

2020 Connecticut Behavioral Risk Factor Survey (BRFSS) Questionnaire



Connecticut Department of Public Health
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Core Section 1: Health Status

CHS.01 Would you say that in general your health is—

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor
- Do not read:
- 7 Don't know/Not sure
- 9 Refused

Core Section 2: Healthy Days

CHD.01 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?

- __ Number of days (01-30)
- 88 None
- 77 Don't know/not sure
- 99 Refused

CHD.02 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?

- __ Number of days (01-30)
- 88 None
- 77 Don't know/not sure
- 99 Refused

CHD.03 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?

- __ Number of days (01-30)
- 88 None
- 77 Don't know/not sure
- 99 Refused

Core Section 3: Healthcare Access

CHCA.01 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

CHCA.02 Do you have one person 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

CHCA.03 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

CHCA.04 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
- Do not read:
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

State-add 1: Health Care Access

CT1_1: What is the primary source of your health care coverage?

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)
- 77 Don't know/Not sure
- 99 Refused

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
- 3 No medication was prescribed
- 7 Don't know/ not sure
- 9 Refused

State-add 2: Reaction to Race

CT10_1: Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know/ Not sure
- 9 Refused

Core Section 4: Exercise

CEX.01 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

Core Section 5: Inadequate Sleep

CIS.01 On average, how many hours of sleep do you get in a 24-hour period?

- __ Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

Core Section 6: Chronic Health Conditions

CCHC.01 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 that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.02 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.03 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.04 (Ever told) you had asthma?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.05 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.06 (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.07 (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.08 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.09 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

CCHC.12 (Ever told) you have diabetes?

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

Module 1: Prediabetes

MPDB.01 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

MPDB.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

CCHC.13 How old were you when you were told you have diabetes?

__ Code age in years [97 = 97 and older]

98 Don't know / Not sure

99 Refused

Core Section 7: Oral Health

COH.01 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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

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

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

4 5 or more years ago

Do not read:

7 Don't know / Not sure

8 Never

9 Refused

COH.02 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

1 1 to 5

2 6 or more but not all

3 All

8 None

Do not read:

7 Don't know / Not sure

9 Refused

State-add 3: Adult Oral Health

CT7_1: I am now going to ask some questions about your 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

CT7_2: Have you ever had treatment for gum disease such as scaling and root planning, or deep cleaning? (not root canals or cleaning done at regular checkups, had treatment for gums)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

- CT7_3: What type/ 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

Core Section 8: Demographics

CDEM.01 What is your age?

- __ Code age in years
- 07 Don't know / Not sure
 - 09 Refused

CDEM.02 Are you Hispanic, Latino/a, or Spanish origin?

- 1 Mexican, Mexican American, Chicano/a
 - 2 Puerto Rican
 - 3 Cuban
 - 4 Another Hispanic, Latino/a, or Spanish origin
- Do not read:
- 5 No
 - 7 Don't know / Not sure
 - 9 Refused

CDEM.03 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
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro

- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CDEM.04 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
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

CDEM.05 Are you...

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

CDEM.06 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

Module 20: Sexual Orientation and Gender Identity (SOGI)

MSOGI.01a The next two questions are about sexual orientation and gender identity.

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

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

MSOGI.01b Which of the following best represents how you think of yourself?

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

MSOGI.02 Do you consider yourself to be transgender?

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused

CDEM.07 Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

State-add 4: Town

CT2_1: What town do you live in?

CDEM.08 In what county do you currently live?

__ __ _ANSI County Code
777 Don't know / Not sure
999 Refused

CDEM.09 What is the ZIP Code where you currently live?

77777 Do not know
99999 Refused

CDEM.10 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

CDEM.11 How many of these telephone numbers are residential numbers?

__ Enter number (1-5)
6 Six or more
7 Don't know / Not sure
8 None
9 Refused

CDEM.12 How many cell phones do you have for personal use?

__ Enter number (1-5)
6 Six or more
7 Don't know / Not sure
8 None
9 Refused

CDEM.13 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

CDEM.14 Are you currently...?

1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired

- 8 Unable to work
- 9 Refused

CDEM.15 How many children less than 18 years of age live in your household?

- _ _ Number of children
- 88 None
- 99 Refused

CDEM.16 Is your annual household income from all sources—

- 04 Less than \$25,000
- If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If no, code 02
- 05 Less than \$35,000 If no, ask
- 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If no, ask
- 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If no, code 08
- (\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 77 Don't know / Not sure
- 99 Refused

State-add 5: Incomes

CT3_1: less than \$100,000 (\$75,000 to less than \$100,000)?

