BRFSS

2021

**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

[SET HEALTHDEPT = STATE]
HEALTHDEPT. Hidden Variable for Piping: Health Department Name

> CT Connecticut Department of Public Health

[SET DEPTPHONE = STATE]
DEPTPHONE. Hidden Variable for Piping: Department Phone Number

> CT 1-877-364-0913

[ASK ALL]
ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]
HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RSA, MOD27_1

> 1 Male
> 2 Female

[SET LENGTH = STATE]
LENGTH. Hidden Variable for Piping: Interview Length

> CT 22

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

> 1   Sunday
> 2   Monday

3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

CMONTH. System variable - Current month

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

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

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

Behavioral Risk Factor Surveillance System
2020 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061

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.

ANSWERING MACHINE MESSAGE TEXT:
AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE. IF STATE NE CO SET AM_TEXT=1; IF STATE=CO SET AM_TEXT=2

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

PRIVACY MANAGER MESSAGE TEXT:
PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

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

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

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

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE:** IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time."; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** IF NO: Thank you very much. We will call you back at a more convenient time"]

```
01 Yes – Continue
02 No [HIDE IF NOT(SAMPTYPE=1)]
03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)]

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number
```

[ASK IF INT01=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

```
1 Continue [ASSIGN DISPO U1]
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[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=1)]

INT02. Hello, I'm _____calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When

we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT "[RSA]"; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT "[ASKGENDR]"] to be interviewed.

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

> 01 Selected on the line
>
> 03 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO PW]
>
> 10 Callback
> 20 Refusal
> D3 Answering Machine
> B2 Busy
> DA Dead Air
> HU Hang Up
> NA No Answer
> NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]
HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

> 1 Yes
> 2 No
> 3 No, this is a business

[ASK IF HS1=3]
BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

> 1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

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

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

        1 Yes
        2 No – Business
        3 No – Group Home

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF COLLEGE=2,3,7,9]
X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

        1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]
STRES. Do you currently live in [STATE]?

        1 Yes
        2 No

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF STRES=2,7,9]
X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

        1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]
HS2. Is this a cell phone?

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

[ASK IF HS2=1]
HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

    1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]
ADULT. Are you 18 years of age or older?

    1 Yes
    2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]
SEX1. Are you male or female?

    1 Male
    2 Female

    7 DON'T KNOW / NOT SURE
    9 REFUSED

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

[ASK IF HS1=1 AND HS2=2]
ADULTS. I need to randomly select an adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]
XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

     1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9)]
XX4. Thank you for your time, your number may be selected for another survey in the future.

     1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]
ONEADULT. Are you the adult?

     1 Yes
     2 No

[ASK IF ONEADULT=1]
ASKGENDR. Are you male or female?

     1 Male
     2 Female

     7 DON'T KNOW / NOT SURE
     9 REFUSED

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

[ASK IF ASKGENDR=7,9]
XX5. Thank you for your time, your number may be selected for another survey in the future.

     1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]
GETADULT. May I speak with the adult in the household that is 18 years of age or older?

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

[ASK IF ONEADULT=1]
YOU. Then you are the person I need to speak with.

    1 Continue

[ASK IF ADULTS > 1]
MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]
NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]
WOMEN. So the number of women in the household is [NWOMEN].

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

Is that correct?

    1 Yes
    2 No [GO BACK TO ADULTS]

//PROGRAMMER NOTE: QUESTION SHOULD BE NON-CLEANING//
[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (INT02=WR OR PW=150615))]

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

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

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

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

[IF SAB1=1, SET RSA=21; IF SAB2=2, SET RSA=22]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female
02 2nd Oldest Female
03 3rd Oldest Female
04 4th Oldest Female
05 5th Oldest Female
06 6th Oldest Female
07 7th Oldest Female
08 8th Oldest Female
09 9th Oldest Female
11 Oldest Male
12 2nd Oldest Male
13 3rd Oldest Male
14 4th Oldest Male
15 5th Oldest Male
16 6th Oldest Male
17 7th Oldest Male
18 8th Oldest Male
19 9th Oldest Male
20 No respondent selected
21 Male
22 Female

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

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

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

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

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

1 Yes, male
2 Yes, female

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

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]
SELCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]
YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

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

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]
**PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD
ENTER PASSWORD**

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]
PHONE. Is this $N?

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

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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF PHONE=2]
XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

    1 Continue [CODE AS U1]

[ASK IF PHONE=1]
CELLFON2. Is this a cell phone?

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

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

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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF CELLFON2=2]

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

      1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]
NOTCELL2. Thank you for your time.

      1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]
