

# 2021 BRFSS Questionnaire



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	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.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. 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.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which	

					are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
<b>LL03.</b>	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	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.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>LL04.</b>	Do you currently live in __ (state) ____?	STATERE1	1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
<b>LL05.</b>	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private	

					residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for	

					another survey in the future.	
<b>LL08.</b>	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?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.		
<b>LL09.</b>	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
<b>LL10.</b>	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	

<b>LL12</b>	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?	RESPLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming )	
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
<b>Transition to Section 1.</b>			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		Do not read: Introductory text may be reread when selected respondent is reached.  Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.



			questions about the survey, please call (give appropriate state telephone number).			
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## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CP01.</b>	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		
			2 No	[[set appointment if possible]] TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
<b>CP02.</b>	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
<b>CP03.</b>	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
<b>CP04.</b>	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>CP05.</b>	Are you male or female?	CELLSEX	1 Male 2 Female			
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

<b>CP06.</b>	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment 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.
			2 No	Go to CP07	
<b>CP07.</b>	Do you live in college housing?	CCLGHOU5	1 Yes	Go to CP08	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.
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private

					residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
<b>CP09.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon			

			42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read 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.	
<b>CP11.</b>	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		

	years of age or older?					
<b>Transition to section 1.</b>			<p>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 (give appropriate state telephone number).</p>			

## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	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?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	
<b>CHD.02</b>	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?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	



	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
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Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	***NEW***	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>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.</p>	

			77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person or a group of doctors that you think of as your personal health care provider?	***NEW***	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		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?	
<b>CHCA.03</b>	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?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	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		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	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?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don't know / Not sure 9 Refused	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"  By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <del>blood</del> cholesterol checked?	CHOLCHK2	1 Never	Go to next section.		
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			

			7 Don't know/ Not sure 9 Refused	Go to next section		
<b>C06.02</b>	Have you ever been told by a doctor, nurse or other health professional that your <del>blood</del> cholesterol is high?	<del>TOLDHI2</del>	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 No 7 Don't know / Not sure 9 Refused	<del>Go to next section.</del>		
<b>C06.03</b>	Are you currently taking medicine prescribed by your doctor or other health professional for your <del>blood</del> cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.	

## Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	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.					
<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			



<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
<b>CCHC.11</b>	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		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.	

			<p>2 Yes, but female told only during pregnancy</p> <p>3 No</p> <p>4 No, pre-diabetes or borderline diabetes</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.</p>		
<b>CCHC.12</b>	How old were you when you were told you had diabetes?	DIABAGE3	<p>-- Code age in years [97 = 97 and older]</p> <p>98 Don't know / Not sure</p> <p>99 Refused</p>	<p>Go to Diabetes Module if used, otherwise go to next section.</p>		

## Core Section 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
C08.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	
C08.03	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C08.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of	

					whether you are taking any medication or treatment”	
<b>C08.05</b>	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
<b>C08.06</b>	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	___ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			

## Core Section 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White  20 Black or African American  30 American Indian or Alaska Native  40 Asian</p> <p>41 Asian Indian  42 Chinese  43 Filipino  44 Japanese  45 Korean  46 Vietnamese  47 Other Asian</p> <p>50 Pacific Islander  51 Native Hawaiian  52 Guamanian or Chamorro  53 Samoan  54 Other Pacific Islander</p> <p>Do not read:  60 Other  77 Don't know / Not sure  99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
				If using Sex at Birth Module, insert here		
<b>CDEM.05</b>	Are you...	MARITAL	<p>Please read:</p> <p>1 Married  2 Divorced  3 Widowed  4 Separated  5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:  9 Refused</p>			
<b>CDEM.06</b>	What is the highest grade or	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p>			

	year of school you completed ?		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			
<b>CDEM.07</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	__ _ ANSI County Code 777 Don't know / Not sure 999 Refused			

			888 County from another state			
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
<b>CDEM.10</b>	Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one telephone number in your household ?	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM.11</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	
<b>CDEM.13</b>	Have you ever served on active	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not	



	duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?				include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>CDEM.1 4</b>	Are you currently... ?	EMPLOY1	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		If more than one, say "select the category which best describes you".	
<b>CDEM.1 5</b>	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
<b>CDEM.1 6</b>	Is your annual household income from all sources—	***NEW** *	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			(\$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  Do not read: 77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or YEARBORN < 1972 (Age >49)		
<b>CDEM.17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM.18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
<b>CDEM.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round	

					fractions down	
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## Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	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?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
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Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			
<b>CTOB.03</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CTOB.05		
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small	

	day, some days, or not at all?		9 Refused		pouches that are placed under the lip against the gum.	
<b>CTOB.04</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	

## Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	

	as beer, wine, a malt beverage or liquor?		777 Don't know / Not sure 999 Refused			
<b>CALC.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

## Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	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?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read 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.	
<b>CIMM.02</b>	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?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	



			06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
<b>CIMM.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHIV.01</b>	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.?	HIVTST7	1 Yes		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.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
<b>CHIV.02</b>	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	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.	

