2026

Connecticut Behavioral Risk Factor Surveillance System Questionnaire

Imported & Hidden Sample Variables – 2026

[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

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

CT 28

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

001 001
003 003
005 005
007 007
009 009
011 011
013 013
015 015
017 017
019 019
021 021
023 023
025 025
027 027

[ASK ALL]

HGENDER. Hidden variable for storing last provided gender response entered at SEX2, ASKGENDR, ASKGENDR2. Used for logic and piping throughout.

1 male
2 female

[ASK ALL]
ORIG_GENDER. Hidden variable for storing gender response provided in one of the screener questions: SEX2, ASKGENDR, ASKGENDR2. Used for skipchecks

1 him
2 her

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 RANGE 2025-2027 [NUMBER BOX] WIDTH=4

MONTH. Imported Sample Variable – Sample 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

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

Behavioral Risk Factor Surveillance System
2026 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date: 04/30/2028

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 Marquisette Glass Lewis at grp2@cdc.gov.

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

1 Hello, I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of CT 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 (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 CT 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=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

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)] [NON-CLEANING SKIP]
10 Callback [NON-CLEANING SKIP]
20 Refusal [NON-CLEANING SKIP]
D3 Answering Machine [NON-CLEANING SKIP]
B2 Busy [NON-CLEANING SKIP]
DA Dead Air [NON-CLEANING SKIP]
HU Hang Up [NON-CLEANING SKIP]
NA No Answer [NON-CLEANING SKIP]
NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF SELFLAG=1 AND NOT(GETADULT=1)]

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: "When we called previously the person with the most recent birthday was selected to be interviewed.

May I please speak to"] [IF INT02_CB = 01 AND SAMPTYPE=1 insert "[INT02_CB]?"; IF SAMPTYPE=1 AND INT02_CB NE 01 INSERT "them"] [IF SAMPTYPE=1 insert "to finish the survey now?

INTERVIEWER NOTE: If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey."] [IF SAMPTYPE=1 INSERT: "When we last called, you were selected to complete the interview and we would like to finish the survey now."][IF SAMPTYPE=2 INSERT: "When we called previously we were unable to complete the interview. We would like to finish the survey with the same adult we spoke to previously. May I please speak to"] [IF SAMPTYPE=2 insert "them?"]

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, "Is this a safe time to talk with you?" If respondent is the previously selected respondent then proceed to ask, "Is this a safe time to talk with you?"

If the selected respondent is on the line and says this is a safe time to talk please select option 01 "Selected on the line" to proceed further.

Is this a safe time to talk with you?"]

01 Selected on the line
04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]

03 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED [GO BACK TO ADULTS] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]
10 Callback [NON-CLEANING SKIP]
20 Refusal [NON-CLEANING SKIP]
D3 Answering Machine [NON-CLEANING SKIP]
B2 Busy [NON-CLEANING SKIP]
DA Dead Air [NON-CLEANING SKIP]
HU Hang Up [NON-CLEANING SKIP]
NA No Answer [NON-CLEANING SKIP]
NW Non-Working Number [NON-CLEANING SKIP]

[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] [NON-CLEANING SKIP]

[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 DO NOT READ: 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.

INTERVIEWER NOTE: Business numbers which are also used for personal communication are eligible.

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 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?

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

INTERVIEWER DO NOT READ: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

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 landline 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 HS1=1 AND HS2=2]
ADULTS. I need to randomly select one 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?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

RANGE 0-18 [NUMBER BOX]

[ASK IF (ADULT=2 AND ADULTS=0) OR (HS1=1 AND HS2=2 AND ADULTS=0)]
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 ADULTS=1 AND ADULT=1]
ONEADULT. Are you that adult?

1 Yes

2 No

[ASK IF ONEADULT=2 OR (ADULT=2 AND ADULTS=1)]
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 OR (COLLEGE=1 AND ADULT=1)]
YOU. Then you are the person I need to speak with.

1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]
ASKGENDR. Are you male or female?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

1 Male
2 Female

9 REFUSED

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

1 Continue [ASSIGN DISPO R3]

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

[ASK IF (ADULTS>1 OR (ADULT=2 AND ADULTS=2-18)) AND SAMPTYPE=1]
RESPSLCT. The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

[**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 adult with the most recent birthday?]

[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 U.S. 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

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 RESPSLCT=1]
ASKGENDR2. Are you male or female?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

1 Male
2 Female

9 REFUSED

[ASK IF ASKGENDR2=9]
XX9. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[IF ASKGENDR2=1 SET HGENDER=1 (Male); IF ASKGENDR2 =2 SET HGENDER=2 (Female)]

[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 [GO BACK TO ADULTS] [HIDE IF COLLEGE=1]

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?

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 persons on cell phones 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?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.

1 Male
2 Female

9 REFUSED

[ASK IF SEX2=9]

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

1 Continue [ASSIGN DISPO R3]

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

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

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

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

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=2,3,7,9 OR PVTRESD2=7,9]

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=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?

INTERVIEWER NOTE: If respondent states "Federated States of Micronesia" please code 64 for FS of Micrones

INTERVIEWER NOTE: If respondent states "Marshall Islands" please code 68 for Marshall Isls

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

60 American Samoa
64 FS of Micrones
66 Guam
68 Marshall Isls
69 North Mariana
70 Palau
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF CSTATE=2 AND (STATE=CT 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.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]
RSPSTATE_CHK. Just to confirm, you said you currently live in [RSPSTATE], is that correct?

