



2023

**Connecticut Behavioral Risk Factor Surveillance System
Questionnaire**

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Core Sections

Section 1: Health Status

S1Q1. Section 1: Health Status

Would you say that in general your health is —

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

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

Section 2: Healthy Days

S2Q1. Section 2: Healthy Days

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current source of your primary health insurance?

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

77 DON'T KNOW / NOT SURE
99 REFUSED

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

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No

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

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

- 1 Yes
- 2 No

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

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

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

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

CT State-Added Section 1: Healthcare Access

CT1_1. State-Added Section 1: Healthcare Access

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

- 1 Yes
- 2 No

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

Section 4: Exercise

S4Q1. Section 4: Exercise

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

- 1 Yes
- 2 No

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

S4Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other

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

S4Q3. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-150)
2__ Times per month
(RANGE 201-250) [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

S4Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

777 DON'T KNOW / NOT SURE
999 REFUSED

S4Q5. What other type of physical activity gave you the next most exercise during the past month?

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other

- 88 No other activity
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S4Q6. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-150)

2__ Times per month
(RANGE 201-250) [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

S4Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

777 DON'T KNOW / NOT SURE
999 REFUSED

S4Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

1__ Times per week (RANGE 101-150)
2__ Times per month
(RANGE 201-250) [NUMBER BOX]

888 NEVER
777 DON'T KNOW / NOT SURE
999 REFUSED

Section 5: Hypertension Awareness

S5Q1. Section 5: Hypertension Awareness

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

S5Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that they had high blood pressure only during pregnancy. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

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

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 7: Chronic Health Conditions

S7Q1. Section 7: Chronic Health Conditions

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q4. (Ever told you had) asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q6. (Ever told you had) skin cancer that is not melanoma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

S7Q11. (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No

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

S7Q12. (Ever told you had) diabetes?

- 1 Yes

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

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

S7Q12A. 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.

S7Q13. How old were you when you were first told you had diabetes?

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

Section 8: Demographics

S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

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

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

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

S8Q2B. Are you...

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

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

S8Q3. Which one or more of the following would you say is your race?

- 10 [IF S8Q2=2 INSERT "Hispanic"] White
- 20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S8Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

- 60 Other
- 88 No additional choices
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

S8Q3A. Is that ...

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

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

S8Q3PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro

53 Samoan
54 Other Pacific Islander

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

Module 22: Sexual Orientation and Gender Identity (SOGI)

MOD22_1A. Module 22: Sexual Orientation and Gender Identity (SOGI)

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

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

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

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

MOD22_1B. The next two questions are about sexual orientation and gender identity.

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

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

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

MOD22_2. Do you consider yourself to be transgender?

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

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male

3 3 - Yes, Transgender, gender nonconforming

4 4 - No

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q4. Are you...?

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

6 A member of an unmarried couple

9 REFUSED

S8Q5. What is the highest grade or year of school you completed?

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

9 REFUSED

S8Q6. Do you own or rent your home?

1 Own

2 Rent

3 Other arrangement

7 DON'T KNOW / NOT SURE

9 REFUSED

CT State-Added Section 2: Town

CT2_1. State-Added Section 2: Town

What town do you live in?

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

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

053A6 Franklin
072B6 Gales Ferry
117B1 Georgetown
013C6 Gilman
054A2 Glastonbury
135C1 Glenbrook
055A3 Goshen
056A2 Granby
158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford
065A2 Hartland
066A3 Harwinton
067A7 Hebron
061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville
071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester

078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam
083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain
090A1 New Canaan
091A1 New Fairfield
092A3 New Hartford
093A5 New Haven
094A2 Newington
095A6 New London
096A3 New Milford
150B3 New Preston
097A1 Newtown
045B6 Niantic
059C6 Noank
098A3 Norfolk
099B5 North Branford
100A3 North Canaan
101A5 North Haven
074C3 Northfield
099A5 Northford
141C8 North Grosvenor Dale
102A6 No. Stonington
103A1 Norwalk
104A6 Norwich
086A6 Oakdale

105A6 Old Lyme
137B6 Old Mystic
106A4 Old Saybrook
136B8 Oneco
107A5 Orange
108A5 Oxford
137C6 Pawcatuck
109A8 Plainfield
110A2 Plainville
131B2 Plantsville
111A3 Plymouth
112A8 Pomfret
113A4 Portland
114A6 Preston
115A5 Prospect
116A8 Putnam
152B6 Quaker Hill
141D8 Quinnebaug
117A1 Redding
118A1 Ridgefield
157B1 Riverside
082B4 Rockfall
146C7 Rockville
119A2 Rocky Hill
069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem
122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico
123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury

131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale
134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland
143A2 Torrington
144A1 Trumbull
086B6 Uncasville
145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren
150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue
154A4 Westbrook
056B2 West Granby

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

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

S8Q8C. I just want to confirm, you said your zip code is [S8Q8]. Is that correct?