CADULT. Are you 18 years of age or older?

      1 Yes
      2 No

[ASK IF CADULT=2]
NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

      1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]
SEX2. Are you male or female?

      1 Male
      2 Female

      7 DON'T KNOW / NOT SURE
      9 REFUSED

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

[ASK IF SEX2=7,9]
XX6. Thank you for your time, your number may be selected for another survey in the future.

      1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]
PVTRESD2. Do you live in a private residence?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRESD2=2]
COLLEGE2. Do you live in college housing?

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

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF COLLEGE2=2,3]
NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=7,9 OR COLLEGE2=7,9]
X4. Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=1 OR COLLEGE2=1]
CSTATE. Do you currently live in [STATE]?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE=7,9]
X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]
RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky

LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF (STATE=CT AND CSTATE=2 AND RSPSTATE=CT)]

STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

     1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]
REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

     1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]
REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

     1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]
LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

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

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

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK IF PVTRESD2=1]
NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE
99 REFUSED

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

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

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

9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]
S1Q1. Section 1: Health Status

Would you say that in general your health is —

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 2: Healthy Days

[ASK ALL]
S2Q1. Section 2: Healthy Days

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

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]
S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

[ASK ALL]
S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

Interviewer: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer: If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:
01 A plan purchased through an employer or union (including plans purchased through another person's employer)
02 A private nongovernmental plan that you or another family member buys on your own
03 Medicare
04 Medigap
05 Medicaid
06 Children's Health Insurance Program (CHIP)
07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08 Indian Health Service
09 State sponsored health plan
10 Other government program
88 No coverage of any type

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

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

If yes say: "Is that one person or more than one person, who you think of as your personal doctor or health care provider?"

NOTE: If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

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

[ASK ALL]

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

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

[ASK ALL]

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

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

>   **READ LIST ONLY IF NECESSARY**

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

8 NEVER
7 DON'T KNOW
9 REFUSED

CT State Added Section 1: Health Care Access
[ASK IF STATE = CT AND CSTATE NE 2]
CT1_1. State Added Section: Health Care Access

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

    1 Yes
    2 No

DO NOT READ:
    3 No medication was prescribed
    7 DON'T KNOW / NOT SURE
    9 REFUSED

Section 4: Exercise

[ASK ALL]
S4Q1. Section 4: Exercise

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

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

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE

Section 5: Hypertension Awareness

[ASK ALL]
S5Q1. Section 5: 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.

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

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]
S5Q1A. 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.

      1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]
S5Q2. Are you currently taking prescription medicine for your high blood pressure?

      1 Yes
      2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 6: Cholesterol Awareness

S6Q1. Section 6: Cholesterol Awareness

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with atherosclerotic cardiovascular disease risk."

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]
S7Q1. Section 7: Chronic Health Conditions

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

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

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q2. (Ever told you had) angina or coronary heart disease?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q4. (Ever told you had) asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q4=1]
S7Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q6. (Ever told you had) skin cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q7. (Ever told you had) any other types of cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q11. (Ever told you had) diabetes?

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

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

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

[ASK IF HGENDER=1 AND S7Q11=2]

S7Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

```
01 GO BACK [GO TO S7Q11]
```

[ASK IF S7Q11=1]

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

RANGE 0-97 [NUMBER BOX]

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

CT State Added Section 2: Diabetes Management

[ASK IF STATE=CT AND S7Q11=1 AND CSTATE NE 2]

CT2_1. State Added Section: Diabetes Management

Have you ever taken a course or class in how to manage your diabetes yourself?
```
1 Yes
2 No

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

[ASK ALL]
LANG1. **INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

> 1 ENGLISH
> 2 SPANISH

Section 8: Arthritis

[ASK ALL]
S8Q1. **Section 8: Arthritis**

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

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

[ASK IF S8Q1=1]
S8Q2. 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.

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

[ASK IF S8Q1=1]
S8Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]
S8Q4. 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 your current experience, regardless of whether you are taking any medication or treatment."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]
S8Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]

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

RANGE 0-10 [NUMBER BOX]

        77 DON'T KNOW / NOT SURE
        99 REFUSED

Section 9: Demographics

[ASK ALL]
S9Q1. Section 9: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

        07 DON'T KNOW / NOT SURE
        09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]
S9Q1CHK. You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

        1 GO BACK [GO TO S9Q1]

 [ASK ALL]
S9Q2. Are you Hispanic, Latino/a, or Spanish origin?