1 Yes, continue
2 No [GO BACK TO RSPSTATE]

[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 phones used for both business and personal use.

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

[ASK IF SAMPTYPE=2]
SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any 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 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 —

PLEASE READ

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

DO NOT READ

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] Number of days

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] Number of days

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] Number of days

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 care coverage?

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

Interviewer: If respondents give 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

DO NOT READ
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, read: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

INTERVIEWER NOTE: if the respondent had multiple doctor groups then it would be more than one - but 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 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

DO NOT READ
7 DON'T KNOW/ NOT SURE
8 NEVER
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 NOTE DO NOT READ: 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
9 REFUSED

Section 5: Oral Health

[ASK ALL]

S5Q1. Section 5: Oral Health

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

READ 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

DO NOT READ:

8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S5Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

READ IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

READ IF NECESSARY:

1 1 to 5
2 6 or more but not all
3 All
8 None

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q2. (Ever told) (you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q3. (Ever told) (you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q4. (Ever told) (you had) asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S6Q4=1]

S6Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q6. (Ever told) (you had) skin cancer that is not melanoma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q7. (Ever told) (you had) melanoma or any other types of cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q8. (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]
S6Q9. (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]
S6Q10. 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]
S6Q11. (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S6Q12. (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 4.

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 S6Q12=2]
S6Q12A. 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 S6Q12]

Module 1: Prediabetes

[ASK IF S6Q12 NE 1 AND CSTATE NE 2]
MOD1_1. Module 1: Prediabetes

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

1 Within the past year (anytime less than 12 months ago)
2 Within the last 2 years (1 year but less than 2 years ago)
3 Within the last 3 years (2 years but less than 3 years ago)
4 Within the last 5 years (3 to 4 years but less than 5 years ago)
5 Within the last 10 years (5 to 9 years but less than 10 years ago)
6 10 years ago or more

8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S6Q12 NE 1,4 AND CSTATE NE 2]

MOD1_2. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

1 Yes
2 Yes, during pregnancy
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND MOD1_2=2]
MOD1_2A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

1 Go Back [GO BACK TO MOD1_2]

[ASK IF S6Q12=1]
S6Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX] Code age in years

98 DON'T KNOW / NOT SURE
99 REFUSED

Section 7: Demographics

[ASK ALL]
S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX] Code age in years

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S6Q13>S7Q1 AND S7Q1 NE 07,09 AND S6Q13 NE 98,99]
S7Q1CHK. You said you are [S7Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK ALL]
S7Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No
2 Yes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q2=2]
[MUL=4]
S7Q2B. Are you…

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

[ASK ALL]
[MUL=6]
S7Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

10 [IF S7Q2=2 INSERT “Hispanic”] White
20 [IF S7Q2=2 INSERT “Hispanic”] Black or African American
30 [IF S7Q2=2 INSERT “Hispanic”] American Indian or Alaska Native
40 [IF S7Q2=2 INSERT “Hispanic”] Asian
50 [IF S7Q2=2 INSERT “Hispanic”] Pacific Islander

DO NOT READ

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

[ASK IF S7Q3=40]
[MUL=8]
S7Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

41 [IF S7Q2=2 INSERT “Hispanic”] Asian Indian
42 [IF S7Q2=2 INSERT “Hispanic”] Chinese
43 [IF S7Q2=2 INSERT “Hispanic”] Filipino
44 [IF S7Q2=2 INSERT “Hispanic”] Japanese
45 [IF S7Q2=2 INSERT “Hispanic”] Korean
46 [IF S7Q2=2 INSERT “Hispanic”] Vietnamese
47 [IF S7Q2=2 INSERT “Hispanic”] Other Asian

DO NOT READ

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

[ASK IF S7Q3=50]
[MUL=4]
S7Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

51 [IF S7Q2=2 INSERT “Hispanic”] Native Hawaiian

52 [IF S7Q2=2 INSERT “Hispanic”] Guamanian or Chamorro
53 [IF S7Q2=2 INSERT “Hispanic”] Samoan
54 [IF S7Q2=2 INSERT “Hispanic”] Other Pacific Islander

DO NOT READ
77 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

Module 23: Sexual Orientation

[ASK IF HGENDER=1 AND CSTATE NE 2]
MOD23_1A. Module 23: Sexual Orientation

The next two questions are about sexual orientation.

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.

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]
MOD23_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.

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 ALL]

S7Q4. Are you…?

PLEASE READ

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

DO NOT READ

9 REFUSED

[ASK ALL]

S7Q5. What is the highest grade or year of school you completed?

READ 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)

DO NOT READ

9 REFUSED

[ASK ALL]
S7Q6. Do you own or rent your home?

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

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

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

1 Own
2 Rent
3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State-Added Section 1: Town

[ASK IF STATE=CT AND CSTATE NE 2]
CT1_1. State-Added Section 1: Town

What town do you live in?

