



**2019**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMPTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

CT Connecticut

[ASK ALL]

**HEALTHDEPT.** Imported Sample Variable: Health Department Name

CT Connecticut Department of Public Health

[ASK ALL]

**DEPTPHONE.** Imported Sample Variable: Department Phone Number

CT 1-877-364-0913

[ASK ALL]

**ASGCNTY.** Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SEX1, SEX2, AND MOD28\_1

1 Male  
2 Female

[ASK ALL]

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

CT 24

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

# Behavioral Risk Factor Surveillance System

## 2019 Questionnaire

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## 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 TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]

**AM\_TEXT.** Hello, my name is \_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]

**PM\_TEXT. Privacy Manager** (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=1]

**INT01.** Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to

ask some questions about health and health practices. This call may be monitored or recorded for quality control.

Is this \$N?

**INTERVIEWER NOTE:** IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

01 Yes – Continue

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF SELFLAG=1 AND SAMPTYPE=1]

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

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

01 Selected on the line

[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.

- 01 Yes
- 02 No
- 03 No, this is a business

[ASK IF HS1=03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]

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

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

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

- 01 Yes
- 02 No – Business
- 03 No – Group Home

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF COLLEGE=02,03,97,99]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

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

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

[ASK IF STRES=02,97,99]

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

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]

**HS2.** Is this a cell phone?

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

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

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

[ASK IF HS2=01]

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

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]

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

01 Yes  
02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]

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

01 Male  
02 Female

97 DON'T KNOW / NOT SURE  
99 REFUSED

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

[ASK IF HS1=01 AND HS2=02]

**ADULTS.** I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

01 Yes  
02 No

[ASK IF ONEADULT=01]

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



01 Male  
02 Female

97 DON'T KNOW / NOT SURE  
99 REFUSED

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

[ASK IF ASKGENDR=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=02]

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

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

[ASK IF ONEADULT=01]

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

01 Continue

[ASK IF ADULTS > 1]

**MEN.** How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

**NWOMEN.** CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

**WOMEN.** So the number of women in the household is [NWOMEN].

Is that correct?

- 01 Yes
- 02 No [GO BACK TO ADULTS]

[ASK IF ADULTS>1]

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

- 01 Oldest Female
- 02 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

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

- 01 Yes, male
- 02 Yes, female
- 03 No, adult coming to the phone
- 04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

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

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

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

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03]

**GENDER.** Is the adult a man or a woman?

21 Male  
22 Female

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

[ASK IF \ NBIRTH=03]

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

01 Continue

[ASK IF SAMPTYPE=1]

**YOURTHE1.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. [IF STATE=X INSERT "Any information you give me will not be connected to any personal information."; IF STATE=X INSERT "Any personal information that you provide will not be used to identify you."] If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = MD insert: If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.] [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

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

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

### Interviewer's Script Cell Phone

[ASK IF SAMPTYPE=2]

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

Is this a safe time to talk with you?

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

01 Yes – Continue

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

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01]

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

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

- 01 Yes
- 02 No
- 03 Not a safe time/driving [GO TO TERM]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF PHONE=02]

**XPHONE.** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99]

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

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

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

- 01 Yes
- 02 No
- 03 Not a safe time / driving [GO TO TERM]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CELLFON2=02]

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

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]

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

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]

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

01 Yes  
02 No

[ASK IF CADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]

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

01 Male  
02 Female  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

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

[ASK SEX2=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]

**PVTRES2D2.** 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.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PVTRES2D2=02]

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

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

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

01 Yes

02 No – business

03 No – group home

04 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF COLLEGE=02,03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES D2=97,99 OR COLLEGE=97,99]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES D2=01 OR COLLEGE=01]

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

01 Yes

02 No

03 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE=97,99]

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

01 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=02]

**RSPSTATE.** In what state do you currently live?

AL Alabama

AK Alaska

AZ Arizona

AR Arkansas

CA California

CO Colorado

CT Connecticut

DE Delaware

DC District of Columbia

FL Florida

GA Georgia

HI Hawaii

ID Idaho

IL Illinois

IN Indiana



IO Iowa  
KS Kansas  
KY Kentucky  
LA Louisiana  
ME Maine  
MD Maryland  
MA Massachusetts  
MI Michigan  
MN Minnesota  
MS Mississippi  
MO Missouri  
MT Montana  
NE Nebraska  
NV Nevada  
NH New Hampshire  
NJ New Jersey  
NM New Mexico  
NY New York  
NC North Carolina  
ND North Dakota  
OH Ohio  
OK Oklahoma  
OR Oregon  
PA Pennsylvania  
RI Rhode Island  
SC South Carolina  
SD South Dakota  
TN Tennessee  
TX Texas  
UT Utah  
VT Vermont  
VA Virginia  
WA Washington  
WV West Virginia  
WI Wisconsin  
WY Wyoming  
99 Refused

