

# 2023 Missouri BRFSS Questionnaire



## Table of Contents

|  |           |
|--|-----------|
| OMB Header and Introductory Text .....                               | 4         |
| Landline Introduction.....   | 5         |
| Cell Phone Introduction .....  | 11        |
| Core Section 1: Health Status .....                                  | 17        |
| Core Section 2: Healthy Days .....                                   | 18        |
| Core Section 3: Health Care Access .....                             | 20        |
| Core Section 4: Exercise (Physical Activity) .....                   | 23        |
| Core Section 5: Hypertension Awareness .....                         | 26        |
| Core Section 6: Cholesterol Awareness .....                          | 27        |
| Core Section 7: Chronic Health Conditions .....                      | 29        |
| Core Section 9: Demographics .....                                   | 32        |
| Core Section 10: Disability .....                                    | 36        |
| Core Section 11: Falls.....  | 38        |
| Core Section 12: Tobacco Use .....                                   | 38        |
| Core Section 13: Alcohol Consumption.....                            | 40        |
| Core Section 14: Immunization (with shingles).....                   | 42        |
| Core Section 15: H.I.V./AIDS .....                                   | 44        |
| Core Section 16: Seat Belt Use / Drinking and Driving .....          | 45        |
| Emerging Core: Long-term COVID Effects.....                          | 45        |
| <b>Closing Statement/ Transition to Modules .....</b>                | <b>47</b> |
| <b>Optional Modules.....</b>   | <b>48</b> |
| <b>Module 1: Prediabetes .....</b>                                   | <b>48</b> |
| <b>Module 2: Diabetes .....</b>                                      | <b>50</b> |
| <b>Module 3 : Arthritis .....</b>                                    | <b>53</b> |
| <b>Module 13: Cognitive Decline .....</b>                            | <b>55</b> |
| <b>Module 15: Tobacco Cessation .....</b>                            | <b>57</b> |
| <b>Module 16: Other Tobacco Use .....</b>                            | <b>59</b> |
| <b>Module 21: Sex at Birth.....</b>                                  | <b>60</b> |
| <b>Module 22: Sexual Orientation and Gender Identity (SOGI).....</b> | <b>61</b> |
| <b>Module 24: Adverse Childhood Experiences.....</b>                 | <b>64</b> |
| <b>Module 26: HPV - Vaccination.....</b>                             | <b>67</b> |
| <b>Module 29: Social Determinants and Health Equity .....</b>        | <b>69</b> |

|   |    |
|---|----|
| State Added: Home/ Self-measured Blood Pressure ..... | 71 |
| Module 31: Random Child Selection .....               | 72 |
| Module 32: Childhood Asthma Prevalence.....           | 76 |
| Asthma Call-Back Permission Script .....              | 77 |
| Closing Statement .....                               | 80 |

## 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><b>Form Approved<br/>OMB No. 0920-1061<br/>Exp. Date 12/31/2024</b></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, <b>please contact Marquisette Glass Lewis at <a href="mailto:grp2@cdc.gov">grp2@cdc.gov</a>.</b></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> | <p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say:<br/>         “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</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.<br>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). |  |
| <b>LL06.</b> | 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.  |  |
|              |                                   |         |                                    | ONLY for respondents who are LL and COLGHOUS="YES," .                          |  |  |
| <b>LL07.</b> | Are you?                          |         | Please read:<br>1 Male<br>2 Female | Transition to Section 1  | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked  |  |

|              |  |  |   |   |  |  |
|--------------|--|--|---|---|--|--|
|              |  |  |   |   | about prostate health issues.  |  |
|              |  |  | 3<br>Unspecified or another gender identity<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | Go to LL08  |  |  |
|              |  |  |   |   |  |  |
| <b>LL08</b>  | What was your sex at birth?<br>Was it male or female?  |  | 1 Male<br>2 Female  | Transition to Section 1   | Read if necessary: "What sex were you assigned at birth on your original birth certificate?"   |  |
|              |  |  | 7 Don't know/Not sure<br>9 Refused  | If '7' or '9' then terminate.<br>"Thank you for your time, your number may be selected for another survey in the future." |  |  |
| <b>LL09.</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? |  | 1   | Go to LL10  | Read: Are you that adult?<br>If yes: Then you are the person I need to speak with.<br>If no: May I speak with the adult in the household?                  |  |
|              |  |  | 2-6 or more   | Go to LL11.   | 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. |  |



|              |   |  |  |   |   |  |
|--------------|---|--|--|---|---|--|
| <b>LL10.</b> | Are you?  |  | Please read:<br>1 Male<br>2 Female   | Transition to<br>Section 1  |   |  |
|              |   |  | 3<br>Unspecified<br>or another<br>gender<br>identity<br>7 Don't<br>know/Not<br>sure<br>9 Refused | Got to LL13   |   |  |
| <b>LL11.</b> | 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? |  |  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL11. (See CATI programming) |   |  |
| <b>LL12.</b> | Are you?  |  | Read:<br>1 Male<br>2 Female  | Go to<br>Transition<br>Section 1.   |   |  |
|              |   |  | 3<br>Unspecified<br>or another<br>gender<br>identity<br>7 Don't<br>know/Not<br>sure<br>9 Refused | Go to LL13  |   |  |
| <b>LL13</b>  | What was your sex at birth?<br>Was it male or female?   |  | 1 Male<br>2 Female<br>7 Don't<br>know/Not<br>sure<br>9 Refused                                   | If '7' or '9' then<br>TERMINATE<br>"Thank you for your time, your number may be selected for another survey in the future."       | Read if necessary:<br>"What sex were you assigned at birth on your original birth certificate?" |  |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
| <p><b>Transition to Section 1.</b></p> |  |  | <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> |  | <p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>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.</p> |  |
|--|--|--|---|--|--|--|