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

CT3_2: \$100,000 or more?

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

CDEM.17 About how much do you weigh without shoes?

- _ _ _ _ Weight (pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

CDEM.18 About how tall are you without shoes?

_ _ / _ _ Height (ft / inches/meters/centimeters)

77/ 77 Don't know / Not sure

99/ 99 Refused

CDEM.19 To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

Core Section 9: Disability

CDIS.20 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

CDIS.21 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

CDIS.22 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

CDIS.23 Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

CDIS.24 Do you have difficulty dressing or bathing?

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

CDIS.25 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

Core Section 10: Tobacco Use

CTOB.01 Have you smoked at least 100 cigarettes in your entire life?

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

CTOB.02 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

CTOB.03 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

CTOB.04 How long has it been since you last smoked a cigarette, even one or two puffs?

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

77 Don't know / Not sure
99 Refused

CTOB.05 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

Module 8: E-Cigarettes

MECIG.01 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

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

MECIG.02 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
7 Don't know / Not sure
9 Refused

Core Section 11: Alcohol Consumption

CALC.01 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
2 __ Days in past 30 days
888 No drinks in past 30 days
777 Don't know / Not sure
999 Refused

CALC.02 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?

__ Number of drinks
88 None

77 Don't know / Not sure
99 Refused

CALC.03 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

__ Number of times
77 Don't know / Not sure
99 Refused

CALC.04 During the past 30 days, what is the largest number of drinks you had on any occasion

__ Number of drinks
77 Don't know / Not sure
99 Refused

Core Section 12: Immunization

CIMM.01 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

CIMM.02 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?

__ / ____ Month / Year
77 / 7777 Don't know / Not sure
09 / 9999 Refused

Module 17: Place of Flu Vaccination

MFP.01 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
10 Received vaccination in Canada/Mexico

77 Don't know / Not sure
99 Refused

CIMM.03 Have you ever had the shingles or zoster vaccine?

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

CIMM.04 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

Module 15: Adult Human Papillomavirus (HPV) - Vaccination

MHPV.01 A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot.

MHPV.01 Have you ever had an H.P.V. vaccination?

1 Yes
2 No
3 Doctor refused when asked
7 Don't know/ not sure
9 Refused

MHPV.02 How many H.P.V. shots did you receive?

__ Number of shots
03 All shots
77 Don't know / Not sure
99 Refused

Core Section 13: Falls

CFAL.01 In the past 12 months, how many times have you fallen?

__ Number of times
88 None
77 Don't know / Not sure
99 Refused

CFAL.02 Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor? How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

__ Number of falls [76 = 76 or more]
88 None

77 Don't know / Not sure
99 Refused

State-add 6: Fall Prevention

CT4_1: 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

Core Section 14: Seat Belt Use and Drinking and Driving

CSBD.01 How often do you use seat belts when you drive or ride in a car? Would you say—

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
7 Don't know / Not sure
8 Never drive or ride in a car
9 Refused

CSBD.02 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

__ Number of times
88 None
77 Don't know / Not sure
99 Refused

Core Section 15: Breast and Cervical Cancer Screening

CBCC.01 The next questions are about breast and cervical cancer. Have you ever had a mammogram?

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

CBCC.02 How long has it been since you had your last mammogram?

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

- 7 Don't know / Not sure
- 9 Refused

CBCC.03 Have you ever had a Pap test?

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

CBCC.04 How long has it been since you had your last Pap test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CBCC.05 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?

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

CBCC.06 How long has it been since you had your last H.P.V. test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CBCC.07 Have you had a hysterectomy?

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

Core Section 16: Prostate Cancer Screening

CPCS.01 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?

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

CPCS.02 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

CPCS.03 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

CPCS.04 Have you ever had a P.S.A. test?

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

CPCS.05 How long has it been since you had your last P.S.A. test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- Do not read:
- 7 Don't know / Not sure
- 9 Refused

CPCS.06 What was the main reason you had this P.S.A. test – was it ...?

- 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

Core Section 17: Colorectal Cancer Screening

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

CRC.01 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?

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

CRC.02 How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CRC.03 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

CRC.04 How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 s ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CRC.05 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?

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

CRC.06 How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CRC.07 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?

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

CRC.08 How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CRC.09 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-rays machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

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

CRC.10 How long has it been since you had this test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CT State Added Section 12: COVID-19 Questions

CTCoV_Intro. 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)”.

