

**2021 Connecticut Behavioral Risk Factor Survey
(BRFSS) Questionnaire**



**Connecticut Department of Public Health
January 2021**



CT Behavioral Risk Factor Surveillance System

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Core Sections

Section 1: Health Status

S1Q1. Section 1: Health Status

Would you say that in general your health is —

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 2: Healthy Days

S2Q1. Section 2: Healthy Days

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

01 A plan purchased through an employer or union (including plans purchased through another person's employer)

02 A private nongovernmental plan that you or another family member buys on your own

03 Medicare

04 Medigap

05 Medicaid

06 Children's Health Insurance Program (CHIP)

07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA

08 Indian Health Service

09 State sponsored health plan

10 Other government program

88 No coverage of any type

77 DON'T KNOW / NOT SURE

99 REFUSED

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

1 Yes, only one

2 More than one

3 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

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

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

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 5 or more years ago

8 NEVER

7 DON'T KNOW

9 REFUSED

CT State Added Section 1: Health Care Access

CT1_1. State Added Section: Health Care Access

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

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

Section 4: Exercise

S4Q1. Section 4: Exercise

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

- 1 Yes
- 2 No

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

Section 5: Hypertension Awareness

S5Q1. Section 5: Hypertension Awareness

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure

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

S5Q2. Are you currently taking prescription medicine for your high blood pressure?

- 1 Yes
- 2 No

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

Section 6: Cholesterol Awareness

S6Q1. Section 6: Cholesterol Awareness

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

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

- 1 Yes
- 2 No

7 DON'T KNOW
9 REFUSED

Section 7: Chronic Health Conditions

S7Q1. Section 7: Chronic Health Conditions

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

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q3. (Ever told you had) a stroke?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q4. (Ever told you had) asthma?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q5. Do you still have asthma?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q6. (Ever told you had) skin cancer?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q8. (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q9. (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q11. (Ever told you had) diabetes?

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]
98 DON'T KNOW / NOT SURE
99 REFUSED

CT State Added Section 2: Diabetes Management

CT2_1. State Added Section: Diabetes Management

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 8: Arthritis

S8Q1. Section 8: Arthritis

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q6. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 9: Demographics

S9Q1. Section 9: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]
07 DON'T KNOW / NOT SURE
09 REFUSED

S9Q2. 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

S9Q2B. Are you...

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

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

S9Q3. Which one or more of the following would you say is your race?

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

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

S9Q3A. 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 [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

S9Q3PI. Is that...

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]

S9Q4. Which one of these groups would you say best represents your race?

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

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

S9Q4A. 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

S9Q4PI. 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 28: Sexual Orientation and Gender Identity (SOGI)

MOD28_1A. Module 28: Sexual Orientation and Gender Identity (SOGI)

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

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else
- 7 I don't know the answer
- 9 REFUSED

MOD28_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

- 1 1- Lesbian or Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else
- 7 I don't know the answer
- 9 REFUSED

MOD28_2. Do you consider yourself to be transgender?

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

S9Q5. Are you...?

PLEASE READ:

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

9 REFUSED

S9Q6. What is the highest grade or year of school you completed?

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

S9Q7. Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement

7 DON'T KNOW / NOT SURE

9 REFUSED

CT State-Added Section 3: Town

CT3_1. State-Added Section 4: Town

What town do you live in?

- 112B8 Abington
- 067B7 Amston
- 001A7 Andover
- 002A5 Ansonia
- 003A8 Ashford
- 069C8 Attawaugan
- 004A2 Avon
- 133B6 Baltic
- 074B3 Bantam
- 005A3 Barkhamsted
- 006A5 Beacon Falls
- 007A2 Berlin
- 008A5 Bethany
- 009A1 Bethel
- 010A3 Bethlehem
- 011A2 Bloomfield
- 012A7 Bolton
- 013A6 Bozrah
- 014A5 Branford
- 015A1 Bridgeport
- 016A3 Bridgewater
- 017A2 Bristol
- 047A2 Broad Brook
- 018A1 Brookfield
- 019A8 Brooklyn
- 020A2 Burlington
- 021A3 Canaan
- 022A8 Canterbury
- 023A2 Canton
- 050B4 Centerbrook