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

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

01 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PVTRES2=01]

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

RANGE 1-18 [NUMBER BOX]

99 REFUSED

[ASK IF SAMPTYPE=2]

**SVINTRO.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = MD insert: If you have any questions regarding your rights

as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.] [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

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

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

## Core Sections

### Section 1: Health Status

---

[ASK ALL]

#### S1Q1. Section 1: Health Status

Would you say that in general your health is —

01 Excellent  
02 Very good  
03 Good  
04 Fair, or  
05 Poor  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 2: Healthy Days

---

[ASK ALL]

**S2Q1. Section 2: Healthy Days**

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

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE

99 REFUSED

**Section 3: Healthcare Access**

---

[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, [IF STATE = AK AND CSTATE NE 02, INSERT: Native Health Service] or Indian Health Service?

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

Module 14: Healthcare Access

---

[ASK IF S3Q1=01 AND CSTATE NE 02]

**MOD14\_1. Module 14: Healthcare Access**

What is the primary source of your health care coverage?

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

**READ IF NECESSARY:**

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

**DO NOT READ:**

- 97 DON'T KNOW / NOT SURE

99 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?"

- 01 Yes, only one
- 02 More than one
- 03 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

- 01 Yes
- 02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

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

**INTERVIEWER NOTE: READ LIST ONLY IF NECESSARY**

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

88 NEVER  
97 DON'T KNOW  
99 REFUSED

#### Section 4: Hypertension Awareness

---

[ASK ALL]

##### **S4Q1. Section 4: Hypertension Awareness**

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

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

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

01 Yes  
02 Yes, but female told only during pregnancy  
03 No  
04 Told borderline high or pre-hypertensive  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S4Q1=02 AND HGENDER=1]

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

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S4Q1]

[ASK IF S4Q1=01]

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

## Module 16: Home / Self-measured Blood Pressure

---

[ASK IF CSTATE NE 02]

### MOD16\_1. Module 16: Home / Self-measured Blood Pressure

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

**MOD16\_2.** Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD16\_2=01]

**MOD16\_3.** Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

01 At home

02 On a machine at a pharmacy, grocery, or similar location

03 Do not check it



97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD16\_2=01]

**MOD16\_4.** How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

01 Telephone  
02 Other methods such as email, internet portal or fax  
03 In person  
  
04 DO NOT SHARE INFORMATION  
97 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 5: Cholesterol Awareness

---

[ASK ALL]

**S5Q1. Section 5: Cholesterol Awareness**

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

01 Never  
02 Within the past year (anytime less than one year ago)  
03 Within the past 2 years (1 year but less than 2 years ago)  
04 Within the past 3 years (2 years but less than 3 years ago)  
05 Within the past 4 years (3 years but less than 4 years ago)  
06 Within the past 5 years (4 years but less than 5 years ago)  
08 5 or more years ago  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S5Q1 NE 01 OR 99]

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

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

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

[ASK IF S5Q2=01]

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

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

## Section 6: Chronic Health Conditions

---

[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?

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

[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK IF S6Q4=01]

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

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

[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK ALL]

**S6Q9.** (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

[ASK ALL]

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

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

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

**[ASK ALL]**

**S6Q11.** (Ever told you had) diabetes?

If yes and respondent is female ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 04.

01 Yes  
02 Yes, but female told only during pregnancy  
03 No  
04 No, pre-diabetes or borderline diabetes  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

**[ASK IF HGENDER=1 AND S6Q11=02]**

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

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q11]

**[ASK IF S6Q11=01]**

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

RANGE 0-97 [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

## Module 2: Diabetes

---

[ASK IF S6Q11=01 AND CSTATE NE 02]

### MOD2\_1. Module 2: Diabetes

Are you now taking insulin?

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

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

**MOD2\_2.** About how often do you check your blood for glucose or sugar?

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

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

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

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

[ASK IF MOD2\_2=105-120 OR MOD2\_2=205-220 OR MOD2\_2=305-390]

**MOD2\_2A.** I am sorry, but you said that you check your blood [MOD2\_2] times per [MOD2\_2].

Is this information correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO MOD2\_2]

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

**MOD2\_3.** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

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

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

[ASK IF MOD2\_3=105-120 OR MOD2\_3=205-220 OR MOD2\_3=305-390]

**MOD2\_3A.** I am sorry, but you said that you check your feet for sores or irritations [MOD2\_3] times per [MOD2\_3]. Is this information correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO MOD2\_3]

[ASK IF S6Q11=01 and CSTATE NE 02]

**MOD2\_4:** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

**INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE**

RANGE 1-76 [NUMBER BOX]

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

[ASK IF MOD2\_4=52-76]

**MOD2\_4A:** I am sorry, but you said that you have seen a health professional [MOD2\_4] times in the past 12 months. Is this correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO MOD2\_4]

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_5.** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S6Q11=01 AND MOD2\_3 NE 555 AND CSTATE NE 02]

**MOD2\_6.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_7.** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**READ ONLY IF NECESSARY:**

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past year (1 month but less than 12 months ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 2 or more years ago

**DO NOT READ:**

- 88 Never
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED



[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_8.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_9.** Have you ever taken a course or class in how to manage your diabetes yourself?