## Core Section 15: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	

CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends."  Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried potatoes, including French	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month		Enter quantity in times per day, week, or month. If respondent gives a number without a	

	fries, home fries, or hash browns?		555 Never 777 Don't Know 999 Refused		time frame, ask "Was that per day, week, or month?"  Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"  Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen"	

					vegetables. Do not include rice.”	
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Closing Statement/ Transition to Modules

<b>Read if necessary</b>	<b>Read</b>	<b>CATI instructions (not read)</b>
<b>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.</b>		Read if no optional modules follow, otherwise continue to optional modules.

## Optional Modules

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?	HOMBPCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
M16.02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?	HOMRGCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next module		
M16.03	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	WHEREBP	1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused			
M16.04	How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as	SHAREBP	Do not read: 1 Telephone 2 Other methods such as email, internet portal, or fax, or 3 In person			

	emails, internet portal or fax, or in person?		Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused			
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Module 17: Sodium or Salt-Related Behavior

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M17.01	Are you currently watching or reducing your sodium or salt intake?	WTCHSALT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
M17.02	Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	DRADVISE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

## Module 19: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M19.01</b>	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?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	
			2 No	Go to M19.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M19.09		
<b>M19.02</b>	What is his or her relationship to you?	CRGVREL3	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	
<b>M19.03</b>	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years			

			5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			
<b>M19.04</b>	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			
<b>M19.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety,	If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		

			depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
<b>M19.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
<b>M19.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M19.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	preparing meals?					
				If M19.01 = 1 or 8, go to next module		
<b>M19.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## Module 22: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
<b>M22.01</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			

				Ask if SMOKDAY2 = 1 or 2.		
<b>M22.02</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 24: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M24.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section.  If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."  Else go to next module	If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job?	
<b>M24.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If Core CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."		



## Module 25: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is &gt;1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from</p>			<p>If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth</p>		

	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.			[CATI: please fill in] child.		
<b>M25.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
<b>M25.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			
<b>M25.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
<b>M25.04</b>	Which one or more of the following	RCSRACE1	10 White	[CATI NOTE: IF MORE THAN ONE RESPONSE	Select all that apply	

	would you say is the race of the child?		20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	TO M21.04; CONTINUE. OTHERWISE, GO TO M21.06.]	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
				IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.]		
<b>M25.05</b>	Which one of these groups would you say best represents	RCSBRAC2	10 White 20 Black or African American		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories	

	the child's race?		30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		underneath major heading.	
<b>M25.06</b>	How are you related to the child? Are you a....	RCSRLTN2	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			
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## Module 26: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
<b>M26.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	Fill in correct [Xth] number.		
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>M26.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			



## Module 28: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	551

				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a	553



					<p>woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text</p>	
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					response. Respondent can answer with either the number or the text/word.	
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## State-Added: Smoke Free Laws

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SATP1	Some cities and towns are considering laws that would make workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos. Would you support such a law in your community?		<b>Please Read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			
SATP2	Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants,		<b>Please Read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			

	bars and casinos?					
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## State-Added: Suicide Prevention

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next few questions relate to suicide. If these questions create a need for additional information please call the National Suicide Prevention Lifeline at 1-800-273-8255.					
<b>SASP1</b>	During the past 12 months, have you ever seriously considered attempting suicide?		<b>Please Read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			
<b>SASP2</b>	During the past 12 months, did you actually attempt suicide?		<b>Please Read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure	If No go to COVID-19 Module		

			9 Refused			
<b>SASP3</b>	How many times during the past 12 months did you attempt suicide?		1 One 2 Two 3 Three 4 Four 5 Five 6 Six or more 7 Don't Know/Not Sure 8 None 9 Refused			
<b>SASP4</b>	Did any suicide attempt in the past 12 months result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?		<b>Please Read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused		Read after question: If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your health care provider or visit your local emergency department.	