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

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF S9Q2=2]

[MUL=4]
S9Q2B. Are you…

INTERVIEWER NOTE: One or more categories may be selected.

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

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

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]
[MUL=6]
S9Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF S9Q3=40]
[MUL=9]
S9Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

41 Asian Indian
42 Chinese

43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

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

[ASK IF S9Q3=50]
[MUL=5]
S9Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF NBR(S9Q3)>1]
[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]
S9Q4. Which one of these groups would you say best represents your race?

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

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

60 Other
77 DON'T KNOW / NOT SURE

99 REFUSED

[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]
S9Q4A. Is that…

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

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

[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]
S9Q4PI. Is that…

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

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

Module 28: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]
MOD28_1A. Module 28: Sexual Orientation and Gender Identity (SOGI)

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

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

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7

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

DO NOT READ:
7 I don't know the answer
9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

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

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

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.

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

DO NOT READ:
7 I don't know the answer
9 REFUSED

[ASK IF CSTATE NE 2]

MOD28_2. Do you consider yourself to be transgender?

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

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

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

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

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

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

[ASK ALL]
S9Q5. Are you…?

```
PLEASE READ:
1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married
6 A member of an unmarried couple

9 REFUSED
```

[ASK ALL]
S9Q6. What is the highest grade or year of school you completed?

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

9 REFUSED

[ASK ALL]
S9Q7. Do you own or rent your home?

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

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

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

1 Own
2 Rent
3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State-Added Section 3: Town

[ASK IF STATE=CT AND CSTATE NE 2]
CT3_1. State-Added Section 4: Town

What town do you live in?

112B8 Abington
067B7 Amston
001A7 Andover
002A5 Ansonia
003A8 Ashford
069C8 Attawaugan
004A2 Avon
133B6 Baltic
074B3 Bantam
005A3 Barkhamsted
006A5 Beacon Falls
007A2 Berlin
008A5 Bethany
009A1 Bethel
010A3 Bethlehem
011A2 Bloomfield
012A7 Bolton
013A6 Bozrah
014A5 Branford
015A1 Bridgeport
016A3 Bridgewater
017A2 Bristol
047A2 Broad Brook
018A1 Brookfield
019A8 Brooklyn
020A2 Burlington
021A3 Canaan
022A8 Canterbury
023A2 Canton
050B4 Centerbrook
109B8 Central Village
024A8 Chaplin
025A5 Cheshire
026A4 Chester
027A4 Clinton
101B5 Clintonville
042B4 Cobalt
028A6 Colchester

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

055A3 Goshen
056A2 Granby
158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford
065A2 Hartland
066A3 Harwinton
067A7 Hebron
061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville
071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester
078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam

083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain
090A1 New Canaan
091A1 New Fairfield
092A3 New Hartford
093A5 New Haven
094A2 Newington
095A6 New London
096A3 New Milford
150B3 New Preston
097A1 Newtown
045B6 Niantic
059C6 Noank
098A3 Norfolk
099B5 North Branford
100A3 North Canaan
101A5 North Haven
074C3 Northfield
099A5 Northford
141C8 North Grosvenor Dale
102A6 No. Stonington
103A1 Norwalk
104A6 Norwich
086A6 Oakdale
105A6 Old Lyme
137B6 Old Mystic
106A4 Old Saybrook
136B8 Oneco
107A5 Orange
108A5 Oxford

137C6 Pawcatuck
109A8 Plainfield
110A2 Plainville
131B2 Plantsville
111A3 Plymouth
112A8 Pomfret
113A4 Portland
114A6 Preston
115A5 Prospect
116A8 Putnam
152B6 Quaker Hill
141D8 Quinnebaug
117A1 Redding
118A1 Ridgefield
157B1 Riverside
082B4 Rockfall
146C7 Rockville
119A2 Rocky Hill
069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem
122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico
123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury
131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale

134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland
143A2 Torrington
144A1 Trumbull
086B6 Uncasville
145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren
150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue
154A4 Westbrook
056B2 West Granby
155A2 West Hartford
156A5 West Haven
060B5 West Lake
157A1 Weston
158A1 Westport
159A2 Wethersfield

160A7 Willington
163A8 Willimantic
161A1 Wilton
162A3 Winchester
163B8 Windham
164A2 Windsor
165A2 Windsor Locks
162B3 Winsted
166A5 Wolcott
167A5 Woodbridge
168A3 Woodbury
169A8 Woodstock
148B5 Yalesville
77777 DON'T KNOW / NOT SURE
88888 OTHER
99999 REFUSED

[ASK IF CSTATE=2]
CNTY. In what county do you currently live?