CTCoV1 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...

CTCoV1a Hypertension?

CTCoV1b Chronic liver disease, such as cirrhosis?

CTCoV1c A weakened immune system? *[INTERVIEWER: 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

9 Refused

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

9 Refused

CTCoV3 During the last 30 days, did you feel like you had a fever?

1 Yes

2 No

7 Don't Know

9 Refused

ASK IF CTCoV3 = 1 [Yes]

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

9 Refused

CTCoV4 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.

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

INTERVIEWER: 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"

- CTCoV4a: Dry Cough with no phlegm or mucus
- CTCoV4b: Cough with phlegm or mucus
- CTCoV4c: Shortness of breath or difficulty breathing
- CTCoV4d: Muscle Aches
- CTCoV4e: Chills
- CTCoV4f: Diarrhea
- CTCoV4g: Vomiting
- CTCoV4h: Abdominal pain
- CTCoV4i: Nasal congestion
- CTCoV4j: Sore throat
- CTCoV4k: Headache
- CTCoV4l: Loss of taste
- CTCoV4m: Loss of smell

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

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 to CTCoV4m = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4a-COV4m]

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

CTCoV6: Are you still feeling any of these symptoms?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

IF CTCoV6= 1 (yes) SKIP TO CTCoV7

IF CTCoV6 NE 1, ASK CTCoV6a

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

CTCoV7: Did you spend at least one night in a hospital while you were sick?
1 Yes
2 No
7 Don't Know
9 Refused

CTCoV8: While you were sick, did you seek care from a healthcare professional:
1 Yes
2 No
7 Don't Know
9 Refused

IF CTCov8 = 1 THEN SKIP TO CTCov10

ASK IF CTCov8 =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

ASK IF CTCov8= 1 IF CTCov8 =2, skip to CTCov14 (Section 5: Travel History) after question CTCov9

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 [only ask to Don't Know or Refused to CTCov9]

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

CTCov11: Where did you seek medical care? For each option, please tell me yes or no.

CTCov11a Visited your primary care provider's office or another doctor's office

CTCov11b Telephone call to your primary care provider's office or doctor's office

CTCov11c Telemedicine such as an electronic consultation or video call with a health care provider

CTCov11d Retail clinic or pharmacy

CTCov11e Urgent care

CTCov11f Emergency room

CTCov11g Hospital, not in the emergency room

CTCov11h Some other place

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

ASK IF CTCov8=1 (Yes, seek medical care)

CTCov12: Were you tested for coronavirus (COVID-19)?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

ASK IF CTCov12=1

CTCov13: Where were you tested for coronavirus (COVID-19)?

(PLEASE READ)

- 1 Hospital inpatient
- 2 Emergency department
- 3 Urgent Care Center
- 4 Private Doctor Office
- 5 Community Health Center/Clinic
- 6 Drive thru testing at a hospital
- 7 Drive thru testing at other location

8 Other

Ask if CTCov13 =8

CTCov13a: What type of place were you tested for coronavirus (COVID-19)? _____

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

9 Refused

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.]

1 None of the time

2 Some of the time

3 Most of the time

4 All of the time

7 Don't Know

9 Refused

CTCov16. In the past seven days, how many days (0-7) have you...

CTCov16a. Gone to the grocery

CTCov16b. Gone to the pharmacy.

CTCov16c. Gone shopping for other things.

CTCov16d. Gone to church or other religious service.

CTCov16e. Gone to court.

___ Number of Days [Range 1-7]

88 None

7 Don't Know/Not Sure

9 Refused

CTCov17. Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?

CTCov17a. Wash your hands more frequently in general

CTCov17b: Use more disinfectants, such as hand sanitizers and cloth wipes

CTCov17c: Avoid shaking hands with others

- CTCoV17d.** Wear a face mask
- CTCoV17e.** Avoid touching your face
- CTCoV17f.** Avoid friends and neighbors
- CTCoV17g.** Staying three to six feet away from others
- CTCoV17h.** Avoid bars and restaurants
- CTCoV17i.** Avoid most retail stores
- CTCoV17j.** Avoid public transportation

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

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?

- 1 Very prepared
- 2 Somewhat prepared
- 3 Not too prepared
- 4 Not at all prepared
- 7 Don't Know
- 9 Refused

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 -- (ROTATE TOP TO BOTTOM, BOTTOM TO TOP) change your life in a...