## 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])<br>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 ?                             |                | Please read:<br>1 Male<br>2 Female             | Go to CP07.                                   |  |           |

|              |  |  |  |   |   |  |
|--------------|--|--|--|---|---|--|
|              |  |  | 3 Unspecified or another gender identity<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | Go to CP06  |   |  |
| <b>CP06</b>  | What was your sex at birth? Was it male or female? |  | 1 Male<br>2 Female<br>7 Don't know/Not sure<br>9 Refused                                       | If '7' or '9' then terminate.<br>"Thank you for your time, your number may be selected for another survey in the future." | Read if necessary:<br>"What sex were you assigned at birth on your original birth certificate?"   |  |
| <b>CP07.</b> | Do you live in a private residence?                |  | 1 Yes  | Go to CP09  | Read if necessary: By private residence we mean someplace like a house or apartment<br>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 CP08 |  |  |
| <b>CP08.</b> | Do you live in college housing?         |  | 1 Yes | Go to CP09 | 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>CP09.</b> | Do you currently live in ___(state)___? |  | 1 Yes | Go to CP11 |  |  |
|              |   |  | 2 No  | Go to CP10 |  |  |

|       |                                      |  |  |  |  |  |
|-------|--------------------------------------|--|--|--|--|--|
| CP10. | In what state do you currently live? |  | 1 Alabama<br>2 Alaska<br>4 Arizona<br>5 Arkansas<br>6 California<br>8 Colorado<br>9 Connecticut<br>10 Delaware<br>11 District of Columbia<br>12 Florida<br>13 Georgia<br>15 Hawaii<br>16 Idaho<br>17 Illinois<br>18 Indiana<br>19 Iowa<br>20 Kansas<br>21 Kentucky<br>22 Louisiana<br>23 Maine<br>24 Maryland<br>25<br>Massachusetts<br>26 Michigan<br>27 Minnesota<br>28 Mississippi<br>29 Missouri<br>30 Montana<br>31 Nebraska<br>32 Nevada<br>33 New Hampshire<br>34 New Jersey<br>35 New Mexico<br>36 New York<br>37 North Carolina<br>38 North Dakota<br>39 Ohio<br>40 Oklahoma<br>41 Oregon<br>42<br>Pennsylvania<br>44 Rhode Island<br>45 South Carolina<br>Carolina |  |  |  |
|-------|--------------------------------------|--|--|--|--|--|

|              |   |  |   |  |   |  |
|--------------|---|--|---|--|---|--|
|              |   |  | 46 South<br>Dakota<br>47 Tennessee<br>48 Texas<br>49 Utah<br>50 Vermont<br>51 Virginia<br>53 Washington<br>54 West<br>Virginia<br>55 Wisconsin<br>56 Wyoming<br>66 Guam<br>72 Puerto Rico<br>78 Virgin<br>Islands |  |   |  |
|              |   |  | 77 Live outside<br>US and<br>participating<br>territories<br>99 Refused   | TERMINATE                                    | Read: Thank<br>you very<br>much, but we<br>are only<br>interviewing<br>persons who<br>live in the US.   |  |
| <b>CP11.</b> | Do you also have<br>a landline<br>telephone in your<br>home that is used<br>to make and<br>receive calls? |  | 1 Yes<br>2 No<br>7 Don't know/<br>Not sure<br>9 Refused   |  | Read if<br>necessary: By<br>landline<br>telephone,<br>we mean a<br>regular<br>telephone in<br>your home<br>that is used<br>for making or<br>receiving<br>calls. Please<br>include<br>landline<br>phones used<br>for both<br>business and<br>personal use. |  |
| <b>CP12.</b> | How many<br>members of your<br>household,<br>including  |  | __ Number<br>77 Don't know/<br>Not sure<br>99 Refused   | If CP07 = yes<br>then number<br>of adults is |   |  |

|                                 |   |  |   |                        |  |  |
|---------------------------------|---|--|---|------------------------|--|--|
|                                 | yourself, are 18 years of age or older? |  |   | automatically set to 1 |  |  |
| <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:<br>1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor<br>Do not read:<br>7 Don't know/Not sure<br>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)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none"<br>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)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  | 88 may be coded if respondent says "never" or "none"<br>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 or mental   | POORHLTH       | __ Number of days (01-30)<br>88 None   |  | 88 may be coded if respondent says "never" or "none"<br>It is not necessary to ask respondents to   |           |

|  |   |  |                                      |  |   |  |
|--|---|--|--------------------------------------|--|---|--|
|  | health keep you from doing your usual activities, such as self-care, work, or recreation? |  | 77 Don't know/not sure<br>99 Refused |  | provide a number if they indicate that this never occurs. |  |
|--|---|--|--------------------------------------|--|---|--|

### 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<br>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<br>2 More than one<br>3 No<br>7 Don't know / Not sure<br>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?<br><br>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. |  |
| <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? |           | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago |  | Read if necessary:<br>A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.   |  |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | Do not read:<br>7 Don't know /<br>Not sure<br>8 Never<br>9 Refused |  |  |  |
|--|--|--|--|--|--|--|