109B8 Central Village
024A8 Chaplin
025A5 Cheshire
026A4 Chester
027A4 Clinton
101B5 Clintonville
042B4 Cobalt
028A6 Colchester
029A3 Colebrook
023B2 Collinsville
030A7 Columbia
031A3 Cornwall
057B1 Cos Cob
032A7 Coventry
033A4 Cromwell
034A1 Danbury
069A8 Danielson
035A1 Darien
069B8 Dayville
036A4 Deep River
037A5 Derby
084B5 Devon
038A4 Durham
100B3 East Canaan
039A8 Eastford
040A2 East Granby
041A4 East Haddam
042A4 East Hampton
043A2 East Hartford
044A5 East Haven
045A6 East Lyme
046A1 Easton
047B2 East Windsor
048A7 Ellington
155B2 Elmwood
049A2 Enfield
050A4 Essex
051A1 Fairfield
093B5 Fair Haven
021B3 Falls Village
052A2 Farmington
013B6 Fitchville
053A6 Franklin
072B6 Gales Ferry
117B1 Georgetown
013C6 Gilman
054A2 Glastonbury
135C1 Glenbrook
055A3 Goshen
056A2 Granby

158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford
065A2 Hartland
066A3 Harwinton
067A7 Hebron
061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville
071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester
078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam
083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain

090A1 New Canaan
091A1 New Fairfield
092A3 New Hartford
093A5 New Haven
094A2 Newington
095A6 New London
096A3 New Milford
150B3 New Preston
097A1 Newtown
045B6 Niantic
059C6 Noank
098A3 Norfolk
099B5 North Branford
100A3 North Canaan
101A5 North Haven
074C3 Northfield
099A5 Northford
141C8 North Grosvenor Dale
102A6 No. Stonington
103A1 Norwalk
104A6 Norwich
086A6 Oakdale
105A6 Old Lyme
137B6 Old Mystic
106A4 Old Saybrook
136B8 Oneco
107A5 Orange
108A5 Oxford
137C6 Pawcatuck
109A8 Plainfield
110A2 Plainville
131B2 Plantsville
111A3 Plymouth
112A8 Pomfret
113A4 Portland
114A6 Preston
115A5 Prospect
116A8 Putnam
152B6 Quaker Hill
141D8 Quinnebaug
117A1 Redding
118A1 Ridgefield
157B1 Riverside
082B4 Rockfall
146C7 Rockville
119A2 Rocky Hill
069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem

122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico
123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury
131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale
134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland
143A2 Torrington
144A1 Trumbull
086B6 Uncasville
145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren
150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue

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

CNTY. In what county do you currently live?
1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE
9 REFUSED

S9Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]
77777 DON'T KNOW / NOT SURE
99999 REFUSED

S9Q10. 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

S9Q11. 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

S9Q12. How many cell phones do you have for personal use?

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

S9Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S9Q14. Are you currently...?

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
- 8 Unable to work

9 REFUSED

Module 24: Industry and Occupation

MOD24_1. Module 24: Industry and Occupation

What kind of work you do? For example, registered nurse, janitor, cashier, auto mechanic.

01 Enter Response [TEXT BOX]

99 REFUSED

MOD24_2. What kind of business or industry you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

01 Enter Response [TEXT BOX]

99 REFUSED

CT State Added Section 4: Telework Status

CT4_1. State Added Section: Telework Status

During the COVID-19 pandemic, did your employer allow you to work from home?

1 Yes, full time or most of the time

2 Yes, part time or some of the time

3 No
4 I was unemployed prior to the COVID pandemic

7 DON'T KNOW / NOT SURE
9 REFUSED

CT4_2. Why were you unable to work from home?

1 I had technology barriers and couldn't work from home
2 The nature of my job requires me to work in-person
3 My employer required me to report to work for other reasons
4 My place of employment or my job was shut down
5 Other reasons

7 DON'T KNOW / NOT SURE
9 REFUSED

S9Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]
88 NONE
99 REFUSED

S9Q16A. Is your annual household income from all sources –

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16B. Less than \$25,000 (\$20,000 to less than \$25,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16C. Less than \$20,000 (\$15,000 to less than \$20,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16D. Less than \$15,000 (\$10,000 to less than \$15,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16E. Less than \$10,000?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16H. Less than \$100,000 (\$75,000 to less than \$100,000)?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16I. Less than \$150,000 (\$100,000 to less than \$150,000)?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16J. Less than \$200,000 (\$150,000 to less than \$200,000)?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16K. \$200,000 or more?