112B8 Abington
067B7 Amston
001A7 Andover
002A5 Ansonia
003A8 Ashford
069C8 Attawaugan
004A2 Avon
133B6 Baltic
074B3 Bantam
005A3 Barkhamsted
006A5 Beacon Falls
007A2 Berlin

008A5 Bethany
009A1 Bethel
010A3 Bethlehem
011A2 Bloomfield
012A7 Bolton
013A6 Bozrah
014A5 Branford
015A1 Bridgeport
016A3 Bridgewater
017A2 Bristol
047A2 Broad Brook
018A1 Brookfield
019A8 Brooklyn
020A2 Burlington
021A3 Canaan
022A8 Canterbury
023A2 Canton
050B4 Centerbrook
109B8 Central Village
024A8 Chaplin
025A5 Cheshire
026A4 Chester
027A4 Clinton
101B5 Clintonville
042B4 Cobalt
028A6 Colchester
029A3 Colebrook
023B2 Collinsville
030A7 Columbia
031A3 Cornwall
057B1 Cos Cob
032A7 Coventry
033A4 Cromwell
034A1 Danbury
069A8 Danielson
035A1 Darien
069B8 Dayville
036A4 Deep River
037A5 Derby
084B5 Devon
038A4 Durham

100B3 East Canaan
039A8 Eastford
040A2 East Granby
041A4 East Haddam
042A4 East Hampton
043A2 East Hartford
044A5 East Haven
045A6 East Lyme
046A1 Easton
047B2 East Windsor
048A7 Ellington
155B2 Elmwood
049A2 Enfield
050A4 Essex
051A1 Fairfield
093B5 Fair Haven
021B3 Falls Village
052A2 Farmington
013B6 Fitchville
053A6 Franklin
072B6 Gales Ferry
117B1 Georgetown
013C6 Gilman
054A2 Glastonbury
135C1 Glenbrook
055A3 Goshen
056A2 Granby
158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford
065A2 Hartland
066A3 Harwinton
067A7 Hebron

061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville
071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester
078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam
083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain
090A1 New Canaan
091A1 New Fairfield
092A3 New Hartford
093A5 New Haven
094A2 Newington

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

069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem
122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico
123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury
131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale
134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland
143A2 Torrington
144A1 Trumbull
086B6 Uncasville

145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren
150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue
154A4 Westbrook
056B2 West Granby
155A2 West Hartford
156A5 West Haven
060B5 West Lake
157A1 Weston
158A1 Westport
159A2 Wethersfield
160A7 Willington
163A8 Willimantic
161A1 Wilton
162A3 Winchester
163B8 Windham
164A2 Windsor
165A2 Windsor Locks
162B3 Winsted
166A5 Wolcott
167A5 Woodbridge
168A3 Woodbury
169A8 Woodstock
148B5 Yalesville
77777 DON'T KNOW / NOT SURE
88888 OTHER
99999 REFUSED

[ASK IF STATE=CT AND CT1_1 NE 77777,88888,99999 AND CSTATE NE 2]
CTTOWNCK: I want to make sure that I got it right. You said you live in the town of **[CT1_1]** Is that correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO CT1_1]

[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]
S7Q8. What is the ZIP Code where you currently live?

RANGE 00001-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S7Q8 NE 77777,99999]
S7Q8C. I just want to confirm, you said your zip code is [S7Q8]. Is that correct?

1 Yes, correct zip code
2 No, incorrect zip code [GO BACK TO S7Q8]

[ASK IF SAMPTYPE=1]
S7Q9. 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

[ASK IF S7Q9=1]
S7Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX] Enter number

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

[ASK ALL]
S7Q11. How many cell phones do you have for your personal use?

READ IF NECESSARY: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX] Enter number

6 Six or more

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

[ASK ALL]
S7Q12. 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?

READ IF NECESSARY: 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]
S7Q13. 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

DO NOT READ
9 REFUSED

[ASK ALL]
S7Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX] Number of children

88 NONE
99 REFUSED

[ASK IF S7Q14=1-87]
S7Q14CHK. INTERVIEWER DO NOT READ: you entered the respondent has [S7Q14] [IF S7Q14=1 INSERT "child"; IF S7Q14=2-87 INSERT "children"] under 18 living in their household. Is that correct?

1 Yes
2 No [GO BACK TO S7Q14]

9 REFUSED

[ASK ALL]
S7Q15A. Is your annual household income from all sources –

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15A=01]
S7Q15B. Less than $25,000 ($20,000 to less than $25,000)?

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 S7Q15B=01]
S7Q15C. 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

[ASK IF S7Q15C=01]
S7Q15D. 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

[ASK IF S7Q15D=01]
S7Q15E. 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

[ASK IF S7Q15A=02]
S7Q15F. 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

[ASK IF S7Q15F=02]
S7Q15G. 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

[ASK IF S7Q15G=02]
S7Q15H. 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 S7Q15H=02]
S7Q15I. 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 S7Q15I=02]
S7Q15J. 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 S7Q15J=02]
S7Q15K. $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 S7Q15=01 IF S7Q15E=01
SET S7Q15=02 IF S7Q15E=02
SET S7Q15=03 IF S7Q15D=02
SET S7Q15=04 IF S7Q15C=02
SET S7Q15=05 IF S7Q15B=02
SET S7Q15=06 IF S7Q15F=01
SET S7Q15=07 IF S7Q15G=01

SET S7Q15=08 IF S7Q15H=01
SET S7Q15=09 IF S7Q15I=01
SET S7Q15=10 IF S7Q15J=01 OR IF S7Q15K=02
SET S7Q15=11 IF S7Q15K=01
SET S7Q15=77 IF ANY S7Q15A-S7Q15K=77
SET S7Q15=99 IF ANY S7Q15A-S7Q15K=99

[ASK ALL]
S7Q15. 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 S7Q15 NE 77,99]
S7Q15AA. Your Annual Household Income is [S7Q15]. Is this Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S7Q15A]

[ASK IF HGENDER=2 AND S7Q1=18-49]
S7Q16. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]
PS7Q17. 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 PS7Q17=P]
S7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17=50-79 OR S7Q17=351-776]
S7Q17_A. INTERVIEWER DO NOT READ: You entered [S7Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17]

[ASK IF PS7Q17=K]
S7Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17M=23-352 AND PS7Q17=K]
S7Q17AM. INTERVIEWER DO NOT READ: You entered [S7Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17M]

[ASK ALL]
PS7Q18. About how tall are you without shoes?