## Core Section 4: Exercise (Physical Activity)

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)                                     | SKIP INFO/<br>CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|-------------------------|---|-----------|
| CEXP.01         | 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   |                         | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.<br><br>Physical activity done at a work gym during the workday would count |           |
|                 |  |                | 2 No<br>7 Don't know/Not Sure<br>9 Refused  | Go to C 11.08           |   |           |
| CEXP.02         | What type of physical activity or exercise did you spend the most time doing during the past month?  |                | ___ ___ Specify from Physical Activity Coding List                                    |                         | See Physical Activity Coding List.<br><br>If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".   |           |
|                 |  |                | 77 Don't know/ Not Sure<br>99 Refused   | Go to CEXP.08           |   |           |
| CEXP.03         | How many times per week or per month did you take part in this activity during the past month?   | EXEROFT1       | 1__ Times per week<br>2__ Times per month<br>777 Don't know / Not sure<br>999 Refused |                         | If respondent confused, probe by explaining 'this is not asking for days per week or per month, but times per week or per month.'   |           |

|         |  |          |   |                 |  |  |
|---------|--|----------|---|-----------------|--|--|
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |          | _:_ _<br>Hour<br>s and minutes<br><br>777 Don't<br>know / Not<br>sure<br><br>999 Refused  |                 |  |  |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month?        |          | __ __ Specify<br>from Physical<br>Activity List<br><br>88 No other<br>activity<br><br>77 Don't<br>know/ Not<br>Sure<br><br>99 Refused | Go to<br>C11.08 | See Physical Activity<br>Coding List.<br><br>If the respondent's<br>activity is not<br>included in the<br>physical activity<br>coding list, choose<br>the option listed as<br>"other". |  |
| CEXP.06 | How many times per week or per month did you take part in this activity during the past month?     | EXEROFT2 | 1__ Times<br>per week<br><br>2__ Times<br>per month<br><br>777 Don't<br>know / Not<br>sure<br><br>999 Refused                         |                 |  |  |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? | EXERHMM2 | _:_ _<br>Hour<br>s and minutes<br><br>777 Don't<br>know / Not<br>sure<br><br>999 Refused  |                 |  |  |
| CEXP.08 | During the past month, how many times per week or per month did you                                | STRENGTH | 1__ Times<br>per week<br><br>2__ Times<br>per month   |                 | Do not count<br>aerobic activities<br>like walking,<br>running, or<br>bicycling. Count   |  |



|  |   |  |   |  |   |  |
|--|---|--|---|--|---|--|
|  | do physical activities or exercises to strengthen your muscles? |  | 888 Never<br>777 Don't know / Not sure<br>999 Refused |  | activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. |  |
|--|---|--|---|--|---|--|

## Core Section 5: Hypertension Awareness

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

## Core Section 6: Cholesterol Awareness

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)             | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|-------------------------|----------------------|-----------|
| <b>CCHLA.01</b> | 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  | Go to next section      |                      |           |
|                 |   |                | 9 Refused   |                         |                      |           |

|                 |  |          |   |                     |  |  |
|-----------------|--|----------|---|---------------------|--|--|
| <b>CCHLA.02</b> | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?               | TOLDHI2  | 1 Yes   |                     | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.  |  |
|                 |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to next section. |  |  |
| <b>CCHLA.03</b> | Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol? | CHOLMED2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                     | If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk. |  |

## 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.02</b>  | (Ever told) (you had) angina or coronary heart disease?   | CVDCRHD4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.03</b>  | (Ever told) (you had) a stroke?   | CVDSTRK3       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.04</b>  | (Ever told) (you had) asthma?   | ASTHMA3        | 1 Yes   |                      |                      |           |
|                 |   |                | 2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to CCHC.06        |                      |           |
| <b>CCHC.05</b>  | Do you still have asthma?   | ASTHNOW        | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
| <b>CCHC.06</b>  | (Ever told) (you had) skin cancer   |                | 1 Yes<br>2 No   |                      |                      |           |

|                |   |          |   |  |   |  |
|----------------|---|----------|---|--|---|--|
|                | that is not melanoma?   |          | 7 Don't know / Not sure<br>9 Refused                  |  |   |  |
| <b>CCHC.07</b> | (Ever told) (you had) melanoma or other types of cancer?  |          | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |   |  |
| <b>CCHC.09</b> | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow.  |  |
| <b>CCHC.11</b> | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?                     |          | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | 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) |  |
| <b>CCHC.12</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.  |  |
|                |   |          | 2 Yes, but female told only during pregnancy<br>3 No<br>4 No, pre-diabetes or borderline diabetes<br>7 Don't know / Not sure<br>9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |   |  |
| <b>CCHC.13</b> | How old were you when you were first told you had diabetes? | DIABAGE3 | _ _ Code age in years [97 = 97 and older]<br>98 Don't know / Not sure<br>99 Refused   | Go to Diabetes Module if used, otherwise go to next section.                 |   |  |