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

## Section 7: Arthritis

---

[ASK ALL]

**S7Q1. Section 7: Arthritis**

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

**INTERVIEWER NOTE:** Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa).

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

99 REFUSED

[ASK IF S7Q1=01]

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

**S7Q5.** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

**S7Q6.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH

02 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.

RANGE 18-99 [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

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

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

01 GO BACK [GO TO S8Q1]

[ASK ALL]

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

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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q2=02]

[MUL=4]

**S8Q2B.** Are you...

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

01 Mexican, Mexican American, Chicano/a  
02 Puerto Rican

- 03 Cuban
- 04 Another Hispanic, Latino/a, or Spanish origin
  
- 05 NO [EXCLUSIVE]
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 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
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=7]

**S8Q3A.** Is that ...

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

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

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

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

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

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

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

[ASK IF S8Q3=MUL]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 99]

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

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

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

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

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]

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

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]

**S8Q4A.** Is that...

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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q3PI=MUL AND (S8Q3=10 OR S8Q4=50)]  
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99]  
**S8Q4PI.** Is that...

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

97 DON'T KNOW/ NOT SURE  
99 REFUSED

## Module 29: Sexual Orientation and Gender Identity (SOGI)

---

[ASK IF HGENDER=1 AND CSTATE NE 02]

### **MOD29\_1A. Module 29: Sexual Orientation and Gender Identity (SOGI)**

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

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

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

**PLEASE READ:**

- 01 1- Gay
- 02 2- Straight, that is, not gay
- 03 3- Bisexual
- 04 4- Something else

**DO NOT READ:**

- 97 I don't know the answer / the respondent did not understand the question
- 99 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 02]

**MOD29\_1B.** The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

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

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

**PLEASE READ:**

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

**DO NOT READ:**

- 97 I don't know the answer / the respondent did not understand the question
- 99 REFUSED

[ASK IF CSTATE NE 02]

**MOD29\_2.** Do you consider yourself to be transgender?

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

**READ IF NECESSARY:** Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender.



Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

**INTERVIEWER NOTE: If asked about definition of gender non-conforming:** Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

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

- 01 1 - Yes, Transgender, male-to-female
- 02 2 - Yes, Transgender, female to male
- 03 3 - Yes, Transgender, gender nonconforming
- 04 4 - No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

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

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

[ASK ALL]

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

**INTERVIEWER NOTE: READ ONLY IF NECESSARY**

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)

[IF STATE = AK AND CSTATE NE 02, INSERT:

- 07 GED (High School equivalence diploma)
- 08 Home-schooled with diploma or correspondence school]
- 99 REFUSED

[ASK ALL]

**S8Q7.** Do you own or rent your home?

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

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

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

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

#### [CT State-Added Section 1: Town](#)

[ASK IF STATE=CT AND SAMPTYPE=1,2 AND CSTATE NE 02]

**CT1\_1. State-Added Section 1: Town**

What town do you live in?

- 112B8 Abington
- 067B7 Amston

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

[ASK IF CSTATE NE 02]

**S8Q8.** Aggregated state-specific county response

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S8Q8 NE 997,999 AND CSTATE NE 02]

**S8Q8C.** I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county  
02 No, incorrect county [GO BACK TO az\_cnty]

[ASK IF CSTATE=02]

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

01 Gave Response [TEXT BOX]  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

RANGE 00000-99996 [NUMBER BOX]

99997 DON'T KNOW / NOT SURE  
99999 REFUSED

[ASK IF S8Q9 NE 99997,99999]

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

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

[ASK IF SAMPTYPE=1]

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

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

[ASK IF S8Q10=01 AND SAMPTYPE=1]

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

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF SAMPTYPE =1]

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

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

RANGE 1-5 [NUMBER BOX]

06 Six or more  
  
97 DON'T KNOW / NOT SURE  
98 NONE  
99 REFUSED

[ASK ALL]

**S8Q13.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

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

[ASK ALL]

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

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

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

[ASK ALL]

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

RANGE 1-15 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q15=1-15]

**S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT “child”; IF S8Q15=2-15 INSERT “children”] under 18 living in your household. Is that correct?