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

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS7Q18=F]
S7Q18. 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] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18=300-407 OR S7Q18=609-711]
S7Q18A. INTERVIEWER DO NOT READ: You entered [S7Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q18]

[ASK IF PS7Q18=M]
S7Q18M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18M=90-254 AND PS7Q18=M]
S7Q18AM. INTERVIEWER DO NOT READ: You entered [S7Q18M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q18M]

Section 8: Disability

[ASK ALL]
S8Q1. Section 8: 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]
S8Q2. 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]
S8Q3. 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]
S8Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S8Q5. Do you have difficulty dressing or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S8Q6. 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 9: Falls

[ASK IF S7Q1>44 OR S7Q1=07, 09]
S9Q1. Section 9: Falls

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

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

INTERVIEWER NOTE: Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S9Q1=1-76]
S9Q2. 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?

READ IF NECESSARY: By an injury, we mean the fall caused you to limit your regular activities for at least a day or 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

[ASK IF S9Q2>S9Q1 AND S9Q2 NE 77,88,99]
S9Q2CHK. I'm sorry, you indicated you had [S9Q1] falls previously but just stated you had [S9Q2] falls that caused an injury that limited your regular activities. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

CT State Added Section 2: Traumatic Brain Injury and Concussions

[ASK IF STATE=CT AND CSTATE NE 2]
CT2_1. State-Added Section 2: Traumatic Brain Injury and Concussions

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 10: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]
S10Q1. Section 10: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q1=1]
S10Q2. How long has it been since you had your last mammogram?

READ 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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

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

[ASK IF HGENDER=2]
S10Q3. There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

READ IF NECESSARY: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q3=1]
S10Q4. How long has it been since you had your last cervical cancer screening test?

READ 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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

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

[ASK IF S10Q3=1]
S10Q5. At your most recent cervical cancer screening, did you have a Pap test?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q3=1]
S10Q6. At your most recent cervical cancer screening, did you have an H.P.V. test?

INTERVIEWER NOTE: H.P.V. stands for Human Papillomavirus (pap-uh-loh-muh virus)

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 Refused

[ASK IF HGENDER=2 AND S7Q16 NE 1]
S10Q7. Have you had a hysterectomy?

READ IF NECESSARY: A hysterectomy is an operation to remove the uterus (womb).

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Colorectal Cancer Screening

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]
S11Q1. Section 11: Colorectal Cancer Screening

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

INTERVIEWER NOTE: A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q1=1]
S11Q2. Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy
2 Sigmoidoscopy
3 Both

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q2=1,3]
S11Q3. How long has it been since your most recent colonoscopy?

READ 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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

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

[ASK IF S11Q2=2,3]
S11Q4. How long has it been since your most recent sigmoidoscopy?

READ 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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q2=7]

S11Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

READ 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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S11Q6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q6=1]

S11Q7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER NOTE: CT Colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped x-ray machine as you lie on your back and then your stomach.

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q7=1]
S11Q8. When was your most recent CT colonography or virtual colonoscopy?

READ 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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago

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

[ASK IF S11Q6=1]
S11Q9. One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

INTERVIEWER NOTE: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q9=1]
S11Q10. How long has it been since you had this test?

READ 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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

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

[ASK IF S11Q6=1]
S11Q11. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

INTERVIEWER NOTE: The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q11=1]
S11Q12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

INTERVIEWER NOTE: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q11=1]
S11Q13. How long has it been since you had this test?

READ 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 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Tobacco Use

[ASK ALL]

S12Q1. Section 12: Tobacco Use

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

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, 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 S12Q1=1]

S12Q2. Do you now smoke cigarettes every day, some days, or not at all?

1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 3: Tobacco Use

[ASK IF S12Q2=1,2 AND STATE = CT AND CSTATE NE 2]
CT3_1. CT State Added Section 3: 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

[ASK ALL]
S12Q3. 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.

1 Every day
2 Some days
3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S12Q4. 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?

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.

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: If respondent says “Not at all” ask that if they do not mean “Never used e-cigs in your entire life”

1 Never used e-cigarettes in your entire life
2 Use them every day
3 Use them some days
4 Used them in the past but do not currently use them at all

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

[ASK IF STATE = CT AND CSTATE NE 2]
CT3_2. 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]
CT3_3. 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 IF STATE = CT AND CSTATE NE 2]
CT3_4. The next question is about nicotine pouches such as ZYN, on!, VELO or Rogue. These small, flavored pouches are filled with a nicotine-containing powder. Users place nicotine

pouches in their mouth and do not need to spit. Nicotine pouches are different from some other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.

Do not think about chewing tobacco, snuff, dip, snus, or other oral nicotine products when answering this question.