## Core Section 9: Demographics

| Question Number | Question text  | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note   | Interviewer Note (s)   |
|-----------------|--|----------------|--|--|--|
| <b>CDEM.01</b>  | What is your age?  |                | __ Code age in years<br>07 Don't know / Not sure<br>09 Refused   |  |  |
| <b>CDEM.02</b>  | Are you Hispanic, Latino/a, or Spanish origin?                 |                | If yes, read: Are you...<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>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? |                | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No choices<br>77 Don't know / Not sure<br>99 Refused | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.<br><br>If respondent indicates that they are Hispanic for race, please read the race choices. |
| <b>CDEM.04</b>  | Are you...   |                | Please read:<br>1 Married<br>2 Divorced<br>3 Widowed   |  |  |



|                |  |  |  |  |  |
|----------------|--|--|--|--|--|
|                |  |  | <p>4 Separated<br/> 5 Never married<br/> Or<br/> 6 A member of an unmarried couple<br/> Do not read:<br/> 9 Refused</p>  |  |  |
| <b>CDEM.05</b> | What is the highest grade or year of school you completed? |  | <p>Read if necessary:<br/> 1 Never attended school or only attended kindergarten<br/> 2 Grades 1 through 8 (Elementary)<br/> 3 Grades 9 through 11 (Some high school)<br/> 4 Grade 12 or GED (High school graduate)<br/> 5 College 1 year to 3 years (Some college or technical school)<br/> 6 College 4 years or more (College graduate)<br/> Do not read:<br/> 9 Refused</p> |  |  |
| <b>CDEM.06</b> | Do you own or rent your home?                              |  | <p>1 Own<br/> 2 Rent<br/> 3 Other arrangement<br/> 7 Don't know / Not sure<br/> 9 Refused</p>  |  | <p>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.<br/> Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.</p> |

|                |  |  |   |  |  |
|----------------|--|--|---|--|--|
| <b>CDEM.07</b> | In what county do you currently live?  |  | _ _ _ ANSI County Code<br>777 Don't know / Not sure<br>999 Refused<br>888 County from another state |  |  |
| <b>CDEM.08</b> | What is the ZIP Code where you currently live?   |  | _ _ _ _ _<br>77777 Do not know<br>99999 Refused   | If cell interview go to CDEM12             |  |
| <b>CDEM.09</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? |  | 1 Yes   |  |  |
|                |  |  | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to CDEM.12                              |  |
| <b>CDEM.10</b> | How many of these telephone numbers are residential numbers?   |  | _ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused             |  |  |
| <b>CDEM.11</b> | How many cell phones do you have for personal use?   |  | _ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused             | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use.  |
| <b>CDEM.12</b> | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or                          |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for |

|                |   |  |   |   |   |
|----------------|---|--|---|---|---|
|                | military reserve unit?  |  |   |   | the Persian Gulf War.   |
| <b>CDEM.13</b> | Are you currently...?   |  | <p>Read:</p> <p>1 Employed for wages</p> <p>2 Self-employed</p> <p>3 Out of work for 1 year or more</p> <p>4 Out of work for less than 1 year</p> <p>5 A Homemaker</p> <p>6 A Student</p> <p>7 Retired</p> <p>Or</p> <p>8 Unable to work</p> <p>Do not read:</p> <p>9 Refused</p>   |   | If more than one, say “select the category which best describes you”. |
| <b>CDEM.14</b> | How many children less than 18 years of age live in your household? |  | <p>_ _ Number of children</p> <p>88 None</p> <p>99 Refused</p>  |   |   |
| <b>CDEM.15</b> | Is your annual household income from all sources—                   |  | <p>Read if necessary:</p> <p>01 Less than \$10,000?</p> <p>02 Less than \$15,000? (\$10,000 to less than \$15,000)</p> <p>03 Less than \$20,000? (\$15,000 to less than \$20,000)</p> <p>04 Less than \$25,000</p> <p>05 Less than \$35,000 If (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> | <p>SEE CATI information of order of coding;</p> <p>Start with category 05 and move up or down categories.</p> | If respondent refuses at ANY income level, code '99' (Refused)        |
| <b>CDEM.16</b> | To your knowledge,  |  | <p>1 Yes</p> <p>2 No</p>  | Skip if Male (MSAB.01,  |   |

|                |  |  |   |  |   |
|----------------|--|--|---|--|---|
|                | are you now pregnant?                      |  | 7 Don't know / Not sure<br>9 Refused  | 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> | About how much do you weigh without shoes? |  | _ _ _ _ Weight (pounds/kilograms)<br>7777 Don't know / Not sure<br>9999 Refused                     |  | If respondent answers in metrics, put 9 in first column. Round fractions up   |
| <b>CDEM.18</b> | About how tall are you without shoes?      |  | _ _ / _ _ Height (ft / inches/meters/centimeters)<br>77/ 77 Don't know / Not sure<br>99/ 99 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions down |

## Core Section 10: Disability

| <b>Question Number</b> | <b>Question text</b>   | <b>Variable names</b> | <b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b> | <b>SKIP INFO/ CATI Note</b> | <b>Interviewer Note (s)</b> | <b>Column(s)</b> |
|------------------------|--|-----------------------|---|-----------------------------|-----------------------------|------------------|
| <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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                             |                             |                  |
| <b>CDIS.02</b>         | Are you blind or do you have serious difficulty seeing, even when wearing glasses?   | BLIND                 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |  |  |  |
| <b>CDIS.04</b> | Do you have serious difficulty walking or climbing stairs?  | DIFFWALK | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |  |  |  |
| <b>CDIS.05</b> | Do you have difficulty dressing or bathing?   | DIFFDRES | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>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<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |  |  |  |

## Core Section 11: Falls

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note             | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|---|----------------------------------|---|-----------|
|                 |   |                |   | Skip Section if AGE, coded 18-44 |   |           |
| <b>CFAL.01</b>  | In the past 12 months, how many times have you fallen?  | FALL12MN       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>99 Refused                   | Go to Next Section               | Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.                 |           |
| <b>CFAL.02</b>  | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? | FALLINJ4       | __ Number of falls [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused |                                  | 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. |           |