- 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
- 9 Refused

Core Section 18: H.I.V./AIDS

CHIV.01 The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

CHIV.02 Not including blood donations, in what month and year was your last H.I.V. test?

- __ / ____ Code month and year
- 77/ 7777 Don't know / Not sure 99/ 9999 Refused

CHIV.03 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

Module 11: Cancer Survivorship: Type of Cancer

MTOC.01 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

MTOC.02 At what age were you told that you had cancer?

- __ Age in Years (97 = 97 and older)
- 98 Don't know/Not sure
- 99 Refused

MTOC.03 What type of cancer did you have? (If respondent needs prompting for cancer type:

- 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
Do not read:
77 Don't know / Not sure
99 Refused/cer was it?

Module 12: Cancer Survivorship: Course of Treatment

MCOT.04 Are you currently receiving treatment for cancer?

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 7 Don't know / Not sure

9 Refused

MCOT.05 What type of doctor provides the majority of your health care? Is it a....

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other
- 77 Don't know / Not sure
- 99 Refused

MCOT.06 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

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

MCOT.07 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

MCOT.08 Were these instructions written down or printed on paper for you?

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

MCOT.09 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

MCOT.10 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

MCOT.11 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

MCPM.12 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

MCPM.13 Would you say your pain is currently under control...?

- 1 With medication (or treatment)
 - 2 Without medication (or treatment)
 - 3 Not under control, with medication (or treatment)
 - 4 Not under control, without medication (or treatment)
- Do not read:
- 7 Don't know / Not sure
 - 9 Refused

Module 22: Random Child Selection

Intro text and screening: If CDEM.16 = 1 and CDEM.16 does not equal 88 or 99, Interviewer please read: 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.

If C0.16 is >1 and CDEM.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] 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.

MRCS.01 What is the birth month and year of the [Xth] child?

- __ / ____ Code month and year
- 77/ 7777 Don't know / Not sure

99/ 9999 Refused

MRCS.02 Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

MRCS.03 Is the child Hispanic, Latino/a, or Spanish origin?

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- Do not read:
- 5 No
- 7 Don't know / Not sure
- 9 Refused

MRCS.04 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
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 77 Don't know / Not sure
- 99 Refused

MRCS.05 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
- 41 Asian Indian

- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

MRC5.06 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
- Do not read:
- 7 Don't know / Not sure
- 9 Refused

Module 23: Childhood Asthma Prevalence

MCAP.01 The next two questions are about the Xth 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

MCAP.02 Does the child still have asthma?

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

State-add 7: Child Questions

CT5_1: 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

CT5_2: For about how many months was this child breastfed or given pumped breast milk?

- __ Number of Months
- 77 Don't know / Not sure
- 99 Refused

CT3_3: 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?

- __ Number of Months
- 77 Don't know / Not sure
- 99 Refused

CT3_4: About how much does this child weigh without shoes?

- ___ P Pounds
- ___ K Kilograms

CT3_5: About how tall is this child without shoes?

- __ / __ Height (f t / inches/)

CT3_6: 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.)

- ___ Minutes
- ___ Hours
- 88 None
- 77 Don't know
- 99 Refused

CT3_7: 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.)

- ___ Minutes
- ___ Hours
- 88 None
- 77 Don't know
- 99 Refused

CT3_8: 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. [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] glasses, cans or bottles

88 None

77 Don't know

99 Refused

CT3_9: 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 if Necessary: Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut."]

1__ PER DAY [101-115]

2__ PER WEEK [201-284]

888 None

777 Don't know

999 Refused

State-add 8: Child Oral Health

CT6_1: In the past 12 months has the child seen a dental provider?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

CT6_2: In the past 12 months year, have you been told by a dental provider that the child has dental decay (cavities)? (if Q1=yes)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

1 Yes

2 No

7 Don't know / Not sure

9 Refused

State-add 9: Social Context

CT9_1: Now, I am going to ask you about several factors that can affect a person's health. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say---

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

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---

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

State-add 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.

CT8_1: Have you ever thought of taking your own life?

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

CT8_2: Have you ever tried to end your life?

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

State-add 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.

CT11_1: 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

CT11_2: Has this happened in the past 12 months?

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

Asthma Call-Back Permission Script

We would like to call you again within the next 2 weeks to talk in more detail about (your/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. 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.

CB01.01 Would it be okay if we called you back to ask additional asthma-related

- 1 Yes
- 2 No

CB01.02 Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

Closing Statement/ Transition to Modules

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.