- 01 Yes
- 02 No [GO BACK TO S8Q15]
  
- 99 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
  
- 97 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
  
- 97 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

97 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

97 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

97 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

97 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

97 DON'T KNOW / NOT SURE

99 REFUSED

<b>Response</b>	<b>Piping</b>	<b>IF:</b>
01	Less than \$10,000	S8Q16D=01
02	Less than \$15,000 (\$10,000 to less than \$15,000)	S8Q16D=02
03	Less than \$20,000 (\$15,000 to less than \$20,000)	S8Q16C=02
04	Less than \$25,000 (\$20,000 to less than \$25,000)	S8Q16B=02
05	Less than \$35,000 (\$25,000 to less than \$35,000)	S8Q16E=01
06	Less than \$50,000 (\$35,000 to less than \$50,000)	S8Q16F=01
07	Less than \$75,000 (\$50,000 to less than \$75,000)	S8Q16G=01
08	\$75,000 or more	S8Q16G=02 AND NOT(STATE= AK,CT,VT,WA)
08	08 [IF STATE NE AK INSERT "\$75,000 or more"; IF STATE=AK INSERT "Less than \$85,000 (\$75,000 to less than \$85,000)"]	S8Q16G=02 AND CSTATE=02 AND STATE=AK, CT,VT,WA
09	less than \$100,000 (\$75,000 to less than \$100,000)	AK1_2 =01 OR AK1_3=02 OR CT2_1=01 OR CT2_2=02 OR VT5_1=01 OR VT5_2=02 OR WA5_1=01 OR WA5_2=02
10	\$100,000 or more	AK1_3=01 OR CT2_2=01 OR VT5_2=01 OR WA5_2=01
97	Don't Know	S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97

97	Don't Know	AK1_1 =97 OR AK1_2 =97 OR AK1_3=97 OR CT2_1=97 OR CT2_2=97 OR VT5_1=97 OR VT5_2=97 OR WA5_1=97 OR WA5_2=97
99	Refused	S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99
99	Refused	AK1_1 =99 OR AK1_2 =99 OR AK1_3=99 OR CT2_1=99 OR CT2_2=99 OR VT5_1=99 OR VT5_2=99 OR WA5_1=99 OR WA5_2=99

**[ASK ALL]**

**S8Q16.** Aggregated response to income question

- 04 Less than \$25,000 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000
- 05 Less than \$35,000 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 09 Less than \$100,000 (\$75,000 to less than \$100,000)
- 10 \$100,000 or more
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

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

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

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

**[ASK ALL]**

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

**INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS**

P Pounds  
K Kilograms

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q17=P]

**S8Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-776 [NUMBER BOX]

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

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

01 Yes  
02 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

**S8Q17M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

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

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

01 Yes  
02 No [GO BACK TO S8Q17M]

[ASK ALL]

**PS8Q18.** About how tall are you without shoes?

**INTERVIEWER NOTE:** ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS



F Feet  
M Centimeters

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q18=F]

**S8Q18.** About how tall are you without shoes?

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

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

[ASK IF S8Q18=300-407 OR S8Q18=609-711]

**S8Q18A.** Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

01 Yes  
02 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

**S8Q18M.** About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

[ASK IF S8Q18M=90-254 AND PS8Q18=M]

**S8Q18AM.** Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

01 Yes  
02 No [GO BACK TO S8Q18M]

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

**S8Q19.** To your knowledge, are you now pregnant?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S8Q20.** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S8Q23.** Do you have serious difficulty walking or climbing stairs?

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

[ASK ALL]

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

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

[ASK OF ALL]

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

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

## Section 9: Tobacco Use

---

[ASK ALL]

**S9Q1. Section 9: Tobacco Use**

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

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q1=01]

**S9Q2.** Do you now smoke cigarettes every day, some days, or not at all?

**DO NOT READ:**

01 Every day

02 Some days

03 Not at all

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q2=01,02]

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q2=03]

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

**READ ONLY IF NECESSARY:**

01 Within the past month (less than 1 month ago)

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

06 Within the past 10 years (5 years but less than 10 years ago)

07 10 years or more

08 Never smoked regularly

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

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

**DO NOT READ:**

01 Every day  
02 Some days  
03 Not at all

97 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 10: Alcohol Consumption

---

[ASK ALL]

**S10Q1. Section 10: Alcohol Consumption**

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

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

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

888 No drinks in past 30 days

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S10Q1 NE 888,997,999]

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

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

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S10Q2=12-76]

**S10Q2A.** I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

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

[ASK IF S10Q1 NE 888,997,999]

**S10Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S10Q3=16-76]

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

01 Correct as is

02 No, Re-ask question [GO BACK TO S10Q3]

[ASK IF S10Q1 NE 888,997,999]