## Core Section 12: 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.<br>5 packs = 100 cigarettes.   |  |
|                |   |          | 2 No<br>7 Don't know/Not Sure<br>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<br>2 Some days<br>3 Not at all<br><br>7 Don't know / Not sure<br><br>9 Refused  |               |  |  |
| <b>CTOB.03</b> | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?           | USENOW3  | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused  |               | 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.   |  |
| <b>CTOB.04</b> | Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all? |          | 1 Every day<br>2 Some days<br>3 Not at all (right now)<br>4 Never used e-cigs in your entire life<br>7 Don't know / Not sure<br>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.<br>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic |  |

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
|  |  |  |  |  | <p>vaping products for marijuana use is not included in these questions.</p> <p>If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”</p> |  |
|--|--|--|--|--|---|--|

### Core Section 13: 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>Prologue</b> | 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.   |                |  |                      |   |           |
| <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 as beer, wine, a malt beverage or liquor? | ALCDAY5        | 1 __ Days per week<br>2 __ Days in past 30 days<br>888 No drinks in past 30 days<br>777 Don't know / Not sure<br>999 Refused | 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. |           |
| <b>CALC.02</b>  | One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one  | AVEDRNK3       | __ Number of drinks<br>88 None<br>77 Don't know / Not sure   |                      | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots                          |           |



|                |  |          |  |   |                          |  |
|----------------|--|----------|--|---|--------------------------|--|
|                | shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?   |          | 99 Refused   |   | 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<br>77 Don't know / Not sure<br>88 no days<br>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<br>77 Don't know / Not sure<br>99 Refused              |   |                          |  |

Core Section 14: Immunization (with shingles)

| 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<br>2 No<br>7 Don't know / Not sure<br>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       | ___ / ____<br>Month / Year<br>77 / 7777 Don't know / Not sure<br>09 / 9999<br>Refused |                      |   |           |
| <b>CIMM.03</b>  | Have you ever had a pneumonia shot also known as a pneumococcal vaccine?  | PNEUVAC4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                 |                      | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.   |           |
| <b>CIMM.04</b>  | Have you ever had the shingles or zoster vaccine?   | SHINGLE2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                 |                      | 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. |  |
|--|--|--|--|--|--|--|

Core Section 15: 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<br>7 Don't know/ not sure<br>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       | ___/____<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure 99/<br>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 16: Seat Belt Use / Drinking and Driving

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---|----------------------|-----------|
| CSBD.01         | How often do you use seat belts when you drive or ride in a car? Would you say—                    | SEATBELT       | Read:<br>1 Always<br>2 Nearly always<br>3 Sometimes<br>4 Seldom<br>5 Never<br>Do not read:<br>7 Don't know / Not sure |   |                      |           |
|                 |  |                | 8 Never drive or ride in a car  | Go to next section  |                      |           |
|                 |  |                | 9 Refused   |   |                      |           |
|                 |  |                |   | If CALC.01 = 888 (No drinks in the past 30 days); go to next section. |                      |           |
| CSBD.02         | During the past 30 days, how many times have you driven when you've had perhaps too much to drink? | DRNKDRI2       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>99 Refused   |   |                      |           |

## Emerging Core: Long-term COVID Effects

| Question Number | Question text                     | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)               | Column(s) |
|-----------------|-----------------------------------|----------------|--|----------------------|------------------------------------|-----------|
| COVID.01        | Have you ever tested positive for |                | 1 Yes  |                      | Positive tests include antibody or |           |

|                 |  |  |  |  |   |  |  |
|-----------------|--|--|--|--|---|--|--|
|                 | COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19? |  |  | 2 No<br>7 Don't know / Not sure<br>9 Refused | Go to next section                        | blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm. |  |
| <b>COVID.02</b> | Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?   |  |  | 1 Yes  |   | Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself  |  |
|                 |  |  |  | 2 No<br>7 Don't know / Not sure<br>9 Refused | Go to closing statement or module section | Read if necessary:<br>- Tiredness or fatigue<br>- Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog")<br>- Difficulty breathing or shortness of breath                                     |  |

|                 |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|
|                 |  |  |  |  |  | <ul style="list-style-type: none"> <li>- Joint or muscle pain</li> <li>- Fast-beating or pounding heart (also known as heart palpitations) or chest pain</li> <li>- Dizziness on standing</li> <li>-menstrual changes</li> <li>- Symptoms that get worse after physical or mental activities</li> <li>-Loss of taste or smell</li> </ul> |  |
| <b>COVID.03</b> | Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19? |  |  | <p>1 Yes, a lot</p> <p>2 Yes, a little</p> <p>3 Not at all</p> |  |  |  |

### Closing Statement/ Transition to Modules

| Read if necessary  | Read | CATI instructions (not 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. |      | Read if no optional modules follow, otherwise continue to optional modules. |

## Optional Modules

### Module 1: Prediabetes

| Question Number  | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note   | Interviewer Note (s) | Column(s) |
|------------------|--|----------------|--|--|----------------------|-----------|
|                  |  |                |  | Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12; |                      |           |
| <b>MPDIAB.01</b> | 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)<br>2 Within the last 2 years (1 year but less than 2 years ago)<br>3 Within the last 3 years (2 years but less than 3 years ago)<br>4 Within the last 5 years (3 to 4 years but less than 5 years ago)<br>5 Within the last 10 years (5 to 9 years but less than 10 years ago)<br>6 10 years ago or more<br>8 Never<br>7 Don't know / Not sure<br>9 Refused |  |                      |           |



|                  |  |  |  |  |   |  |
|------------------|--|--|--|--|---|--|
|                  |  |  |  | Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes) |   |  |
| <b>MPDIAB.02</b> | Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes? |  | 1 Yes<br>2 Yes, during pregnancy<br>3 No<br>7 Don't know / Not sure<br>9 Refused |  | If Yes and respondent is female, ask: Was this only when you were pregnant? |  |