      1 Gave Response [TEXT BOX]

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK ALL]
S9Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

      77777 DON'T KNOW / NOT SURE
      99999 REFUSED

[ASK IF S9Q9 NE 77777,99999]
S9Q9C. I just want to confirm, you said your zip code is [S9Q9]. Is that correct?

      1 Yes, correct zip code

2 No, incorrect zip code [GO BACK TO S9Q9]

[ASK IF SAMPTYPE=1]
S9Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S9Q10=1 AND SAMPTYPE=1]
S9Q11. How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

    6 6 or more
    7 DON'T KNOW / NOT SURE
    8 None
    9 REFUSED

[ASK ALL]
S9Q12. How many cell phones do you have for personal use?

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

RANGE 1-5 [NUMBER BOX]

    6 Six or more

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S9Q14. Are you currently…?

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

PLEASE READ:
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
$ Or
8 Unable to work

9 REFUSED

Module 24: Industry and Occupation

[ASK IF S9Q14=1,2,4 AND CSTATE NE 2]
MOD24_1. Module 24: Industry and Occupation

What kind of work [IF S9Q14=1,2 INSERT "do"; IF S9Q14=4 INSERT "did"] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

01 Enter Response [TEXT BOX]

99 REFUSED

MOD24_2. What kind of business or industry [IF S9Q14=1,2 INSERT "do"; IF S9Q14=4 INSERT "did"] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

CT State Added Section 4: Telework Status

CT4_1. State Added Section: Telework Status

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

1 Yes, full time or most of the time
2 Yes, part time or some of the time
3 No
4 I was unemployed prior to the COVID pandemic
5 Other reasons

7 DON'T KNOW / NOT SURE
9 REFUSED

CT4_2. Why were you unable to work from home?

1 I had technology barriers and couldn't work from home

2 The nature of my job requires me to work in-person
3 My employer required me to report to work for other reasons
4 My place of employment or my job was shut down

Do Not Read:

5 Other reasons

7 DON'T KNOW / NOT SURE
9 REFUSED

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

RANGE 1-87 [NUMBER BOX]

88 NONE
99 REFUSED

[ASK IF S9Q15=1-87]
S9Q15CHK. Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT "child"; IF S9Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes
2 No [GO BACK TO S9Q15]

9 REFUSED

[ASK ALL]
S9Q16A. Is your annual household income from all sources –

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16E. Less than $10,000?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16H=02]
S9Q16I. Less than $150,000 ($100,000 to less than $150,000)?

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

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S9Q16I=02]
S9Q16J. Less than $200,000 ($150,000 to less than $200,000)?

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

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S9Q16J=02]
S9Q16K. $200,000 or more?

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

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

SET S9Q16=01 IF S9Q16E=01
SET S9Q16=02 IF S9Q16E=02
SET S9Q16=03 IF S9Q16D=02
SET S9Q16=04 IF S9Q16C=02
SET S9Q16=05 IF S9Q16B=02

[ASK ALL]
S9Q16. Aggregated response to income question

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16 NE 77,99]
S9Q16AA. Your Annual Household Income is [S9Q16]. Is This Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]
S9Q17. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
PS9Q18. 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 PS9Q18=P]
S9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]
S9Q18_A. Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]
S9Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
        9999 REFUSED

S9Q18AM. Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

        1 Yes
        2 No   [GO BACK TO S9Q18M]

PS9Q19. 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

S9Q19. About how tall are you without shoes?

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

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

        7777 DON'T KNOW / NOT SURE
        9999 REFUSED

S9Q19A. Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

        1 Yes
        2 No   [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]
S9Q19M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]
S8Q19AM. Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

    1 Yes
    2 No   [GO BACK TO S9Q19M]

Section 10: Disability

[ASK ALL]
S10Q1. Section 10: Disability

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

Are you deaf or do you have serious difficulty hearing?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S10Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S10Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S10Q4. Do you have serious difficulty walking or climbing stairs?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S10Q5. Do you have difficulty dressing or bathing?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S10Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

    1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Tobacco Use

[ASK ALL]
S11Q1. Section 11: Tobacco Use

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

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes,njoy, bluetin, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S11Q1=1]
S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

    DO NOT READ:
    1 Every day
    2 Some days
    3 Not at all

    7 DON'T KNOW / NOT SURE
    9 REFUSED

CT State Added Section 5: Tobacco
[ASK IF STATE = CT AND CSTATE NE 2]
CT5_1. Do you now smoke cigars, cigarillos or little cigars every day, some days, or not at all?