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

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S10Q4=16-76]

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

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

[ASK IF (S10Q3=88 AND HGENDER=2 AND S10Q4=4-76) OR (S10Q3=88 AND HGENDER=1 AND S10Q4=5-76)]

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

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

[ASK IF S10Q3=1-76 AND HGENDER=2 AND S10Q4=1-3) OR (S10Q3=1-76 AND HGENDER=1 AND S10Q4=1-4)]

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

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

## Section 11: Exercise (Physical Activity)

[ASK ALL]

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

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

**INTERVIEWER NOTE:** If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

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

[ASK IF S11Q1=01]

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

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)



- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis

- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer)
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other [TEXT BOX]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q2 =01-76,98]

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

1\_\_ Days per week (RANGE 101-150)

2\_\_ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

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

[ASK IF S11Q2=01-76,98]

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

**EXAMPLE:** 30 minutes is coded as 30

60 minutes is coded as 100

1 hour is coded as 100

2 hours and 30 minutes is coded as 230

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

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S11Q1=01]

**S11Q5.** What other type of physical activity gave you the next most exercise during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing

- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)

73 Household Activities (vacuuming, dusting, home repair, etc.)  
74 Karate/Martial Arts  
75 Upper Body Cycle (wheelchair sports, ergometer  
76 Yard work (cutting/gathering wood, trimming, etc.)  
88 No other activity  
98 Other [TEXT BOX]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S11Q5=01-76,98]

**S11Q6.** How many times per week or per month did you take part in this activity during the past month?

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

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S11Q5=01-76,98]

**S11Q7.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

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

**INTERVIEWER NOTE:** Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

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

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

## Section 12: Fruits and Vegetables

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[ASK ALL]

### S12Q1. Section 12: Fruits and Vegetables

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

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

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':**  
"Include fresh, frozen or canned fruit. Do not include dried fruits."

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

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

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

300 Less than once a month  
888 Never

997 DON'T KNOW / NOT SURE  
999 REFUSED

**[ASK ALL]**

**S12Q2.** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

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

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

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

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

**[ASK ALL]**

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

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

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

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

300 Less than once a month  
888 Never

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

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

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** "Do not include potato chips"

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

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

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

[ASK ALL]

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

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

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

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

300 Less than once a month



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

[ASK ALL]

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

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

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

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

### Section 13: Immunization

---

[ASK ALL]

**S13Q1. Section 13: Immunization**

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

**READ ONLY IF NECESSARY:** A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

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

[ASK IF S13Q1=01]

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

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

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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01]

**S13Q2Y.**

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

9997 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

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

01 Yes  
02 No

## Module 6: Place of Flu Vaccination

---

[ASK IF S13Q1=01 AND CSTATE NE 02]

## MOD6\_1. Module 6: Place of Flu Vaccination

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

### READ IF NECESSARY:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient or outpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

### DO NOT READ:

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

### [ASK ALL]

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

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

- 01 Yes, received Tdap
- 02 Yes, received tetanus shot, but not Tdap
- 03 Yes, received tetanus shot but not sure what type
- 04 No, did not receive any tetanus shot in the past 10 years
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

### [ASK ALL]

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

**INTERVIEWER NOTE:** If respondent is confused read: “There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.”

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

### Module 7: Shingles Vaccination

---

[ASK IF S8Q1=50-99 AND CSTATE NE 02]

#### **MOD7\_1. Module 7: Shingles Vaccination**

Have you ever had the shingles or zoster vaccine?

**READ ONLY IF NECESSARY:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.

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

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

---

[ASK ALL]

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

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=01]

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

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

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

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=01]

**S14Q2Y.**

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

9997 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK ALL]

**S14Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.  
You have been treated for a sexually transmitted disease or STD in the past year.  
You have given or received money or drugs in exchange for sex in the past year.  
You had anal sex without a condom in the past year.  
You had four or more sex partners in the past year.

Do any of these situations apply to you?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

#### Module 4: Hepatitis Treatment

---

[ASK IF CSTATE NE 02]

**MOD4\_1. Module 4: Hepatitis Treatment**

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD4\_1=01]

**MOD4\_2.** Were you treated for Hepatitis C in 2015 or after?

**INTERVIEWER NOTE:** Most Hepatitis C treatments offered in 2015 or after were oral medicines or pills including Harvoni, Viekira, Zepatier, Epclusa and others.