## Module 2: Diabetes

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note               | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|------------------------------------|---|-----------|
|                 |  |                |   | Skip if CCHC.12 is not equal to 1. |   |           |
| <b>MDIAB.01</b> | According to your doctor or other health professional, what type of diabetes do you have?                                      |                | 1 Type 1<br>2 Type 2<br>7 Don't know/ Not sure<br>9 Refused   |                                    |   |           |
| <b>MDIAB.02</b> | Insulin can be taken by shot or pump. Are you now taking insulin?  |                | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  |                                    |   |           |
| <b>MDIAB.03</b> | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?          |                | __ Number of times [76 = 76 or more]<br>88 None<br>98 Never heard of A-one-C test<br>77 Don't know / Not sure<br>99 Refused                   |                                    | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. |           |
| <b>MDIAB.04</b> | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? |                | Read if necessary:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 months ago) |                                    |   |           |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
|                 |   |  | <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>  |  |  |  |
| <b>MDIAB.05</b> | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? |  | <p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p> |  |  |  |
| <b>MDIAB.06</b> | When was the last time you took a course or class in how to manage your diabetes yourself?  |  | <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less</p>   |  |  |  |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
|                 |   |  | than 3 years ago)<br>4 Within the last 5 years (3 to 4 years but less than 5 years ago)<br>5 Within the last 10 years (5 to 9 years but less than 10 years ago)<br>6 10 years ago or more<br>8 Never<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
| <b>MDIAB.07</b> | Have you ever had any sores or irritations on your feet that took more than four weeks to heal? |  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused  |  |  |  |

## Module 3 : Arthritis

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|---|----------------------|--|-----------|
| <b>MARTH.01</b> | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?    | ARTHEXER       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.  |           |
| <b>MARTH.02</b> | 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |  |           |
| <b>MARTH.03</b> | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?                              | LMTJOIN3       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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>MARTH.04</b> | In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether                           | ARTHDIS2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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  |           |

|                 |  |          |   |  |   |  |
|-----------------|--|----------|---|--|---|--|
|                 | you work, the type of work you do or the amount of work you do?  |          |   |  | 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>MARTH.05</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]<br>77 Don't know/ Not sure<br>99 Refused |  |   |  |

## Module 13: Cognitive Decline

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)       | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|----------------------|-----------|
|                 |  |                |  | If respondent is 45 years of age or older continue, else go to next module. |                      |           |
| <b>MCOG.01</b>  | <p>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.</p> <p>During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse??</p> |                | 1 Yes  |   |                      |           |
|                 |  |                | 2 No<br>7 Don't know/ not sure<br>9 Refused          | Go to next module   |                      |           |
| <b>MCOG.02</b>  | Are you worried about these difficulties with thinking or memory?  |                | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |   |                      |           |
| <b>MCOG.03</b>  | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?   |                | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |   |                      |           |

|                |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|
| <b>MCOG.04</b> | 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<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |  |  |
| <b>MCOG.05</b> | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?   |  | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  | Question should be asked to all respondents regardless of work status. If the 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. |  |



## Module 15: 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>MTC.01</b>   | How long has it been since you last smoked a cigarette, even one or two puffs? | LASTSMK2       | Read if necessary:<br>01 Within the past month (less than 1 month ago)<br>02 Within the past 3 months (1 month but less than 3 months ago)<br>03 Within the past 6 months (3 months but less than 6 months ago)<br>04 Within the past year (6 months but less than 1 year ago)<br>05 Within the past 5 years (1 year but less than 5 years ago)<br>06 Within the past 10 years (5 years but less than 10 years ago)<br>07 10 years or more<br>08 Never smoked regularly<br>77 Don't know / Not sure<br>99 Refused | Go to next module                    |                      |           |

|               |  |          |  | Ask if<br>SMOKDAY2<br>= 1 or 2. |  |  |
|---------------|--|----------|--|---------------------------------|--|--|
| <b>MTC.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<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                                 |  |  |

## Module 16: Other Tobacco Use

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
|                 |  |                | ASK IF CTOB.02 = 1,2                                  |                      |                      |           |
| <b>MOTU.01</b>  | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?   | ***NEW***      | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
|                 |  |                | ASK IF CTOB.04 = 2, 3                                 |                      |                      |           |
| <b>MOTU.02</b>  | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?   | ***NEW***      | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      |           |
|                 | Prologue: The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. | ***NEW***      |   |                      |                      |           |

|                |  |           |   |  |  |  |
|----------------|--|-----------|---|--|--|--|
| <b>MOTU.03</b> | Before today, have you heard of heated tobacco products? | ***NEW*** | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  |  |  |
|----------------|--|-----------|---|--|--|--|

## Module 21: Sex at Birth

| Question Number | Question text                                      | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)           | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|--|----------------------|--|-----------|
| MSAB.01         | What was your sex at birth? Was it male or female? | BIRTHSEX       | 1 Male<br>2 Female<br>7 Don't know/Not sure<br>9 Refused |                      | This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates. |           |