- 1 Yes, correct zip code
- 2 No, incorrect zip code [GO BACK TO S8Q8]

S8Q9. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

- 1 Yes
- 2 No

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

S8Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

S8Q11. How many cell phones do you have for personal use?

RANGE 1-5 [NUMBER BOX]

- 6 Six or more

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

S8Q12. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q13. Are you currently...?

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired

\$ Or

8 Unable to work

9 REFUSED

Module 18: Industry and Occupation

MOD18_1. Module 18: Industry and Occupation

What kind of work [IF S8Q13=1,2 INSERT "do"; IF S8Q13=4 INSERT "did"] you do? For example, registered nurse, janitor, cashier, auto mechanic.

01 Enter Response [TEXT BOX]

99 REFUSED

MOD18_2. What kind of business or industry [IF S8Q13=1,2 INSERT "do"; IF S8Q13=4 INSERT "did"] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

01 Enter Response [TEXT BOX]

99 REFUSED

S8Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE
99 REFUSED

S8Q14CHK. Just to be sure - you have [S8Q14] [IF S8Q14=1 INSERT "child"; IF S8Q14=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes
2 No [GO BACK TO S8Q14]

9 REFUSED

S8Q15A. Is your annual household income from all sources –

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15B. Less than \$25,000 (\$20,000 to less than \$25,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15C. Less than \$20,000 (\$15,000 to less than \$20,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15D. Less than \$15,000 (\$10,000 to less than \$15,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15E. Less than \$10,000?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15F. Less than \$50,000 (\$35,000 to less than \$50,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15G. Less than \$75,000 (\$50,000 to less than \$75,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15H. Less than \$100,000 (\$75,000 to less than \$100,000)?

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S8Q15I. Less than \$150,000 (\$100,000 to less than \$150,000)?

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S8Q15J. Less than \$200,000 (\$150,000 to less than \$200,000)?

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S8Q15K. \$200,000 or more?

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

S8Q15. 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

S8Q15AA. Your Annual Household Income is [S8Q15]. Is This Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S8Q15A]

S8Q16. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

PS8Q17. About how much do you weigh without shoes?

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q17. About how much do you weigh without shoes?

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

S8Q17_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q17]

S8Q17M. About how much do you weigh without shoes?

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

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

1 Yes
2 No [GO BACK TO S8Q17M]

PS8Q18. About how tall are you without shoes?

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q18. About how tall are you without shoes?

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

7777 DON'T KNOW / NOT SURE
9999 REFUSED

S8Q18M. About how tall are you without shoes?

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

2 No [GO BACK TO S8Q18M]

Section 9: Disability

S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S9Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

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

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

- 1 Yes
- 2 No

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

Section 10: Falls

S10Q1. Section 10: Falls

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

RANGE 1-76 [NUMBER BOX]

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

S10Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

Section 11: Tobacco Use

S11Q1. Section 11: Tobacco Use

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

- 1 Yes
- 2 No

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

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

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

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

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

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

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

S11Q4. Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

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

CT State Added Section 3: Tobacco Use

CT3_1. State Added Section 3: Tobacco Use

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

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

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

CT3_2. Do you now smoke tobacco in a hookah, narghile or other type of water pipe every day, some days, or not at all?

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

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

CT3_3. During the past 7 days, have you breathed or smelled the smoke or aerosol from someone who was smoking or vaping tobacco, marijuana, or cannabis product?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 16: Other Tobacco Use

MOD16_1. Module 16: Other Tobacco Use

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD16_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Alcohol Consumption

S12Q1. Section 12: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol 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, how many days per week or per month did you have at least one drink of any alcoholic beverage?

1__ Days per week (RANGE 101-107)

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

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

S12Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

RANGE 1-76 [NUMBER BOX]

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

S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF 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

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]

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

RANGE 1-76 [NUMBER BOX]

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

Section 13: Immunization

S13Q1. Section 13: Immunization

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

- 1 Yes
- 2 No

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

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

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

S13Q2Y.

Code YEAR (RANGE 2022-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

S13Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S13Q4. Have you ever had the shingles or zoster vaccine?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 14: H.I.V./AIDS

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

S14Q2Y.