Do you now use nicotine pouches 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]
CT3_5. 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

[ASK IF STATE = CT AND CSTATE NE 2 AND (S12Q2=1,2 OR S12Q3=1,2 OR S12Q4=2,3 OR CT3_2=1,2 OR CT3_3=1,2 OR CT3_4=1,2)]
CT3_6. During the past 12 months, have you stopped using all tobacco products, including electronic vaping products, for one day or longer because you were trying to quit using tobacco for good?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 13: Lung Cancer Screening

[ASK IF S12Q1=1 AND S12Q2=1,2,3]
S13Q1. Section 13: Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

RANGE 1-100 [NUMBER BOX] Age in Years

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

[ASK IF S7Q1<S13Q1 AND S7Q1 NE 07,09 AND S13Q1 NE 888,777,999]
S13Q1C. Previously you indicated you were [S7Q1] years old, but stated you were [S13Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q1]

[ASK IF S12Q1=1 AND S12Q2=2,3 AND S13Q1 NE 888]
S13Q2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX] Age in Years

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S13Q2=1-100 AND S7Q1=18-99 AND S7Q1<S13Q2 AND S7Q1 NE 07,09 AND S13Q2 NE 777,999]
S13Q2C. Previously you indicated you were [S7Q1] years old, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

[ASK IF S13Q2=1-100 AND S13Q1=1-100 AND S13Q2<S13Q1 AND S13Q1 NE 777,888,999 AND S13Q2 NE 777,999]
S13Q2_CHK. Previously you indicated you were [S13Q1] years old when you first started smoking, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

[ASK IF S12Q1=1 AND S12Q2=1,2,3 AND S13Q1 NE 888]
S13Q3. On average, when you [IF S12Q2=1,2 INSERT "smoke"; IF S12Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S12Q2=1,2 INSERT "do"; IF S12Q2=3 INSERT "did"] you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 PACK = 10 CIGARETTES
0.75 PACK = 15 CIGARETTES
1 PACK = 20 CIGARETTES
1.25 PACK = 25 CIGARETTES
1.5 PACK = 30 CIGARETTES
1.75 PACK = 35 CIGARETTES
2 PACKS = 40 CIGARETTES
2.5 PACKS= 50 CIGARETTES
3 PACKS= 60 CIGARETTES

RANGE 1-300 [NUMBER BOX] Number of cigarettes

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S13Q4. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S13Q4=1]
S13Q5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S13Q5=1]
S13Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ ONLY IF NECESSARY
1 Within the past year (anytime less than 12 months)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 Within the past 10 years (5 years but less than 10 years)
6 10 or more years ago

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

Section 14: Alcohol Consumption

[ASK ALL]
S14Q1. Section 14: 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?

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 S14Q1 NE 888,777,999]
S14Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ 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] Number of drinks

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

[ASK IF S14Q2=88]
S14Q2CHK. I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S14Q1]

[ASK IF S14Q2=12-76]
S14Q2A. INTERVIEWER DO NOT READ: You entered that the respondent consumes [S14Q2] drinks per day. Is that correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q2]

[ASK IF S14Q1 NE 888,777,999]
S14Q3. 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] Number of times

88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q3=16-76]
S14Q3A. INTERVIEWER DO NOT READ: You entered that in the past month there were [S14Q3] occasions when the respondent 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 S14Q3]

[ASK IF S14Q1 NE 888,777,999]
S14Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX] Number of drinks

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q4=16-76]
S14Q4A. INTERVIEWER DO NOT READ: You entered that in the past 30 days the respondent had [S14Q4] drinks on one occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q4]

[ASK IF (S14Q3=88 AND HGENDER=2 AND S14Q4=4-76) OR (S14Q3=88 AND HGENDER=1 AND S14Q4=5-76)]

S14Q4B. 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 S14Q4]

[ASK IF (S14Q3=1-76 AND HGENDER=2 AND S14Q4=1-3) OR (S14Q3=1-76 AND HGENDER=1 AND S14Q4=1-4)]
S14Q4C. 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 [S14Q4] drinks on one occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S14Q3]

Section 15: Immunization

[ASK ALL]
S15Q1. Section 15: 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]
[ASK IF S15Q1=1]
S15Q2M. 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 S15Q1=1]
S15Q2Y. Code YEAR (RANGE 2025-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S15Q1=1 AND ((S15Q2M<CMONTH AND S15Q2Y<CYEAR) OR (CYEAR-S15Q2Y>=2))]
S15Q2CHK. 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 S15Q2M]
2 No

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]
S15Q2CHK2. 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 S15Q2M]

[ASK ALL]
S15Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER 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

[ASK IF S7Q1=50-99]
S15Q4. Have you ever had the shingles or zoster vaccine?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 16: Seat Belt Use and Drinking and Driving

[ASK ALL]
S16Q1. Section 16: 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 -

PLEASE READ
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

DO NOT READ
8 Never drive or ride in a car
7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S16Q1=1-5, 7,9 AND S14Q1 NE 888]
S16Q2. 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 17: H.I.V./AIDS

[ASK ALL]
S17Q1. Section 17: 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]
[ASK IF S17Q1=1]
S17Q2M. 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 S17Q1=1]
S17Q2Y. Code YEAR (RANGE 1985-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S17Q2Y=CYEAR AND S17Q2M>CMONTH AND NOT(S17Q2M=77,99)]
S17Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, 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 S17Q2M]

[ASK ALL]
S17Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Optional Modules

Module 7: Cancer Survivorship: Type of Cancer

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]
MOD7_1. Module 7: Cancer Survivorship: 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

[ASK IF MOD7_1=1,2,3]
MOD7_2. At what age were you [IF MOD7_1=1 INSERT "told that you had cancer?"; IF MOD7_1=2,3 INSERT "first diagnosed with cancer?"]