## Module 22: Sexual Orientation and Gender Identity (SOGI)

| Question Number | Question text   | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/<br>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.01</b> | Which of the following best represents how you think of yourself?       |                | 1 = Gay<br>2 = Straight, that is, not gay<br>3 = Bisexual<br>4 = Something else<br>7 = I don't know the answer<br>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.<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word. |           |

|                 |   |  |  |  |   |  |
|-----------------|---|--|--|--|---|--|
|                 |   |  |  | If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02. |   |  |
| <b>MSOGI.02</b> | Which of the following best represents how you think of yourself? |  | 1 = Lesbian or Gay<br>2 = Straight, that is, not gay<br>3 = Bisexual<br>4 = Something else<br>7 = I don't know the answer<br>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.<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word.                            |  |
| <b>MSOGI.03</b> | Do you consider yourself to be transgender?                       |  | 1 Yes, Transgender, male-to-female<br>2 Yes, Transgender, female to male<br>3 Yes, Transgender, gender nonconforming<br>4 No<br>7 Don't know/not sure<br>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 woman would be transgender. Some transgender people change their physical |  |

|  |  |  |  |  |   |  |
|--|--|--|--|--|---|--|
|  |  |  |  |  | <p>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 response. Respondent can answer with either the number or the text/word.</p> |  |
|--|--|--|--|--|---|--|

## Module 24: Adverse Childhood Experiences

| 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> | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. |                |   |                     | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. |           |
| <b>MACE.01</b>  | Now, looking back before you were 18 years of age---.<br>1) Did you live with anyone who was depressed, mentally ill, or suicidal?  | ACEDEPRS       | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused |                     |   |           |
| <b>MACE.02</b>  | Did you live with anyone who was a problem drinker or alcoholic?  | ACEDRINK       | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused |                     |   |           |
| <b>MACE.03</b>  | Did you live with anyone who used illegal street drugs or who abused prescription medications?  | ACEDRUGS       | 1 Yes<br>2 No                                       |                     |   |           |



|                |  |          |   |  |  |  |
|----------------|--|----------|---|--|--|--|
|                |  |          | 7 Don't Know/Not Sure<br>9 Refused  |  |  |  |
| <b>MACE.04</b> | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?                             | ACEPRISN | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.05</b> | Were your parents separated or divorced?   | ACEDIVRC | 1 Yes<br>2 No<br>8 Parents not married<br>7 Don't Know/Not Sure<br>9 Refused                        |  |  |  |
| <b>MACE.06</b> | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...   | ACEPUNCH | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>MACE.07</b> | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it— | ACEHURT1 | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |
| <b>MACE.08</b> | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...   | ACESWEAR | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused |  |  |  |

|                |  |          |   |  |  |  |
|----------------|--|----------|---|--|--|--|
| <b>MACE.09</b> | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...   | ACETOUCH | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.10</b> | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...   | ACETTHEM | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.11</b> | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...   | ACEHVSEX | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused   |  |  |  |
| <b>MACE.12</b> | For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time? |          | 1. Never<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>9 Refused |  |  |  |

|                |   |  |   |  |   |  |
|----------------|---|--|---|--|---|--|
| <b>MACE.13</b> | For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time? |  | 1. Never<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>9 Refused |  |   |  |
|                | Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.   |  |   |  | If yes provide number [STATE TO INSERT NUMBER HERE] |  |

## Module 26: HPV - Vaccination

| Question Number | Question text                            | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note  | Interviewer Note (s)  | Columns |
|-----------------|--|----------------|--|---|---|---------|
|                 |  |                |  | To be asked of respondents between the ages of 18 and 49 years (can be calculated from YEARBORN variable); otherwise, go to next module |   |         |
| <b>MHPV.01</b>  | Have you ever had an H.P.V. vaccination? |                | 1 Yes<br>2 No<br>3 Doctor refused when asked   | Go to next module   | Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks) |         |

|                |                                     |  |   |  |   |  |
|----------------|-------------------------------------|--|---|--|---|--|
|                |                                     |  | 7 Don't know / Not sure<br>9 Refused  |  | <p>Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].</p> <p>If respondent comments that this question was already asked, clarify <b>that the earlier questions was about HPV testing, and this</b> question is about vaccination.</p> |  |
| <b>MHPV.02</b> | How many HPV shots did you receive? |  | __ Number of shots (1-2)<br>3 All shots<br>77 Don't know / Not sure<br>99 Refused |  |   |  |

## Module 29: Social Determinants and Health Equity

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| <b>MSDHE.01</b> | In general, how satisfied are you with your life? Are you..                     |                | Read:<br>1 Very satisfied<br>2 Satisfied<br>3 Dissatisfied<br>4 Very dissatisfied<br>7 Don't know/not sure<br>9 Refused |                      |                      |           |
| <b>MSDHE.02</b> | How often do you get the social and emotional support that you need? Is that... |                | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused              |                      |                      |           |
| <b>MSDHE.03</b> | How often do you feel socially isolated from others? Is it...                   |                | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused              |                      |                      |           |
| <b>MSDHE.04</b> | In the past 12 months have you lost employment or                               |                | 1 Yes<br>2 No   |                      |                      |           |

|                 |   |  |  |  |  |  |
|-----------------|---|--|--|--|--|--|
|                 | had hours reduced?  |  | 7 Don't Know/ Not sure<br>9 Refused  |  |  |  |
| <b>MSDHE.05</b> | During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card? |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |
| <b>MSDHE.06</b> | During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...             |  | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused |  |  |  |
| <b>MSDHE.07</b> | During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?                           |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |
| <b>MSDHE.08</b> | During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?                  |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |

|                 |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|
| <b>MSDHE.09</b> | During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?  |  | 1 Yes<br>2 No<br>7 Don't Know/ Not sure<br>9 Refused   |  |  |  |
| <b>MSDHE.10</b> | Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it... |  | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>7 Don't know/not sure<br>9 Refused |  |  |  |