DO NOT READ:
1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]
CT5_2. Do you now smoke tobacco in a hookah, narghile or other type of water pipe every day, some days, or not at all?

DO NOT READ:
1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

DO NOT READ:
1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

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

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

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

DO NOT READ
> 1 Every day
> 2 Some days
> 3 Not at all
> 4 Never used e-cigs
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

CT State Added Section : Tobacco (Cont)

[ASK IF STATE = CT AND S11Q4=1,2 AND CSTATE NE 2]

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

> 1 Alcohol drinks such as wine, margarita, or other cocktails
> 2 Chocolate, candy, desserts or other sweets
> 3 Fruit
> 4 Menthol or Mint
> 5 Tobacco
> 6 Other flavor

DO NOT READ:
> 7 Don't use flavored products
> 9 REFUSED

[ASK IF STATE = CT AND (S11Q2=1,2 OR CT5_1=1,2 OR CT5_2=1,2 OR S11Q3=1,2 OR S11Q4=1,2) AND CSTATE NE 2]

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

> 1 Yes

2 No

DO NOT READ:
     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]
CT5_5. During the past 7 days, have you breathed the smoke or aerosol from someone who was smoking or vaping a tobacco product?

     1 Yes
     2 No

DO NOT READ:
     7 DON'T KNOW / NOT SURE
     9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]
S12Q1. Section 12: Alcohol Consumption

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

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

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

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

[ASK IF S12Q1 NE 888,777,999]
S12Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q2=12-76]
S12Q2A. I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

   1   Correct as is
   2   No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]
S12Q3. 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 NO DAYS
   77 DON'T KNOW / NOT SURE
   99 REFUSED

[ASK IF S12Q3=16-76]
S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

   1   Correct as is
   2   No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]
S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

   77 DON'T KNOW / NOT SURE

99 REFUSED

S12Q4A. I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

    1   Correct as is
    2   No, Re-ask question [GO BACK TO S12Q4]

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

    1   Correct as is
    2   No, Re-ask question [GO BACK TO S12Q4]

S12Q4C. 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 [S12Q4] drinks on one occasion. Is this correct?

    1   Correct as is
    2   No, Re-ask question [GO BACK TO S12Q3]

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 a flu shot injected into your arm?

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

    1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S13Q1=1]
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]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=1]
S13Q2Y.
Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]
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?

1 Yes [GO BACK TO S13Q2M]

2 No

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

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

READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine?

INTERVIEWER NOTE: If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

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)
07 An emergency room
08 Workplace
09 Some other kind of place
11 A school

DO NOT READ:
12 A drive through location at some other place than listed above
10 RECEIVED VACCINATION IN CANADA/MEXICO
77 DON'T KNOW / NOT SURE
99 REFUSED

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

READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

CT State Added Section 13: COVID State Added Section

[ASK IF STATE=CT AND CSTATE NE 2]
CT13_1. Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

INTERVIEWER NOTE: Positive tests include antibody testing as well as other forms for testing COVID, such as nasal swabbing or throat swabbing. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.
1 Yes
2 No

7 Don't Know/Not Sure
9 Refused

[ASK IF STATE=CT AND CT13_1 = 1 AND CSTATE NE 2]
CT13_2. Did you have any long-term symptoms or conditions lasting two months or more* that were related to COVID 19?

INTERVIEWER NOTE: Long term conditions may have been caused as side effects of the COVID 19, rather than the virus itself
1 Yes
2 No

7 Don't Know/Not Sure
9 Refused

[ASK IF STATE=CT AND CSTATE NE 2]
CT13_3. Have you had a COVID-19 vaccination?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT13_4. Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

1 Will definitely get a vaccine
2 Will probably get a vaccine
3 Will probably not get a vaccine
4 Will definitely not get a vaccine

7 DON'T KNOW / NOT SURE
9 REFUSED

CT13_5. How many COVID-19 vaccinations have you received?