State-added Module: Coronavirus Infection – COVID 19

State-added Module: Coronavirus Infection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The following questions are about your experiences with the pandemic caused by a new coronavirus. For the purposes of this survey, we will refer to the disease as COVID-19.					
<b>SACI.01 Prologue</b>	People with COVID-19 have reported a wide range of symptoms -- cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell.					
<b>SACI.01</b>	Since the beginning of the COVID-19	COVIDSYM	<b>Please read:</b> 1 Within the last 30 days		You may need to re-read the	611

	pandemic in early 2020, have you had any of the symptoms I listed?		2 Within the last 60 days 3 More than 60 days ago  <b>Do Not Read:</b> 4 No/I have not had any Symptoms 7 Don't Know/ Not Sure 9 Refused		list of symptoms.	
<b>SACI.02</b>	Have you ever been tested by a doctor, nurse, or other health professional for COVID-19?	COVIDTEST	1 Yes	Go to SACI.04		612
			2 No	Go to SACI.03		
			7 Don't Know/ Not Sure 9 Refused	Go to SACI.04		
<b>SACI.03</b>	What was the <b>main</b> reason you did not receive a test for COVID-19?	COVIDNOT	<b>Read only if necessary:</b> Was it because.... 01 Did not know how to get a test 02 Told you did not qualify for a test/could not get a test 03 Did not have transportation to a testing site 04 Primary care doctor/quick care/urgent care refused to see you 05 Cost/ insurance would not cover the cost of the test 06 Concerned about exposure to COVID-19/risk of exposure of going to a testing site 07 Could not take time off work		<b>Record only 1 response</b>	613-14

			<p>08 Symptoms were caused by a different illness/ health condition</p> <p>09 Not worried about being infected with COVID-19</p> <p>10 Other</p> <p><b>Do Not Read:</b> 77 Don't know / Not sure 99 Refused</p>		Response 08: if respondent is confused read: (for example, did a health professional diagnose you with flu, asthma, allergies, or another health condition that explained your symptoms)	
<b>SACI.04</b>	Have you ever been told by a doctor, nurse, or other health professional that you have COVID-19?	COVIDHAD	1 Yes	Go to SACI.06		615
			2 No 7 Don't Know/ Not Sure 9 Refused	Go to SACI.05		
<b>SACI.05</b>	Do you think you have already had COVID-19?	COVIDPERC	1 Yes	Go to SACI.07		616
			2 No 7 Don't Know/ Not Sure 9 Refused	Go to SACI.07		
<b>SACI.06</b>	Have you ever been hospitalized for COVID-19?	COVIDHOSP	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused			617
<b>SACI.07</b>	Has anyone in your household been told by a doctor, nurse, or other health professional that they have COVID-19?	COVIDHOU	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused			618



<p><b>SACI.08 Prologue</b></p>	<p>The next questions are about social distancing. By social distancing we mean deliberate actions to minimize contact with other people outside of your household to reduce the spread of COVID-19.</p>					
<p><b>SACI.08</b></p>	<p>I am doing things to minimize or reduce my contact with other people (i.e., social distancing). Would you say...</p>	<p>SODISMIN</p>	<p><b>Please Read:</b>  1 Always  2 Nearly Always  3 Sometimes  5 Seldom</p>			<p>619</p>
			<p>6 Never</p>	<p>Go to SACI.10</p>		
			<p><b>Do Not Read</b>  7 Don't Know/  Not Sure  9 Refused</p>			
<p><b>SACI.09a</b></p>	<p>When you practice social distancing, which of the following do you...</p> <p>Maintain a physical distance of at least 6 feet from other individuals? Would you say?</p>	<p>SODI6FT</p>	<p><b>Please Read:</b>  1 Always  2 Nearly Always  3 Sometimes  5 Seldom  6 Never</p> <p><b>Do Not Read</b>  7 Don't Know/  Not Sure  9 Refused</p>		<p>Do not ask if respondent answered (6) never to SACI.08</p>	<p>620</p>

<b>SACI.09b</b>	[do you] Avoid groups of people?	SODIAVO	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read:</b> 7 Don't Know/ Not Sure 9 Refused			621
<b>SACI.09c</b>	[do you] Try to minimize trips requiring you to leave your home?	SODIMITR	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read:</b> 7 Don't Know/ Not Sure 9 Refused			622
<b>SACI.09d</b>	[do you] Try to minimize visits from other people to your home or to their home?	SODIMIVI	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read</b> 7 Don't Know/ Not Sure 9 Refused			623
<b>SACI.10a</b>	To protect yourself from COVID-19 infection, which of the following do you...  Wear a mask?	SODIMASK	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read:</b> 7 Don't Know/ Not Sure 9 Refused	All responses Go to 10.c		624
<b>SACI.10b</b>						
<b>SACI.10c</b>	[do you] Wash your hands more often?	SODIWASH	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never			626