READ IF NECESSARY: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX] Age in Years

98 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD7_2>S7Q1 AND S7Q1>17 AND MOD7_2 NE 98,99 AND CSTATE NE 2]

MOD7_2C. You said you were [S7Q1] years of age and told that you had cancer at age [MOD7_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD7_2]

[ASK IF S6Q6=1 AND MOD7_1=1 AND CSTATE NE 2]
MOD7_3A. Was it "Melanoma" or "other skin cancer"?

16 Melanoma
22 Other Skin Cancer

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD7_1=2,3 OR (MOD7_1=1 AND S6Q6 NE 1)]
MOD7_3. [IF MOD7_1=1 INSERT "What kind of cancer is it?"; IF MOD7_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)

READ IF NECESSARY

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

DO NOT READ
77 DON'T KNOW / NOT SURE
99 REFUSED

Module 8: Cancer Survivorship: Course of Treatment

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]
MOD8_1. Module 8: Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ IF NECESSARY
1 Yes
2 No, I've completed treatment
3 No, I've refused treatment
4 No, I haven't started treatment
5 Treatment was not necessary

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

[ASK IF MOD8_1=2]

MOD8_2. What type of doctor provides the majority of your health care? Is it a …

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

PLEASE READ

01 Cancer Surgeon
02 Family Practitioner
03 General Surgeon
04 Gynecologic Oncologist
05 General Practitioner, Internist
06 Plastic Surgeon, Reconstructive Surgeon
07 Medical Oncologist
08 Radiation Oncologist
09 Urologist
10 Other

DO NOT READ

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD8_1=2]

MOD8_3. Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

READ IF NECESSARY: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=2]

MOD8_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_4=1]
MOD8_5. Were these instructions written down or printed on paper for you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=2]
MOD8_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ ONLY IF NECESSARY: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=2]
MOD8_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD8_1=2]
MOD8_8. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 9: Cancer Survivorship: Pain Management

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]
MOD9_1. Module 9: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD9_1=1]
MOD9_2. Would you say your pain is currently under control …?

PLEASE READ:
1 With medication (or treatment)
2 Without medication (or treatment)
3 Not under control, with medication (or treatment)
4 Not under control, without medication (or treatment)

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

Module 12: Caregiver

[ASK IF CSTATE NE 2]
MOD12_1. Module 12: 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, say: I'm so sorry for your loss and code 8

1 Yes
2 No

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

[ASK IF MOD12_1=1 AND CSTATE NE 2]
MOD12_2. What is their relationship to you?

INTERVIEWER NOTE: If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.

01 Parent, stepparent, or parent-in-law
02 Grandparent, step grandparent or grandparent-in-law
03 Spouse or partner
04 Child or stepchild
05 Grandchild or step grandchild
06 Sibling, stepsibling, or sibling-in-law
07 Other relative
08 Friend or non-relative

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]
MOD12_3. What is the main health problem or disability that the person you care for has?

01 Alzheimer's disease, dementia, or other cognitive impairment
02 Heart disease, hypertension, or stroke
03 Cancer
04 Diabetes
05 Injuries including broken bones or traumatic brain injury
06 Mental illness such as depression, anxiety, or schizophrenia
07 Developmental disorders such as autism, Down syndrome, or spina bifida
08 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
09 Arthritis/rheumatism
10 Hearing or vision loss
11 Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy
12 Old age, infirmity, or frailty

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

[ASK IF MOD12_1=1 AND MOD12_3 NE 01 AND CSTATE NE 2]
MOD12_4. 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 MOD12_1=1 AND CSTATE NE 2]
MOD12_5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]
MOD12_7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]
MOD12_8. In an average week, how many hours do you provide regular care or assistance? Would you say…

PLEASE READ
1 Less than 20 hours per week (19 hours or less)
2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
3 40 hours or more per week

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

[ASK IF MOD12_1=1 AND CSTATE NE 2]
MOD12_9. For how long have you provided regular care to this person?

READ IF NECESSARY
1 Within the past 30 days (anytime less than 30 days ago)
2 Within the past 2 years (more than 30 days but less than 2 years ago)
3 Within the past 5 years (more than 2 years but less than 5 years ago)
4 5 years or more

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 11: Cognitive Decline

[ASK IF (S7Q1>=45 OR S7Q1=07,09) AND CSTATE NE 2]
MOD11_1. Module 11: 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

[ASK IF MOD11_1=1]
MOD11_2. Are you worried about these difficulties with thinking or memory?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD11_1=1]
MOD11_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

[ASK IF MOD11_1=1]
MOD11_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

[ASK IF MOD11_1=1]
MOD11_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

INTERVIEWER NOTE: If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering … if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 15: Marijuana Use

[ASK IF CSTATE NE 2]
MOD15_1. Module 15: 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?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products

RANGE 1-30 [NUMBER BOX] Number of days

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

[ASK IF MOD15_1 =1-30]
MOD15_2. During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]
MOD15_3. Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]
MOD15_4. Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]
MOD15_5. Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]
MOD15_6. Did you use it in some other way?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MORE THAN 1 OF MOD15_2-MOD15_6=1]
MOD15_7. 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: Do not include hemp-based CBD-only products

PLEASE READ:
1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD15_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 MOD15_3 NE 1]
3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD15_4 NE 1]

4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD15_5 NE 1]

5 **Use it some other way. [**HIDE IF MOD15_6 NE 1]

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

CT State Added Section 4: Marijuana Use

[ASK IF STATE = CT AND CSTATE NE 2]
CT4_1. State Added Section 4: Marijuana Use

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

PLEASE READ:
1 No risk
2 Slight risk
3 Moderate risk
4 Great risk

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

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30]
CT4_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

[ASK IF STATE=CT AND CSTATE NE 2]
CT4_3. During the past 30 days, did you ride in a car or other vehicle driven by someone who had been using marijuana or cannabis in the last 3 hours?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30]
[MUL=9]
CT4_4. During the past 30 days, which one or more of the following is the reason you used marijuana or cannabis?