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

[ASK IF MOD4\_1=01]

**MOD4\_3.** Were you treated for Hepatitis C prior to 2015?

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

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

[ASK IF MOD4\_1=01]

**MOD4\_4.** Do you still have Hepatitis C?

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

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

[ASK IF CSTATE NE 02]

**MOD4\_5.** The next question is about Hepatitis B.

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

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

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

[ASK IF MOD4\_5=01]

**MOD4\_6.** Are you currently taking medicine to treat Hepatitis B?

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

## Module 20: Cognitive Decline

---

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

**MOD20\_1. Module 20: Cognitive Decline**

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

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

[ASK IF MOD20\_1=01,97]

**MOD20\_2.** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...



**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

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

[ASK IF MOD20\_1=01,97]

**MOD20\_3.** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

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

[ASK IF MOD20\_3=01,02,03]

**MOD20\_4.** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

- 97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD20\_1=01,97]

**MOD20\_5.** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

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

[ASK IF MOD20\_1=01,97]

**MOD20\_6.** Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 01 Yes
- 02 No

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

### Module 23: Family Planning

---

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9\_7=02 AND S8Q19=01)) AND CSTATE NE 02]

**MOD23\_1. Module 23: Family Planning**

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

- 01 Yes
- 02 No
- 03 No partner / not sexually active

04 Same sex partner

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD23\_1=01 AND CSTATE NE 02]

**MOD23\_2.** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

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

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

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

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

**READ ONLY IF NECESSARY:**

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

18 Other method

**DO NOT READ:**

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD23\_1=02]

**MOD23\_3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

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

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

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

Module 30: Random Child Selection

[ASK IF S8Q15=1 AND CSTATE NE 02]

**MOD30T1. Module 30: Random Child Selection**

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

01 Continue

[ASK IF S8Q15=2-15 AND CSTATE NE 02]

[RANDOMLY SELECT ONE OF THE CHILDREN. SET **RNDS8Q15** = RANDOMLY SELECTED CHILD]

**MOD30T2.** Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

01 Continue

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

**MOD30\_1M.** What is the birth month and year of the [RNDS8Q15] child?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September

10 October  
11 November  
12 December

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

97 DON'T KNOW / NOT SURE  
99 REFUSED

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

**MOD30\_1Y.**

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

9997 DON'T KNOW / NOT SURE  
9999 REFUSED

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

**MOD30\_2.** Is the child a boy or a girl?

01 Boy  
02 Girl

99 REFUSED

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

**MOD30\_3.** Is the child Hispanic, Latino/a, or Spanish origin?

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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD30\_3=01]

[MUL=4]

**MOD30\_3B.** Are they...

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

**PLEASE READ:**

- 01 Mexican, Mexican American, Chicano/a
- 02 Puerto Rican
- 03 Cuban
- 04 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ:**

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

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

[MUL=5]

**MOD30\_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
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF MOD30\_4=40]

[MUL=7]

**MOD30\_4A.** Is that...

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

**PLEASE READ:**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese

45 Korean  
46 Vietnamese  
48 Cambodian [DISPLAY IF STATE=WA AND CSTATE NE 02]  
47 Other Asian

**DO NOT READ:**

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

[ASK IF MOD30\_4=50]

[MUL=4]

**MOD30\_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  
97 DON'T KNOW / NOT SURE [EXCLUSIVE]  
99 REFUSED [EXCLUSIVE]

[ASK IF MOD30\_4=MUL]

[ONLY SHOW RESPONSES CHOSEN AT MOD30\_4 AND 97,99]

**MOD30\_5.** Which one of these groups would you say best represents the child's race?

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

60 Other  
97 DON'T KNOW / NOT SURE



99 REFUSED

[ASK IF MOD30\_4=MUL AND (MOD30\_4=10 AND MOD30\_5=40)]

[IF MOD30\_4 NE MUL AND MOD30\_5=40 AUTO PUNCH WITH MOD30\_4A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30\_4A AND 97,99]

**MOD30\_5A.** Is that...

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 48 Cambodian [DISPLAY IF STATE=WA AND CSTATE NE 02]
- 47 Other Asian
  
- 60 Other
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD30\_4P=MUL AND (MOD30\_4P=51 OR MOD30\_5=50)]

[IF MOD30\_4P NE MUL AND MOD30\_5=50 AUTO PUNCH WITH MOD30\_4P RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30\_4P, 97,99]

**MOD30\_5P.** Is that...

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

[DATA PROCESSING NOTE: MOD30\_5 is presented as one question, combine MOD30\_5A and MOD30\_5P into MOD30\_5 for delivery]

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

**MOD30\_6.** How are you related to the child?

**PLEASE READ:**

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

**DO NOT READ:**

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

Module 31: Childhood Asthma Prevalence

---

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

**MOD31\_1. Module 31: Childhood Asthma Prevalence**

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

- 01 Yes
- 02 No

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

[ASK IF MOD31\_1=01]

**MOD31\_2.** Does the child still have asthma?

- 01 Yes
- 02 No

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

CT State Added Section 3: Child Questions

---

**CHLDAGE2.** Calculate child's age in years from MOD30\_1Y

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999))]

**CT3\_1. State-Added Section 3: Child Questions**

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CT3\_1=01 AND CSTATE NE 02]

**CT3\_2.** For about how many months was this child breastfed or given pumped breast milk?

RANGE 1-60 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CT3\_1=01 AND CSTATE NE 02]

**CT3\_2A.** For about how many months was this child **only** breastfed or given pumped breast milk, that is, **no other liquids or solids** except a minimal amount of water or medicine?

