IF CT8\_1=1]

**CT8\_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

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD22\_1Y in (7777,9999)) AND MOD22\_6 = 1, 2 OR 3 AND CSTATE NE 2]

**CT8\_3.** Has the child received dental SEALANT on at least one permanent tooth by a dentist or dental hygienist?

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

**CT State Added Section 9: Social Context**

[ASK IF STATE=CT AND S8Q7=1,2 AND CSTATE NE 2]

**CT9\_1. State-Added Section 9: 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:**

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

**DO NOT READ:**

- 8 Not applicable
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

**CT9\_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:**

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

**DO NOT READ:**

- 8 Not applicable
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[CT State-Added Section 10: Suicide Prevention](#)

[ASK IF STATE=CT AND CSTATE NE 2]

**CT10\_1. State-Added Section 10: Suicide Prevention**

Next, I'm going to ask you questions about suicide and resources for suicide prevention. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to.

Have you ever thought of taking your own life?

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

[ASK IF CT10\_1=1,7 AND CSTATE NE 2]

**CT10\_2.** Have you ever tried to end your life?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

**CT10\_3.** We realize that this topic may be sensitive. If you or someone you know would like to talk to a trained counselor, please call the Suicide Prevention LifeLine at 1-800-273-TALK.

1 Continue

[CT State-Added Section 11: Sexual Violence](#)

[ASK IF STATE=CT AND CSTATE NE 2]

**CT11\_1. State-Added Section 11: Sexual Violence**

Finally, I'd like to ask you some questions about sexual violence or other unwanted sexual experiences as an adult. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

1 Continue

2 Respondent refused

[ASK IF CT11\_1=1 AND CSTATE NE 2]

**CT11\_2.** Since you were 18 years old, has anyone EVER made you take part in any sexual activity (including touch that made you uncomfortable) when you really did not want to, or without your consent? For example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CT11\_1=1 AND CT11\_2=1 AND CSTATE NE 2]

**CT11\_3.** Has this happened in the past 12 months?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

**CT11c.** We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the Crisis Hotline at 1-888-999-5545.

1 Continue

[ASK IF NOT(STATE= IN, NH, NY, TX, VT AND AST1A=1)]

**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.

1 Continue

### Asthma Call Back Permission

RANDOMLY SET ONE OF THE FOLLOWING:

SET ACFLAG=01 IF S6Q4=1 AND S6Q5=1 AND NOT(MOD23\_1=1) AND NOT(MOD23\_2=1) AND NOT(CSTATE=2) AND STATE=CT

SET ACFLAG=02 IF S6Q4=1 AND NOT(S6Q5=1) AND NOT(MOD23\_1=1) AND NOT(MOD23\_2=1) AND NOT(CSTATE=2) AND STATE=CT

SET ACFLAG=03 IF MOD23\_1=1 AND MOD23\_2=1 AND NOT(CSTATE=2)

SET ACFLAG=04 IF MOD23\_1=1 AND NOT(MOD23\_2=1) AND NOT(CSTATE=2)

**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 (S6Q4=1 OR MOD23\_1=1) AND CSTATE NE 2]

**AST1. Asthma Call Back Permission**

We would like to call you again within the next 2 weeks to talk in more detail about [IF ACFLAG=01,02 INSERT “your”; IF ACFLAG=03,04 INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. 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?

- 1 Yes
- 2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

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

- 1 Yes
- 2 No
  
- 7 DON’T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]

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

- 1 Gave Response [TEXT BOX]
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP1=2,7,9]

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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP=2 OR ATP1=2,7,9]

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

- 1 Gave Response [TEXT BOX]
  
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST2A=1 OR ATP=1,7,9) 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?

1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

[ASK IF ATP1=2,7,9]

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

1 Continue

7 DON'T KNOW  
9 REFUSED

[ASK IF ASTHMA\_END=1 AND MKP1 NE 2,7,9]

**AST2A\_CB.** 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]

97 DON'T KNOW  
99 REFUSED

[ASK IF ASTHMA\_END=1 AND ACFLAG=03,04 AND MKP1 NE 2,7,9]

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

[ASK IF ASTHMA\_END=1]

**ASTHMA\_CB.** Interviewer: Enter time to call back.

[ASK IF (INT01=10 OR INT10= C1, C2) AND SAMPTYPE=2 AND STATE=CT]

**CBTIME:** Would you like to schedule a call back for today or at a later time?

- 1 Today
- 2 Later time

[ASK IF CBTIME=2]

[IF CBTIME=2 RANDOMLY SET RNDTEXTCB]

**RNDTEXTCB:** System Generated Variable: Randomly set to offer callback appointments 50% of the time.

- 1 Offer reminder text message
- 2 Do not offer text message

[ASK IF STATE=CT AND SAMPTYPE=2 AND RNDTEXTCB=1]

**TEXTCB:** Can we send you a reminder text message with your scheduled call back date and time?

- 1 Yes
- 2 No
- 3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

**TEXTTY:** Great. You will receive a reminder text message with your scheduled call back appointment from phone number [IF STATE=CT INSERT "860-506-3110"]

- 01 Continue [GO TO CB]