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16. Aggregated response to income question

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

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

77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q17. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

PS9Q18. About how much do you weigh without shoes?

P Pounds

K Kilograms

7 DON'T KNOW / NOT SURE

9 REFUSED

S9Q18. About how much do you weigh without shoes?

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

S9Q18M. About how much do you weigh without shoes?

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

PS9Q19. About how tall are you without shoes?

F Feet

M Centimeters

7 DON'T KNOW / NOT SURE

9 REFUSED

S9Q19. About how tall are you without shoes?

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

7777 DON'T KNOW / NOT SURE

9999 REFUSED

S9Q19M. About how tall are you without shoes?

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

Section 10: Disability

S10Q1. Section 10: 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

S10Q2. 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

S10Q3. 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

S10Q4. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S10Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S10Q6. 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 11: Tobacco Use

S11Q1. Section 11: Tobacco Use

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

CT State Added Section 5: Tobacco

CT5_1. Do you now smoke cigars, cigarillos or little cigars every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

CT5_2. Do you now smoke tobacco in a hookah, narghile or other type of water pipe every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

S11Q4. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never smoke e-cigs

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_3. What flavor of electronic vapor product do you use most often?

- 1 Alcohol drinks such as wine, margarita, or other cocktails
- 2 Chocolate, candy, desserts or other sweets
- 3 Fruit
- 4 Menthol or Mint
- 5 Tobacco
- 6 Other flavor
- 7 Don't use flavored products
- 9 REFUSED

CT5_4. During the past 12 months, have you stopped using all tobacco products, including electronic vaping products, for one day or longer because you were trying to quit using tobacco for good?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT5_5. During the past 7 days, have you breathed the smoke or aerosol from someone who was smoking or vaping a tobacco product?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Alcohol Consumption

S12Q1. Section 12: Alcohol Consumption

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

1__ Days per week (RANGE 101-107)
2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

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

S12Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.
During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
RANGE 1-76 [NUMBER BOX]

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

S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF Male INSERT "5"; IF Female INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]
88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 13: Immunization

S13Q1. Section 13: Immunization

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

77 DON'T KNOW / NOT SURE
99 REFUSED

S13Q2Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]
7777 DON'T KNOW / NOT SURE
9999 REFUSED

S13Q3. At what kind of place did you get your last flu shot or vaccine?

- 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
- 12 A drive through location at some other place than listed above

10 RECEIVED VACCINATION IN CANADA/MEXICO
77 DON'T KNOW / NOT SURE
99 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 14: H.I.V./AIDS

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

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

S14Q2Y.

Code YEAR (RANGE 1985-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

CT State Added Section 6: HIV Stigma**CT6_1. State Added Section : HIV Stigma**

How likely would you be to purchase fresh fruits and vegetables from a vendor that is known to have HIV?

1 Very unlikely

2 Unlikely

3 Neutral

4 Likely

5 Extremely likely

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 15: Fruits and Vegetables**S15Q1. Section 15: Fruits and Vegetables**

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

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

1__ Days (RANGE 101-199)

2__ Weeks (RANGE 201-299)

3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month

555 Never

777 DON'T KNOW / NOT SURE

999 REFUSED

S15Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

1__ Days (RANGE 101-199)

2__ Weeks (RANGE 201-299)

3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month

555 Never

777 DON'T KNOW / NOT SURE

999 REFUSED

S15Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

1__ Days (RANGE 101-199)

2__ Weeks (RANGE 201-299)

3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

S15Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

1__ Days (RANGE 101-199)
2__ Weeks (RANGE 201-299)
3__ Months (RANGE 301-399) [NUMBER BOX]
300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

S15Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

1__ Days (RANGE 101-199)
2__ Weeks (RANGE 201-299)
3__ Months (RANGE 301-399) [NUMBER BOX]
300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

S15Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

1__ Days (RANGE 101-199)
2__ Weeks (RANGE 201-299)
3__ Months (RANGE 301-399) [NUMBER BOX]
300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

Optional Modules

Module 19: Caregiver

MOD19_1. Module 19: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

1 Yes
2 No
8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
7 DON'T KNOW / NOT SURE
9 REFUSED

MOD19_2. What is his or her relationship to you?