1 One
2 Two or more

7 DON'T KNOW / NOT SURE
9 REFUSED

CT13_6. Which of the following best describes your intent to take the recommended COVID vaccinations… Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

1 Already received all recommended doses
2 Plan to receive all recommended doses
3 Do not plan to receive all recommended doses

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 14: H.I.V./AIDS

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

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

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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 77 and the last four digits for the year.

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

09 September
10 October
11 November
12 December

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

     77 DON'T KNOW / NOT SURE
     99 REFUSED

[ASK IF S14Q1=1]
S14Q2Y.
Code YEAR (RANGE 1985-2021) [NUMBER BOX]

     7777 DON'T KNOW / NOT SURE
     9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]
S14Q2CHK. I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

     1 CONTINUE [GO BACK TO S14Q2M]

CT State Added Section 6: HIV Stigma

[ASK IF STATE=CT AND CSTATE NE 2]
CT6_1. State Added Section : HIV Stigma

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

PLEASE READ:
     1 Very unlikely
     2 Unlikely
     3 Neutral
     4 Likely
     5 Extremely likely

     7 DON'T KNOW / NOT SURE

9 REFUSED

Section 15: Fruits and Vegetables

S15Q1. Section 15: Fruits and Vegetables

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

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

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 <u>times</u> per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **<u>Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.</u>**

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

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

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 times per day, week, or month. If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

[ASK ALL]
S15Q3. 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 times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week or month?"

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

[ASK ALL]
S15Q4. 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 times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

[ASK ALL]

S15Q5. 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 times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

[ASK ALL]

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

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

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

Optional Modules
Module 19: Caregiver

[ASK IF CSTATE NE 2]
MOD19_1. Module 19: Caregiver

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

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 08 and say: "I'm so sorry to hear of your loss."

1 Yes
2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_2. What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.

01 Mother
02 Father
03 Mother-in-law
04 Father-in-law
05 Child
06 Husband
07 Wife
08 Live in partner
09 Brother or brother-in-law

10 Sister or sister-in-law
11 Grandmother
12 Grandfather
13 Grandchild
14 Other relative
15 Non-relative / Family friend

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

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

READ ONLY IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?

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

    77 DON'T KNOW / NOT SURE
    99 REFUSED

ASK IF MOD19_1=1 AND MOD19_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]
MOD19_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Marijuana Use

MOD21_1. Module 21: Marijuana Use

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

INTERVIEWER NOTE: If asked, participants should be advised NOT to include hemp-based CBD products

RANGE 1-30 [NUMBER BOX]

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

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

INTERVIEWER NOTE: Select one. If respondent provides more than one say: "Which way did you use it most often?"

INTERVIEWER: Read parentheticals only if asked for more detail

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

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

DO NOT READ:
7   DON'T KNOW / NOT SURE
9   REFUSED

Module 25: Random Child Selection

MOD25T1. Module 25: Random Child Selection

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

1 Continue

[ASK IF S9Q15=2-87]
[IF S9Q15=2-87, RANDOMLY SET RNDS9Q15 USING S9Q15 RESPONSE FOR RANDOMIZATION]

RNDS9Q15. System Generated Variable: Randomly Selected Child

01 first
02 second
03 third
04 fourth
05 fifth
06 sixth
07 seventh
08 eighth
09 ninth
10 tenth
11 eleventh
12 twelfth
13 thirteenth
14 fourteenth
15 fifteenth
16 sixteenth
17 seventeenth
18 eighteenth
19 nineteenth
20 twentieth
21 twenty-first
22 twenty-second
23 twenty-third
24 twenty-fourth
25 twenty-fifth
26 twenty-sixth
27 twenty-seventh

28 twenty-eighth
29 twenty-ninth
30 thirtieth
31 thirty-first
32 thirty-second
33 thirty-third
34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eight
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh

68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third
74 seventy-fourth
75 seventy-fifth
76 seventy-sixth
77 seventy-seventh
78 seventy-eighth
79 seventy-ninth
80 eightieth
81 eighty-first
82 eighty-second
83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

[ASK IF S9Q15=2-87 AND CSTATE NE 2]
MOD25T2. Previously, you indicated there were [S9Q15] children age 17 or younger in your household. Think about those [S9Q15] 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 [RNDS9Q15] child in your household. All following questions about children will be about the [RNDS9Q15] child.

1 Continue

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_1M. What is the birth month and year of the [RNDS9Q15] child?

01 January
02 February
03 March

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
MOD25_1Y.
Code YEAR (RANGE 2003-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD25_1Y<=2021]
CHLDAGE1. Calculate child's age in months.