INTERVIEWER: Select all that apply.

PLEASE READ:
01 To reduce stress or relax
02 To improve sleep
03 To treat depression or anxiety
04 To reduce pain or inflammations
05 Out of curiosity or to experiment
06 To get high or for fun
07 To socialize
08 To improve performance at school, work, sports, or some other activity
09 Use it for some other reason [TEXT BOX]

DO NOT READ:
88 NONE OF THESE [EXCLUSIVE]
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30 AND NBR(CT4_4)>1]
CT4_5. During the past 30 days, what was the main reason you used marijuana or cannabis?

INTERVIEWER NOTE: If respondent provides more than one response say: "Which is the main reason you used it?"

PLEASE READ:
01 To reduce stress or to relax [HIDE IF CT4_4 NE 01]
02 To improve sleep [HIDE IF CT4_4 NE 02]
03 To treat depression or anxiety [HIDE IF CT4_4 NE 03]
04 To reduce pain or inflammation [HIDE IF CT4_4 NE 04]

05 Out of curiosity or to experiment [HIDE IF CT4_4 NE 05]
06 To get high or for fun [HIDE IF CT4_4 NE 06]
07 To socialize [HIDE IF CT4_4 NE 07]
08 To improve performance at school, work, sports, or some other activity, or [HIDE IF CT4_4 NE 08]
09 Use it for some other reason [HIDE IF CT4_4 NE 09]

DO NOT READ:
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30]
CT4_6. 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
3 For both medical and non-medical reasons

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

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30 AND CT4_6=1,3]
CT4_7. During the past 30 days, when you used marijuana or cannabis for medical reasons, did you have a prescription or instructions from a healthcare professional?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30]
CT4_8. During the past 12 months, have you stopped using marijuana for one day or longer because you were trying to quit using marijuana for good?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2 AND MOD15_1=1-30]
CT4_9. How do you USUALLY get the marijuana that you use?

PLEASE READ:
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

DO NOT READ:
77 DON'T KNOW / NOT SURE
99 REFUSED

Module 19: Firearm Safety

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

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. 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.

Are any firearms now kept in or around your home?

INTERVIEWER: Do not include guns that cannot fire; include those kept in cars or outdoor storage.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 5: Firearm Safety

[ASK IF MOD19_1=1]
CT5_1. State Added Section 5: Firearm Safety

If so, 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 MOD19_1=1]
CT5_2. Are the ammunition secured in a separate location from the firearms?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1]
MOD19_2. Are any of these firearms now loaded?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_2=1]
MOD19_3. Are any of these loaded firearms also unlocked?

INTERVIEWER: By unlocked we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Random Child Selection

[ASK IF S7Q14=1 AND CSTATE NE 2]
MOD21T1. Module 21: 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 S7Q14=2-87 AND CSTATE NE 2]
[IF S7Q14=2-87, RANDOMLY SET RNDCHILD USING S7Q14 RESPONSE FOR RANDOMIZATION]
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

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

MOD21T2. Previously, you indicated there were [S7Q14] children age 17 or younger in your household. Think about those [S7Q14] 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

[ASK IF S7Q14=1-87 AND CSTATE NE 2]
MINYEAR. Calculate minimum year for lower limit on MOD21_1Y (CYEAR-18). RANGE 2006-2010 [NUMBER BOX]

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]
[ASK IF S7Q14=1-87 AND CSTATE NE 2]
MOD21_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

[ASK IF S7Q14=1-87 AND CSTATE NE 2]
MOD21_1Y. Code YEAR (RANGE [MINYEAR]-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD21_1M>CMONTH AND MOD21_1Y=CYEAR AND MOD21_1M NE 77,99]
MOD21_1CHK. I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21_1M]

[ASK IF MOD21_1Y>=1 AND MOD21_1Y<=7776]

CHLDAGE1. Calculate child's age in months. RANGE 0-216 [NUMBER BOX]

[ASK IF MOD21_1Y>=1 AND MOD21_1Y<=7776]
CHLDAGE2. Calculate child's age in years. RANGE 0-18 [NUMBER BOX]

[ASK IF CHLDAGE1>216]
MOD21_1CHK2. I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21_1M]

[ASK IF S7Q14=1-87AND CSTATE NE 2]
MOD21_2. Is the child a boy or a girl?