			<b>Do Not Read:</b> 7 Don't Know/ Not Sure 9 Refused			
<b>SACI.10d</b>	[do you] Avoid touching your eyes, mouth, and nose?	SODITOU	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read:</b> 7 Don't Know/ Not Sure 9 Refused			627
<b>SACI.10e</b>	[do you] Use sanitizing spray or wipes if provided in a store?	SODISAN	<b>Please Read:</b> 1 Always 2 Nearly Always 3 Sometimes 5 Seldom 6 Never  <b>Do Not Read</b> 7 Don't Know/ Not Sure 9 Refused			628
<b>SACI.11</b>	Where-do you usually get information about the COVID-19 pandemic?	SODIINFO	<b>Read if necessary:</b> 01 Newspapers 02 Television 03 Radio 04 Internet websites 05 Doctor, nurse, or other healthcare professional 06 Government agencies 07 Community organizations 09 Family or friends 10 Social media 11 Religious organizations and leaders 12 Other source  <b>Do Not Read:</b> 77 Don't know/ Not sure 99 Refused		Read options only if necessary; Record up to 3 responses	629-630 631-632 633-634

<b>SACI.12 Prologue</b>	We are now going to ask you about delays or interruptions in healthcare that you may have experienced as a result of COVID-19. Healthcare professional examples include doctors, nurses, physician assistants, dentists, physical therapists, psychologists, social worker, or other licensed professionals.					
<b>SACI.12</b>	Has a health care professional contacted you to cancel any health care appointments as a result of the COVID-19 pandemic?	COVIDDEL	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	Go to SACI.14		635

<b>SACI.13</b>	What type(s) of healthcare appointment have you had cancelled?	COVIDDELTY	<p><b>Read if necessary:</b>  01 Cancer screening including colonoscopy , mammogram, or pap smear  02 Primary care  03 Elective surgery or procedure  04 Mental health  05 Dermatology  06 Oncology  07 Other specialty care (such as cardiology, endocrinology, urology)  08 Physical therapy  09 Dental  10 Eye care  11 Other appointment type</p> <p><b>Do Not Read:</b>  77 Don't Know/ Not sure  99 Refused</p>		Allow up to 6 responses	636-647
<b>SACI.14</b>	Have you cancelled or delayed making a healthcare appointment for a current or new health problem (including dental) as a result of the COVID-19 pandemic?	COVIDCAN	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused	Go to SACI.16		648
<b>SACI.15</b>	What type of current or new health problem appointment have you	COVIDCANTY	<p><b>Read if necessary:</b>  01 Cancer screening including colonoscopy</p>		Allow up to 6 responses	649-660

	cancelled or delayed?		<p>mammogram, or pap smear</p> <p>02 Primary care</p> <p>03 Elective surgery or procedure</p> <p>04 Mental health</p> <p>05 Dermatology</p> <p>06 Oncology</p> <p>07 Other specialty care (such as cardiology, endocrinology, urology)</p> <p>08 Physical therapy</p> <p>09 Dental</p> <p>10 Eye care</p> <p>11 Other appointment type</p> <p><b>Do Not Read:</b></p> <p>77 Don't Know/ Not sure</p> <p>99 Refused</p>			
<b>SACI.16</b>	If you needed urgent medical care, would you <u>avoid</u> going to the Emergency Room due to concerns about contracting COVID-19?	COVIDED	<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/ Not Sure</p> <p>9 Refused</p>		If respondent does not understand question, ask if they had an urgent medical issue but chose not to go to the ER because of COVID-19?	661
<b>SACI.17 Prologue</b>	We are now going to ask you some questions about your current and past employment.				Ask only if CDEM.14 is 1, 2, or 6 (employed for wages, self-employed, or a student)	
<b>SACI.17</b>	Are you currently working from home...?	COVIDHOME	<b>Please Read:</b> 1 All of the time, because of COVID-19	Go to SACI.20		662