[ASK IF MOD25_1Y<=2021]
CHLDAGE2. Calculate child's age in years

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_2. Is the child a boy or a girl?

1 Boy
2 Girl

9 REFUSED

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_3. Is the child Hispanic, Latino/a, or Spanish origin?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD25_3=1]
[MUL=4]
MOD25_3B. Are they…
INTERVIEWER NOTE: One or more categories may be selected

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

DO NOT READ:
5 No [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
[MUL=5]
MOD25_4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

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

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

[ASK IF MOD25_4=40]
[MUL=8]
MOD25_4A. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF MOD25_4=50]
[MUL=5]
MOD25_4P. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF NBR(MOD25_4)>1]
[HIDE RESPONSES NOT SELECTED IN MOD25_4 AND DISPLAY 77,99]

MOD25_5. Which one of these groups would you say best represents the child's race?

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

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

[ASK IF NBR(MOD25_4A)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=40)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4A AND DISPLAY 77,99]
[IF MOD25_4 NE MUL AND MOD25_5=40 AUTO PUNCH WITH MOD25_4A RESPONSE]
MOD25_5A. Is that…

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

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

[ASK IF NBR(MOD25_4P)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=50)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4P AND DISPLAY 77,99]
[IF MOD25_4P NE MUL AND MOD25_5=50 AUTO PUNCH WITH MOD25_4P RESPONSE]
MOD25_5P. Is that…

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

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

[DATA PROCESSING NOTE: MOD25_5 is presented as one question, combine MOD22_5A and MOD25_5P into MOD25_5 for delivery]

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_6. How are you related to the child? Are you a…

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

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 26: Childhood Asthma Prevalence

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
MOD26_1. Module 26: Childhood Asthma Prevalence

The next two questions are about the [RNDS9Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD26_1=1]
MOD26_2. Does the child still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Connecticut State Added Sections

CT State Added Section 7: Child Questions

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]

CT7_1. State-Added Section 7: Child Questions

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

Was this child ever breastfed or given pumped breast milk, even for a short period of time?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT7_1=1 AND CSTATE NE 2]

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

RANGE 1-60 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CT7_1=1 AND CSTATE NE 2]

CT7_2A. For about how many months was this child **only** breastfed or given pumped breast milk, that is, **no other liquids or solids** except a minimal amount of water or medicine?

RANGE 1-60 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]
PCT7_3: About how much does this child weigh without shoes?

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PCT7_3=P]
CT7_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT7_3=5-776]
CT7_3A. Just to double-check, you indicated [CT7_3] pounds as your child's weight.

IS THIS CORRECT?

1 Yes, correct as is
2 No, re-ask question [GO BACK TO CT7_3]

[DATA PROCESSING NOTE: if pct7_3=77 (Don't Know) or 99 (Refused), autofill during post-processing CT7_3 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT7_3=K]
CT7_3M. About how much does this child weigh without shoes?

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

RANGE 2-352 [NUMBER BOX]

[ASK IF CT7_3M=2-352]
CT7_3AM. Just to double-check, you indicated [CT7_3M] kilograms as your child's weight.

IS THIS CORRECT?

    1 Yes, correct as is
    2 No, re-ask question [GO BACK TO CT7_3M]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]
PCT7_4: About how tall is this child without shoes?

    F HEIGHT GIVEN IN FEET
    M HEIGHT GIVEN IN CENTIMETERS

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[DATA PROCESSING NOTE: if pct7_4=7 (Don't Know) or 9 (Refused), autofill during post-processing CT7_4 with 7777 (Don't Know) or 9999(Refused)]

[ASK IF PCT7_4=F]
CT7_4. About how tall is this child without shoes?

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

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

[ASK IF PCT7_4=F]
CT7_4A. Just to double check, you indicated that the child is [CT7_4] TALL.

IS THIS CORRECT?

    1 Yes, correct as is
    2 No, re-ask question [GO BACK TO CT7_4]

[ASK IF PCT7_4=M]
CT7_4M. About how tall is this child without shoes?

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

Round fractions down

RANGE 38-254 [NUMBER BOX]

[ASK IF CT7_4M=38-254]
CT7_4AM: Just to double check, you indicated that the child is [CT7_4M] TALL.

IS THIS CORRECT?