RANGE 1-60 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999))]

**PCT3\_3:** About how much does this child weigh without shoes?

P Pounds  
K Kilograms

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PCT3\_3=P]

**CT3\_3.** About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT3\_3=5-776]

**CT3\_3A.** Just to double-check, you indicated [CT3\_3] pounds as your child's weight.

IS THIS CORRECT?

01 Yes, correct as is  
02 No, re-ask question [GO BACK TO CT3\_3]

[DATA PROCESSING NOTE: if pct3\_3=97 (Don't Know) or 99 (Refused), autofill during post-processing CT3\_3 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT3\_3=K]

**CT3\_3M.** About how much does this child weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in column 407. Round fractions up

RANGE 2-352 [NUMBER BOX]

[ASK IF CT3\_3M=2-352]

**CT3\_3AM.** Just to double-check, you indicated [CT3\_3M] kilograms as your child's weight.

IS THIS CORRECT?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO CT3\_3M]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

**PCT3\_4:** About how tall is this child without shoes?

- F HEIGHT GIVEN IN FEET
- M HEIGHT GIVEN IN CENTIMETERS
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[DATA PROCESSING NOTE: if pct3\_4=7 (Don't Know) or 9 (Refused), autofill during post-processing CT3\_4 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT3\_4=F]

**CT3\_4.** About how tall is this child without shoes?

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

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

[ASK IF PCT3\_4=F]

**CT3\_4A.** Just to double check, you indicated that the child is [CT3\_4] TALL.

IS THIS CORRECT?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO CT3\_4]

[ASK IF PCT3\_4=M]

**CT3\_4M.** About how tall is this child without shoes?

NOTE: If respondent answers in metrics, put "9" in column 411.

Round fractions down

RANGE 38-254 [NUMBER BOX]

[ASK IF CT3\_4M=38-254]

**CT3\_4AM:** Just to double check, you indicated that the child is [CT3\_4M] TALL.

IS THIS CORRECT?

01 Yes, correct as is

02 No, re-ask question [GO BACK TO CT3\_4M]

[ASK IF (STATE=CT AND (0<=CHILDAge2<18 OR MOD30\_1Y in (9997,9999))) AND CSTATE NE 02]

[MUL=2]

**CT3\_5.** On an average day, about how much time does this child spend in front of a television, either watching programs or movies, or playing video games? (Include activities such as Nintendo, PlayStation, Xbox, and watching DVDs or videos.)

M Response given in Minutes

H Response given in Hours

8 None [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK IF CT3\_5=M]

**CT3\_5M.** Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT3\_5=H]

**CT3\_5H.** Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHILDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

[MUL=2]

**CT3\_6.** On an average day, about how much time does this child spend using a computer, tablet, or handheld device for playing video games or for something that is not schoolwork? (Include activities such as Nintendo, Game Boy, or other portable video games, PlayStation, Xbox, playing on-line games, watching programs or movies, using social media or browsing the Internet.)

**INTERVIEWER NOTE:** Enter both hours and minutes if needed

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 PCT3\_6=M]

**CT3\_6M.** Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF PCT3\_6=H]

**CT3\_6H.** Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHILDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

**CT3\_7:** On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

**INTERVIEWER NOTE:** That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can. **DO NOT READ.** This also includes drinks such

as, Hawaiian punch, hi-c, Snapple, Gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk

RANGE 1-15 [NUMBER BOX]

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

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

**CT3\_8.** In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru?

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

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

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

CT State Added Section 4: Child Oral Health

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

**CT4\_1. State-Added Section 4: Child Oral Health**

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

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



[ASK IF CT4\_1=01]

**CT4\_2.** In the past 12 months, have you been told by a dental provider that the child has dental **decay (cavities)**?