01 Mother
02 Father

- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative / Family friend
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD19_3. For how long have you provided care for that person? Would you say...

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

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

MOD19_4. In an average week, how many hours do you provide care or assistance? Would you say...

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

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

MOD19_5. What is the main health problem, long-term illness, or disability that the person you care for has?

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

MOD19_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD19_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD19_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD19_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Marijuana Use

MOD21_1. Module 21: Marijuana Use

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

RANGE 1-30 [NUMBER BOX]

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

MOD21_2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD21_3. When you used marijuana or cannabis during the past 30 days, was it usually:

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 25: Random Child Selection

MOD25T1. Module 25: Random Child Selection

MOD25_1M. What is the birth month and year of the [RNDS9Q15] 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

77 DON'T KNOW / NOT SURE
99 REFUSED

MOD25_1Y.

Code YEAR (RANGE 2002-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

MOD25_2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl

9 REFUSED

MOD25_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

MOD25_3B. Are they...

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

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

MOD25_4. Which one or more of the following would you say is the race of the child?

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

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

MOD25_4A. 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 [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

MOD25_4P. Is that...

- 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]

MOD25_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

MOD25_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

MOD25_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

MOD25_6. How are you related to the child? Are you a...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 26: Childhood Asthma Prevalence

MOD26_1. Module 26: Childhood Asthma Prevalence

The next two questions are about the [RNDS9Q15] 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

MOD26_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

CT7_1. State-Added Section 7: Child Questions

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

CT7_2. For about how many months was this child breastfed or given pumped breast milk?

77 DON'T KNOW / NOT SURE
99 REFUSED

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

PCT7_3: About how much does this child weigh without shoes?

- P Pounds
- K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

CT7_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

CT7_3M. About how much does this child weigh without shoes?

RANGE 2-352 [NUMBER BOX]

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

CT7_4. About how tall is this child without shoes?

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

CT7_4M. About how tall is this child without shoes?

RANGE 38-254 [NUMBER BOX]

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]

CT7_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT7_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

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.)

M Response given in Minutes

H Response given in Hours

8 None [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

CT7_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT7_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

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.
RANGE 1-15 [NUMBER BOX]

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

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?

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

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

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

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: Firearm Safety

CT9_1. State-Added Section 9: Firearm Safety

The next questions ask about suicide and safe storage of firearms, a lethal means of suicide attempts.

Do you have at least one firearm kept in or around your home? Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

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

CT9_2. Is the firearm secured in a location where youth, other at-risk or unauthorized persons cannot have access to it?

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

CT9_3. Are the ammunition secured in a separate location from the firearms?

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

CT State Added Section 10: Hepatitis Treatment

CT10_1. State Added Section: Hepatitis Treatment

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

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

CT10_2. Were you treated for Hepatitis C in 2015 or after?

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

CT10_3. Were you treated for Hepatitis C prior to 2015?

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

CT10_4. Do you still have Hepatitis C?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 11: Prescription Drug Access

CT11_1. Intro: Prescription Drug Access

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

1 Yes
2 No, not safely stored
3 No opioids in the home

7 DON'T KNOW / NOT SURE
9 REFUSED

CT11_2: When you are finished using your prescription opioid-based pain relievers, or If you were to finish using a prescription opioid-based pain reliever, are you aware of how to safely dispose of them?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Asthma Call Back Permission

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

AST1a. Intro: Asthma Call Back Permission

We would like to talk to you in more detail about your or your child's experiences with asthma. The information will be used to help develop and improve the asthma programs in CT. The information you gave us today and any you give us in the future will be kept confidential. Would it be okay to continue with those questions now?

1 Yes
2 No

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

1 Yes
2 No

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

- 1 Yes
- 2 No

7 DON'T KNOW
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Continue

7 DON'T KNOW
9 REFUSED

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