    1 Yes, correct as is
    2 No, re-ask question [GO BACK TO CT7_4M]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]
 [MUL=2]
CT7_5. On an average day, about how much time does this child spend in front of a television, either watching programs or movies, or playing video games? (Include activities such as Nintendo, PlayStation, Xbox, and watching DVDs or videos.)

    M Response given in Minutes
    H Response given in Hours

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

[ASK IF CT7_5=M]
CT7_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT7_5=H]
CT7_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]
 [MUL=2]

CT7_6. On an average day, about how much time does this child spend using a computer, tablet, or handheld device for playing video games or for something that is not schoolwork? (Include activities such as Nintendo, Game Boy, or other portable video games, PlayStation, Xbox, playing on-line games, watching programs or movies, using social media or browsing the Internet.)

INTERVIEWER NOTE: Enter both hours and minutes if needed

    M Response given in Minutes
    H Response given in Hours

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

[ASK IF CT7_6=M]
CT7_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT7_6=H]
CT7_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]

CT7_7: On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

INTERVIEWER NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can.

DO NOT READ: This also includes drinks such as, Hawaiian punch, hi-c, Snapple, Gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk

RANGE 1-15 [NUMBER BOX]

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

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]

CT7_8. In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru?

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

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

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

CT State Added Section 8: Child Oral Health

CT8_1. State-Added Section 8: Child Oral Health

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

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

[ASK IF CT8_1=1]

CT8_2. In the past 12 months , have you been told by a dental provider that the child has dental decay (cavities)?

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

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD25_1Y in (7777,9999)) AND MOD25_6 = 1, 2 OR 3 AND CSTATE NE 2]

CT8_3. Has the child received dental SEALANT on at least one permanent tooth by a dentist or dental hygienist?

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

CT State Added Section 9: Firearm Safety

[ASK IF STATE=CT AND CSTATE NE 2]

CT9_1. State-Added Section 9: Firearm Safety

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

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

    1   Yes
    2   No

    7   DON'T KNOW / NOT SURE
    9   REFUSED

[ASK IF CT9_1=1,7,9]
CT9_2. Is the firearm secured in a location where youth, other at-risk or unauthorized persons cannot have access to it?
    1   Yes
    2   No

    7   DON'T KNOW / NOT SURE
    9   REFUSED

[ASK IF CT9_1=1,7,9]
CT9_3. Are the ammunition secured in a separate location from the firearms?
    1   Yes
    2   No

    7   DON'T KNOW / NOT SURE
    9   REFUSED

CT State Added Section 10: Hepatitis Treatment

[ASK IF STATE=CT AND CSTATE NE 2]
CT10_1. State Added Section: 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.

    1 Yes
    2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT10_1=1]
CT10_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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT10_1=1]
CT10_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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT10_1=1]
CT10_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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 11: Prescription Drug Access

CT11_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?

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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

CT11_2: [IF CT11_1=1,2,7,9 INSERT "When you are finished using your prescription opioid-based pain relievers,"; IF CT11_1=3 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.

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

CT State Added Section 12: Housing and Food Insecurity

CT12_1. State Added Section 12: Housing and Food Insecurity

Now I am going to ask you about a couple of 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 or mortgage? Would you say..
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

DO NOT READ:
7 Don't Know/Not Sure
8 Not Applicable
9 Refused

[ASK IF STATE=CT AND CSTATE NE 2]
CT12_2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say…
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

DO NOT READ:
7 Don't Know/Not Sure
8 Not Applicable
9 Refused

Asthma Call Back Permission

[ASK IF ACFLAG=01,02,03,04 AND CSTATE NE 2]
AST1. Asthma Call Back Permission

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

confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

    1 Yes
    2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]
MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]
MKP. Are you the parent or guardian in the household who knows the most about the child's asthma?

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

[ASK IF (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]
AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

    1   Gave Response [TEXT BOX]

    7   DON'T KNOW
    9   REFUSED

[ASK IF MKP1=2,7,9]
ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

     1   Yes
     2   No

     7   DON'T KNOW
     9   REFUSED

[ASK IF MKP=2 OR ATP1=2,7,9]
ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

     1   Gave Response [TEXT BOX]

     7   DON'T KNOW
     9   REFUSED

[ASK IF (AST2A=1 OR ATP=1,7,9) AND ACFLAG=03,04]
AST2B. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

     1 Gave Response [TEXT BOX]

     7 DON'T KNOW
     9 REFUSED

[ASK IF ATP1=2,7,9]
ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

     1 Continue

     7   DON'T KNOW
     9   REFUSED