Code YEAR (RANGE 1986-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[Section 15: Seat Belt Use and Drinking and Driving](#)

S15Q1. Section 15: Seat Belt Use and Drinking and Driving

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

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

- 8 Never drive or ride in a car

7 DON'T KNOW / NOT SURE
9 REFUSED

S15Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

Section 16: Long-term COVID Effects

S16Q1. Section 16: Long-term COVID Effects

Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S16Q2. Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S16Q3. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

1 Yes, a lot
2 Yes, a little

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 28: COVID Vaccination

MOD28_1. Module 28: COVID Vaccination

Have you received at least one dose of a COVID-19 vaccination?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD28_2. 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

MOD28_3. How many COVID-19 vaccinations have you received?

1 One

2 Two

3 Three

4 Four

5 Five or more

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD28_4. Which of the following best describes your COVID-19 vaccination status?

- 1 Already received all recommended doses, including the updated bivalent booster
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses

7 DON'T KNOW / NOT SURE

9 REFUSED

Optional Modules

[Module 8: Cancer Survivorship: Type of Cancer](#)

MOD8_1. Module 8: Type of Cancer

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

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD8_2. At what age were you [IF MOD8_1=1 INSERT "told that you had cancer?"; IF MOD8_1=2,3 INSERT "first diagnosed with cancer?"]

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

MOD8_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD8_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD8_2]

[ASK IF MOD8_1=1,2,3]

MOD8_3. [IF MOD8_1=1 INSERT “What type of cancer is it?”; IF MOD8_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

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

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix / Cervical
- 07 Colon
- 08 Esophagus / Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth / tongue / lip
- 18 Ovary / Ovarian
- 19 Pancreas / Pancreatic
- 20 Prostate
- 21 Rectum / Rectal
- 22 Skin (Non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis / Testicular
- 27 Throat – pharynx
- 28 Thyroid
- 29 Uterus / Uterine
- 30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 31: Random Child Selection

MOD31T1. Module 31: 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.

RNDCHILD. 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

MOD31T2. Previously, you indicated there were [S8Q14] children age 17 or younger in your household. Think about those [S8Q14] 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 [RNDCHILD] child in your household. All following questions about children will be about the [RNDCHILD] child.

1 Continue

MOD31_1M. What is the birth month and year of the [RNDCHILD] 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

MOD31_1Y.

Code YEAR (RANGE 2005-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

CHLDAGE1. Calculate child's age in months.

CHLDAGE2. Calculate child's age in years

MOD31_2. Is the child a boy or a girl?

1 Boy
2 Girl
3 Nonbinary / other

9 REFUSED

MOD31_3. What was the child's sex on their original birth certificate?

1 Boy
2 Girl

9 REFUSED

MOD31_4. Is the child 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

MOD31_4B. Are they...

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

5 No [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

MOD31_5. Which one or more of the following would you say is the race of the child?

10 [IF MOD31_4=2 INSERT "Hispanic"] White

20 [IF MOD31_4=2 INSERT "Hispanic"] Black or African American

30 [IF MOD31_4=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF MOD31_4=2 INSERT "Hispanic"] Asian

50 [IF MOD31_4=2 INSERT "Hispanic"] Pacific Islander

60 Other

88 No additional choices

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

MOD31_5A. Is that...

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

MOD31_5P. Is that...

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

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

MOD31_6. How are you related to the child? Are you a...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[Module 32: Childhood Asthma Prevalence](#)

MOD32_1. Module 32: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] 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

MOD32_2. Does the child still have asthma?

- 1 Yes
- 2 No

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

CT State Added Section 4: Child Questions

CT4_1. State-Added Section 4: Child Questions

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

Was this child ever breastfed or fed breast milk?

- 1 Yes
- 2 No

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

CT4_2. For about how many months was this child breastfed or fed breast milk?

RANGE 1-60 [NUMBER BOX]

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

CT4_2A. Was this child at least 3 months old before they were first fed anything other than breast milk?

- 1 Yes
- 2 No

- 3 Never fed anything other than breast milk/still breastfeeding exclusively
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CT4_2A=1 AND CSTATE NE 2]

CT4_2B. Was this child at least 6 months old before they were first fed anything other than breast milk?

- 1 Yes
- 2 No

- 3 Never fed anything other than breast milk/still breastfeeding exclusively
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND S8Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD31_1Y=7777,9999) AND MOD31_6=1,2,3 AND CSTATE NE 2]

PCT4_3: About how much does this child weigh without shoes?