State Added: 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<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      | By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |           |
| M16.02          |   | HOMRGCHK       | 1 Yes   |                      |   |           |

|        |   |         |  |                   |  |  |
|--------|---|---------|--|-------------------|--|--|
|        | Do you regularly check your blood pressure outside of your healthcare professional's office or at home?   |         | 2 No<br>7 Don't know / Not sure<br>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<br>2 On a machine at a pharmacy, grocery or similar location<br>3 Do not check it<br>7 Don't know / Not sure<br>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 emails, internet portal or fax, or in person? | SHAREBP | Do not read:<br>1 Telephone<br>2 Other methods such as email, internet portal, or fax, or<br>3 In person<br><br>Do not read:<br>4 Do not share information<br>7 Don't know / Not sure<br>9 Refused |                   |  |  |

## Module 31: Random Child Selection

| Question Number | Question text | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------|----------------|---|-------------------------|----------------------|-----------|
|-----------------|---------------|----------------|---|-------------------------|----------------------|-----------|



|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
| <p><b>Intro text and screening</b></p> | <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 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,</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. 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 [CATI: please fill in] child.</p> |  |  |
|--|--|--|--|---|--|--|

|                |  |          |  |  |   |  |
|----------------|--|----------|--|--|---|--|
|                | including twins, in the order of their birth.                              |          |  |  |   |  |
| <b>MRCS.01</b> | What is the birth month and year of the [Xth] child?                       | RCSBIRTH | ___/____<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure<br>99/ 9999<br>Refused   |  |   |  |
| <b>MRCS.02</b> | Is the child a boy or a girl?  | RCSGENDR | 1 Boy<br>2 Girl<br>9 Refused   |  |   |  |
| <b>MRCS.03</b> | Is the child Hispanic, Latino/a, or Spanish origin?                        | RCHISLA1 | Read if response is yes:<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused |  | If yes, ask: Are they...  |  |
| <b>MRCS.04</b> | Which one or more of the following would you say is the race of the child? | RCSRACE1 | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br><b>40 Asian</b><br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese  |  | Select all that apply<br><br>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |

|                |   |          |  |  |  |  |
|----------------|---|----------|--|--|--|--|
|                |   |          | 45 Korean<br>46 Vietnamese<br>47 Other Asian<br><b>50 Pacific Islander</b><br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused |  |  |  |
|                |   |          |  | IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.] |  |  |
| <b>MRC5.05</b> | Which one of these groups would you say best represents the child's race? | RCSBRAC2 | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br><b>40 Asian</b><br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian  |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. |  |

|                |   |          |   |  |  |  |
|----------------|---|----------|---|--|--|--|
|                |   |          | <b>50 Pacific Islander</b><br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused  |  |  |  |
| <b>MRCS.06</b> | How are you related to the child? Are you a-- | RCSRLTN2 | Please read:<br>1 Parent (include biologic, step, or adoptive parent)<br>2 Grandparent<br>3 Foster parent or guardian<br>4 Sibling (include biologic, step, and adoptive sibling)<br>5 Other relative<br>6 Not related in any way<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  |  |

## Module 32: Childhood Asthma Prevalence

| Question Number | Question text | Variable names | Responses | SKIP INFO/<br>CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------|----------------|-----------|-------------------------|----------------------|-----------|
|-----------------|---------------|----------------|-----------|-------------------------|----------------------|-----------|

**(DO NOT  
READ UNLESS  
OTHERWISE  
NOTED)**

|                |  |          |   |  |  |  |
|----------------|--|----------|---|--|--|--|
|                |  |          |   | If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module. |  |  |
| <b>MCAP.01</b> | The next two questions are about the Xth child.<br><br>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<br>7 Don't know/<br>not sure<br>9 Refused          | Go to next module  |  |  |
| <b>MCAP.02</b> | Does the child still have asthma?  | CASTHNO2 | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  |  |

### Asthma Call-Back Permission Script

| <b>Question Number</b> | <b>Question text</b>  | <b>Variable names</b> | <b>Responses<br/>(DO NOT READ UNLESS OTHERWISE NOTED)</b> | <b>SKIP INFO/CATI Note</b> | <b>Interviewer Note (s)</b> | <b>Column(s)</b> |
|------------------------|---|-----------------------|---|----------------------------|-----------------------------|------------------|
| <b>Text</b>            | We would like to call you again within the next 2 weeks to talk in more detail about (your/your |                       |   |                            |                             |                  |

|                |  |          |                       |  |  |  |
|----------------|--|----------|-----------------------|--|--|--|
|                | <p>child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in &lt;STATE&gt;. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</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<br/>2 No</p> |  |  |  |

|                |  |                                     |                    |  |  |  |
|----------------|--|-------------------------------------|--------------------|--|--|--|
| <b>CB01.02</b> | Which person in the household was selected as the focus of the asthma call-back?                                       | ADLTCHLD                            | 1 Adult<br>2 Child |  |  |  |
| <b>CB01.03</b> | 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? | <hr/> Enter first name or initials. |                    |  |  |  |

## 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.**