			2 All of the time, since before COVID-19			
			3 Some of the time 4 No, I am not currently working from home  <b>Do not read:</b> 7 Don't know/ Not sure 9 Refused	Go to SACI.18		
<b>SACI.18</b>	How many people (co-workers, customers, etc.) at your employment do you have face-to-face in person interactions with on an average day?	COVIDFTOF#	1 None 2 < 5 3 5 to 9 4 10 or more 7 Don't know/ Not sure 9 Refused			663
<b>SACI.19</b>	What modifications has your employer made to your work environment to help prevent the spread of COVID-19?	COVIDEMP	<b>Read if necessary:</b> 01 Allowed work from home 02 Required masks 03 Required gloves 04 Instituted policies to allow at least 6-foot distancing between you and customers or coworkers 05 Temperature and/or health screening questions 06 Plexiglass, sneeze guards or other physical barriers 07 Provide sanitizer/disi		Allow up to 10 responses	664-683

			<p>infectant supplies</p> <p>08 Institute policies requiring workers to stay home if they have COVID-19 symptoms or were exposed to someone with COVID-19</p> <p>09 Make changes to breaks or break rooms/eating areas to reduce gatherings</p> <p>10 Other modifications</p> <p>11 No modifications</p> <p><b>Do not read:</b></p> <p>77 Don't Know/ Not sure</p> <p>99 Refused</p>			
<b>SACI.20a</b>	<p>As a result of the COVID-19 pandemic, have you ever...</p> <p>Been furloughed</p>	COVIDWK1	<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/ Not sure</p> <p>9 Refused</p>	<p>Ask only if CDEM.14 is 1, 2, 3, 4, or 6 (employed for wages, self-employed, out of work less than 1 year, out of work for 1 year or more, or a student)</p>		684
<b>SACI.20b</b>	Been laid off	COVIDWK2	<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/ Not sure</p> <p>9 Refused</p>			685
<b>SACI.20c</b>	Had hours or pay reduced	COVIDWK3	<p>1 Yes</p> <p>2 No</p>			686



			7 Don't Know/ Not sure 9 Refused			
<b>SACI.20d</b>	Had to quarantine for any reason	COVIDWK4	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			687
<b>SACI.21 Prologue</b>	<u>As a result of the COVID-19 pandemic,</u> Have you experienced any of the following:					
<b>SACI.21a</b>	Difficulty paying your rent/mortgage?	COVIDRENT	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			688
<b>SACI.21b</b>	[have you experienced] difficulty paying utilities or other monthly bills?	COVIDBILL	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			689
<b>SACI.21c</b>	[have you experienced] increased household expenses?	COVIDEXP	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			690
<b>SAC.21d</b>	[have you experienced] increased medical expenses?	COVIDMEDX	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			691
<b>SACI.21e</b>	[have you experienced] hunger or skipped meals because you did not have enough money to buy food?	COVIDFOOD	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			692
<b>SACI.22</b>	COVID-19 vaccines are now available in limited quantities. How likely are you to get a COVID vaccine if it is offered to you? Would you say:	VACCINE1	<b>Please Read:</b> 1 Extremely likely 2 Somewhat likely 3 Somewhat unlikely Or 4 Extremely unlikely  <b>Do Not Read</b>	1 & 2 Go to COVID-1  3 & 4 Go to SAC1.23		693

			5 I already got a vaccination  7 Don't know/Not sure 9 Refused	Go to SACI.24  7 & 9 Go to COVID-1		
<b>SACI.23</b>	What is the main reason you would choose not to be vaccinated?	VACCINE2	<b>Read only if necessary</b> 1 Not sure if COVID vaccine is safe 2 Fear might get COVID from vaccine 3 Cannot get COVID vaccine for medical reasons 4 Think vaccines are unsafe/Don't believe in vaccination 5 Don't want to miss work/can't get off work 6 Can't afford vaccine 8 Other  <b>Do Not Read</b> 7 Don't know/Not sure 9 Refused	All responses Go to COVID-1	<b>Record only 1 response</b>	694
<b>SACI.24</b>	How many COVID-19 vaccinations have you received?	VACCINE3	1 One 2 Two or more  7 Don't know/Not Sure 9 Refused			695
<b>SACI.25</b>	During what month and year did you receive your (first) COVID-19 vaccination?	VACCINE4	-- / ---- Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	All responses Go to COVID-1	If respondent indicated only one vaccine do not read word "first"	701

## Closing Statement

### Read

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

## Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will					

	<p>be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</p>					
<b>CB01.01</b>	<p>Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>	CALLBACK	<p>1 Yes 2 No</p>			
<b>CB01.02</b>	<p>Which person in the household was selected as the focus of the asthma call-back?</p>	ADLTCHLD	<p>1 Adult 2 Child</p>			
<b>CB01.03</b>	<p>Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?</p>	<p>_____</p> <p>Enter first name or initials.</p>				