1 Boy
2 Girl

9 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]
MOD21_3. 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

[ASK IF MOD21_3=2]
[MUL=4]
MOD21_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 S7Q14=1-87 AND CSTATE NE 2]
[MUL=6]
MOD21_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 [IF MOD21_3=2 INSERT "Hispanic"] White
20 [IF MOD21_3=2 INSERT "Hispanic"] Black or African American
30 [IF MOD21_3=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF MOD21_3=2 INSERT "Hispanic"] Asian
50 [IF MOD21_3=2 INSERT "Hispanic"] Pacific Islander

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

[ASK IF MOD21_4=40]
[MUL=8]
MOD21_4A. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:
41 [IF MOD21_3=2 INSERT "Hispanic"] Asian Indian
42 [IF MOD21_3=2 INSERT "Hispanic"] Chinese
43 [IF MOD21_3=2 INSERT "Hispanic"] Filipino
44 [IF MOD21_3=2 INSERT "Hispanic"] Japanese
45 [IF MOD21_3=2 INSERT "Hispanic"] Korean
46 [IF MOD21_3=2 INSERT "Hispanic"] Vietnamese
47 [IF MOD21_3=2 INSERT "Hispanic"] Other Asian

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

[ASK IF MOD21_4=50]
[MUL=4]
MOD21_4P. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:
51 [IF MOD21_3=2 INSERT "Hispanic"] Native Hawaiian
52 [IF MOD21_3=2 INSERT "Hispanic"] Guamanian or Chamorro
53 [IF MOD21_3=2 INSERT "Hispanic"] Samoan
54 [IF MOD21_3=2 INSERT "Hispanic"] Other Pacific Islander

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

[ASK IF S7Q14=1-87 AND CSTATE NE 2]
MOD21_5. 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 22: Childhood Asthma Prevalence

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD22_1. Module 22: 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

[ASK IF MOD22_1=1]
MOD22_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 6: Child Health Questions

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
CT6_1. State Added Section 6: Child Health

Was this child ever breastfed or fed breast milk?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT6_1=1]
CT6_2. For about how many months was this child breastfed or fed breast milk?

__RANGE 1-60 [NUMBER BOX]

DO NOT READ
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CT6_1=1]
CT6_2A. Was this child at least 6 months old before they were first fed anything other than breast milk?

1 Yes
2 No

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

[ASK IF CT6_2A=2,3,7,9 AND CSTATE NE 2]
CT6_2B. Was this child at least 3 months old before they were first fed anything other than breast milk?

1 Yes
2 No

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

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
PCT6_3: About how much does this child weigh without shoes?

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PCT6_3=P]
CT6_3. About how much does this child weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 5-776 [NUMBER BOX]

[ASK IF CT6_3=5-776]
CT6_3A. Just to double-check, you indicated [CT6_3] pounds as your child's weight.

IS THIS CORRECT?

1 Yes, correct as is
2 No, re-ask question [GO BACK TO CT6_3]

[ASK IF PCT6_3=K]
CT6_3M. About how much does this child weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 2-352 [NUMBER BOX]

[ASK IF CT6_3M=2-352]
CT6_3AM. Just to double-check, you indicated [CT6_3M] kilograms as your child's weight.

IS THIS CORRECT?

1 Yes, correct as is
2 No, re-ask question [GO BACK TO CT6_3M]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
PCT6_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

[ASK IF PCT6_4=F]
CT6_4. About how tall is this child without shoes?

INTERVIEWER NOTE: Round fractions down

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

[ASK IF PCT6_4=F]
CT6_4A. Just to double check, you indicated that the child is [CT6_4] feet/inches TALL.

IS THIS CORRECT?

1 Yes, correct as is
2 No, re-ask question [GO BACK TO CT6_4]

[ASK IF PCT6_4=M]
CT6_4M. About how tall is this child without shoes?

INTERVIEWER NOTE: Round fractions down

RANGE 38-254 [NUMBER BOX]

[ASK IF CT6_4M=38-254]
CT6_4AM: Just to double check, you indicated that the child is [CT6_4M] centimeters TALL.

IS THIS CORRECT?

1 Yes, correct as is
2 No, re-ask question [GO BACK TO CT6_4M]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
[MUL=2]
CT6_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 CT6_5=M]
CT6_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CT6_5=H]
CT6_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
[MUL=2]
CT6_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 CT6_6=M]
CT6_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CT6_6=H]
CT6_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]
CT6_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 S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

CT6_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 7: Child Oral Health

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD21_1Y in (7777,9999)) AND MOD21_6 =1,2,3 AND CSTATE NE 2]

CT7_1. State-Added Section 7: 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 CT7_1=1]
CT7_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 (5<=CHLDAGE2<18 OR MOD21_1Y in (7777,9999)) AND MOD21_6 =1,2,3 AND CSTATE NE 2]
CT7_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 8: Hepatitis C

[ASK IF STATE=CT AND CSTATE NE 2]
CT8_1. **State-Added Section 8: Hepatitis C**

Hepatitis C is an infection of the liver from the Hepatitis C virus.

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CT8_1=1]
CT8_2. Were you treated for Hepatitis C?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Continue

Cell Suspends in Main BRFSS

[PROGRAMMER: PUT ALL THESE QUESTIONS ON 1 SCREEN: CB,CBTIME, INT02_CB, TEXTCB,TEXTTY]

[ASK ALL]
CBTIME: Would you like to schedule a call back for today or at a later time?

1 Today
2 Later time

[ASK IF CBTIME = 1,2 AND SAMPTYPE=1 AND (YOU=1 OR RESPSLCT=1)]
INT02_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW
99 REFUSED

[ASK IF SAMPTYPE=2 AND CBTIME = 2]
TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?

1 Yes

2 No
3 Unknown – respondent hung up

[ASK IF TEXTCB=1]
TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

01 Continue

CB: INTERVIEWER PROBE FOR A CALLBACK TIME.

Thank you very much we will call back at a more convenient time.