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

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD30\_1Y in (9997,9999)) AND CSTATE NE 02]

**CT4\_3.** Has the child received dental SEALANT on at least one permanent teeth by a dentist or dental Hygienist?

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

### CT State Added Section 5: Social Context

---

[ASK IF STATE=CT AND S8Q7=01,02 AND CSTATE NE 02]

#### **CT5\_1. State-Added Section 5: Social Context**

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

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

**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

08 Not applicable  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]

**CT5\_2.** How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say ---

**PLEASE READ:**

01 Always  
02 Usually  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**

08 Not applicable  
97 DON'T KNOW / NOT SURE  
99 REFUSED

CT State Added Section 6: Radon

---

[ASK IF STATE=CT AND CSTATE NE 02]

**CT6\_1. State-Added Section 6: Radon**

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

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

[ASK IF CT6\_1=01 AND CSTATE NE 02]

**CT6\_2.** What was the level?

01 Acceptable (<4 pCi/L)  
02 High  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF CT6\_2=02 AND CSTATE NE 02]

**CT6\_3.** Did you do anything to reduce the radon level?

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

[ASK IF STATE=CT AND CSTATE NE 02]

**CT6\_4.** Do you, or does anyone in your home, plan to have your household air tested for radon within the next year?

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

#### CT State Added Section 7: Tobacco

---

[ASK IF STATE=CT AND CSTATE NE 02]

**CT7\_1. State-Added Section 7: Tobacco**

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

**INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPOR PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPOR PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.**

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

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

[ASK IF CT7\_1=01 AND CSTATE NE 02]

**CT7\_2.** Do you now use e-cigarettes or other electronic vapor products every day, some days, or not at all?

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

[ASK IF CT7\_1=01 AND CSTATE NE 02]

**CT7\_3.** The next 4 questions are on other tobacco-related products.

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

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

[ASK IF CT7\_3=01 AND CSTATE NE 02]

**CT7\_4.** During the past 30 days, on how many days did you smoke cigars, cigarillos, clove cigars, little cigars, or flavored little cigars?

RANGE 1-30 [NUMBER BOX]

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

[ASK IF STATE=CT AND CSTATE NE 02]

**CT7\_5.** A water pipe is called a hookah. Have you ever tried smoking tobacco from a hookah in your entire life, even one or two puffs?

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

[ASK IF CT7\_5=01 AND CSTATE NE 02]

**CT7\_6.** During the past 30 days, on how many days did you smoke tobacco using a hookah?

RANGE 1-30 [NUMBER BOX]

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

[ASK IF STATE=CT AND S8Q14=01,02,04 AND CSTATE NE 02]

**CT7\_7.** The next 2 questions are about secondhand tobacco smoke or aerosol exposure. During the past 7 days, either indoors or outdoors at your workplace, on how many days did you breathe the smoke or aerosol from someone other than you who was smoking or vaping a tobacco product?

RANGE 1-7 [NUMBER BOX]

55 Unemployed  
66 Employed but did not work in the past 7 days  
  
88 NONE  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]

**CT7\_8.** During the past 7 days, on how many days did you breathe the smoke or aerosol from someone else who was smoking or vaping a tobacco product in an indoor or outdoor public place?

RANGE 1-7 [NUMBER BOX]

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

#### CT State Added Section 8: Traumatic Brain Injury

---

[ASK IF STATE=CT AND CSTATE NE 02]

#### **CT8\_1. State-Added Section 8: Traumatic Brain Injury**

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

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

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

#### CT State Added Section 9: Prescription Drug Access

---

[ASK IF STATE=CT AND CSTATE NE 02]

#### **CT9\_1. State-Added Section 9: Prescription Drug Access**

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

- 01 Yes
- 02 No, not safely stored
- 03 No opioids in the home

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 02]

**CT9\_2:** [IF CT9\_1 =01`,02,97,99 INSERT “When you are finished using your prescription opioid-based pain relievers,”; IF CT9\_1=03 INSERT “If you were to finish using a prescription opioid-based pain reliever,”] are you aware of how to safely dispose of them?

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

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

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

### [Asthma Call Back Permission](#)

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[IF S6Q4=01 AND MOD31\_1=02,97,99 CONTINUE WITH ADULT SELECTION]  
[IF S6Q4=02,97,99 AND MOD31\_1=01 CONTINUE WITH CHILD SELECTION]  
[IF S6Q4=01 AND MOD31\_1=01 RANDOMLY SELECT ADULT OR CHILD; 50/50 SPLIT]

[ASK IF S6Q4=01 OR MOD31\_1=01 AND CSTATE NE 02]

#### **AST1. Asthma Call Back Permission**

We would like to call you again within the next 2 weeks to talk in more detail about [IF ADULT IS SELECTED INSERT “your”; IF CHILD IS SELECTED INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you

agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 01 Yes
- 02 No

[ASK IF AST1=01]

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

- 01 Gave Response [TEXT BOX]
- 97 DON'T KNOW
- 99 REFUSED

[ASK IF AST1=01]

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

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

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

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

- 01 Gave Response [TEXT BOX]
- 97 DON'T KNOW
- 99 REFUSED

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

[ASK ALL]



**CLOSE.** That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

01 Continue