- P Pounds
- K Kilograms

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

[ASK IF PCT4_3=P]

CT4_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT4_3=5-776]

CT4_3A. Just to double-check, you indicated [CT4_3] pounds as your child's weight.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT4_3]

[DATA PROCESSING NOTE: if pct4_3=77 (Don't Know) or 99 (Refused), autofill during post-processing CT4_3 with 7777 (Don't Know) or 9999(Refused)]

CT4_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]

PCT4_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

CT4_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]

CT4_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]

CT4_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]

CT4_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT4_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

CT4_6. On an average day, about how much time does this child spend using a computer, tablet, or handheld device for playing video games or for something that is not schoolwork? (Include activities such as Nintendo, Game Boy, or other portable video games, PlayStation, Xbox, playing on-line games, watching programs or movies, using social media or browsing the Internet.)

M Response given in Minutes
H Response given in Hours

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

CT4_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

CT4_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

CT4_7: On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

RANGE 1-15 [NUMBER BOX]

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

CT4_8. In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru?

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

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

CT State Added Section 5: Child Oral Health

CT5_1. State-Added Section 5: 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

CT5_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

CT5_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

Module 23: Marijuana Use

MOD23_1. Module 23: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

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

RANGE 1-30 [NUMBER BOX]

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

MOD23_2. During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

- 1 Yes
- 2 No

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

MOD23_3. Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola or alcohol)?

- 1 Yes
- 2 No

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

MOD23_4. Did you vaporize it (For example in an e-cigarette-like vaporizer or another vaporizing device)?

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

MOD23_5. Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

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

MOD23_6. Did you use it in some other way?

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

MOD23_7. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD23_2 NE 1]
- 2 **Eat it or drink it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD23_3 NE 1]
- 3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD23_4 NE 1]
- 4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD23_5 NE 1]
- 5 **Use it some other way.** [HIDE IF MOD23_6 NE 1]
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 6: Marijuana Use

CT6_1. State Added Section 6: Marijuana Use

How much do you think daily or near daily use of marijuana or cannabis risks harming the average adult's health?

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk

7 DON'T KNOW / NOT SURE
9 REFUSED

CT6_2. During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of using marijuana or cannabis?

Range 1-30 [NUMBER BOX]

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

CT6_3. When you used marijuana or cannabis during the past 30 days, was it usually:

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

7 DON'T KNOW / NOT SURE
9 REFUSED

CT6_4. Have you often thought that you should quit or cut down on your marijuana use, or tried to do so more than once, but without success?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT_5. How do you USUALLY get the marijuana that you use?

- 01 Buy it from a retail marijuana store
- 02 Buy it from a medical dispensary
- 03 Buy it from a grocery store, gas station, mall, or other convenience store
- 04 Buy it from a friend or someone else
- 05 Buy it from an online store
- 06 Get it for free or share someone else's
- 07 Grow it yourself at home or have someone grow it for you
- 08 Get it from somewhere else

77 DON'T KNOW / NOT SURE
99 REFUSED

[Module 29: Social Determinants and Health Equity](#)

MOD29_1. Module 29: Social Determinants and Health Equity

In general, how satisfied are you with your life? Are you...

- 1 Very Satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_2. How often do you get the social and emotional support that you need? Is that...

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

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD29_3. How often do you feel lonely? Is it...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_4. In the past 12 months have you lost employment or had hours reduced?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_5. During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_6. During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_7. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_8. During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_9. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD29_10. Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it ...

1 Always
2 Usually

- 3 Sometimes
- 4 Rarely
- 5 Never

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

CT State Added Section 7: Reaction to Race

CT7_1. State Added Section 7: Reaction to Race

Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

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

Module 13: Cognitive Decline

MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No

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

MOD13_2. Are you worried about these difficulties with thinking or memory?

- 1 Yes
- 2 No

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

MOD13_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

- 1 Yes
- 2 No

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

MOD13_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

- 1 Yes
- 2 No

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

MOD13_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

- 1 Yes
- 2 No

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

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

Asthma Call Back Permission

ACFLAG_SPLIT. Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S7Q5=1,2,7,9 AND MOD32_2=1,2,7,9 AND CSTATE NE 2 AND STATE=CT THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S7Q5=1,2,7,9 AND MOD32_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE=CT

IF S7Q5 NE 1,2,7,9 AND MOD32_2=1,2,7,9 AND CSTATE NE 2 AND STATE=CT

- 1 adult
- 2 child

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

SET ACFLAG=01 IF ACFLAG_SPLIT=1 AND S7Q5=1

SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S7Q5=2,7,9

SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD32_2=1

SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD32_2=2,7,9

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

AST1a. Asthma Call Back Permission

We would like to talk to you 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. Would it be okay to continue with those questions now?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

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

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

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

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

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

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

CNAME. Can I please have either your child's first name or initials, so we will know who to ask about during the survey?

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