2022

Behavioral Risk Factor Surveillance System Questionnaire

Imported & Hidden Sample Variables

[ASK ALL]
SAMPTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]
STATE. Imported Sample Variable: State

FL Florida

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

FL Florida Department of Health

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

FL 1-844-604-4387

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

Range 000-999 [NUMBER BOX]

[ASK ALL]
HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, MOD25_1, RSA,

1 Male
2 Female

[ASK ALL]
ORIG_GENDER. Hidden question for piping him/her into resume intro

IF SEX1=1 OR SEX2=1 OR ASKGENDR=1 OR RSA=11,12,13,14,15,16,17,18,19,21
SET ORIG_GENDER=1

IF SEX1=2 OR SEX2=2 OR ASKGENDR=2 OR RSA=01,02,03,04,05,06,07,08,09,22
SET ORIG_GENDER=2

1 him
2 her

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

FL

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

CWEEKDAY. System variable - Current weekday

1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

CMONTH. System variable - Current month

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

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

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

Behavioral Risk Factor Surveillance System

2022 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 03/31/2025

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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

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

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

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

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

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

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

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence."]

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

10 Callback
20 Refusal
D3 Answering Machine
D6 Straight to Voicemail
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

[ASK IF INT01=02]

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

1 Continue [ASSIGN DISPO U1]

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

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

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

May I please speak to [ORIG_GENDER]?

01 Selected on the line

03 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO PW]

10 Callback
20 Refusal
D3 Answering Machine
D6 Straight to Voicemail
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

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

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

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

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

1 Yes
2 No
3 No, this is a business

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

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]
COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

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

1 Yes
2 No – Business
3 No – Group Home

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Continue [ASSIGN DISPO M8]

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Continue [ASSIGN DISPO M7]

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

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

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

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

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

1 Continue [ASSIGN DISPO M3]

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

1 Yes
2 No

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

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

1 Male
2 Female
3 Nonbinary

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD25_1=WR AND SEX1=1 SET HGENDER=1 (Male); IF MOD25_1=WR AND SEX1=2 SET HGENDER=2 (Female)]

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

RANGE 0-18 [NUMBER BOX]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=3,7,9]
XX4. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

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

1 Yes
2 No

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

1 Male
2 Female
3 Nonbinary

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD25_1=WR AND ASKGENDR=1 SET HGENDER=1 (Male); IF MOD25_1=WR AND ASKGENDR =2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=3,7,9]
XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

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

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

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

1 Continue

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

RANGE 0-[ADULTS] [NUMBER BOX]

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

[ASK IF NWOMEN>0]
WOMEN. So the number of women in the household is [NWOMEN]. Is that correct?
INTERVIEWER NOTE: If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.

1 Yes
2 No

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

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

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

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

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

RSA. System Generated Variable: Randomly Selected Adult

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

[IF MOD25_1=WR AND RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF MOD25_1=WR AND RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

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

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

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

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

1 Yes, male
2 Yes, female

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

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

SELCK. I’m sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT “Male”; IF RESPSLCT =2 INSERT “Female”]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]

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

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

1 Person Interested, Continue

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

Interviewer's Script Cell Phone

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

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Continue [CODE AS U1]

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CELLFON2=2]
NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

1 Continue [ASSIGN DISPO M2]

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

1 Continue [ASSIGN DISPO M2]

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

1 Yes
2 No

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

1 Continue [ASSIGN DISPO M6]

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

READ IF NECESSARY: 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.

1 Male
2 Female
3 Nonbinary

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD25_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD25_1=WR AND SEX2 =2 SET HGENDER=2 (Female)]

[ASK IF SEX2=3,7,9]
XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF COLLEGE2=2,3]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

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

1 Continue [ASSIGN DISPO M8]

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Continue [ASSIGN DISPO M7]

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

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia

HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming

66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF CSTATE=2 AND STATE=FL AND RSPSTATE=FL]
STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

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

1 Continue [ASSIGN DISPO M7]

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

1 Continue [ASSIGN DISPO M7]

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

READ ONLY IF NECESSARY: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE
99 REFUSED

[ASK IF SAMPTYPE=2]
SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

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

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

9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]
S1Q1. Section 1: Health Status

Would you say that in general your health is —

1 Excellent
2 Very good

3 Good
4 Fair, or
5 Poor

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 2: Healthy Days

[ASK ALL]
S2Q1. Section 2: Healthy Days

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

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

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

READ IF NECESSARY:

01 A plan purchased through an employer or union (including plans purchased through another person's employer)
02 A private nongovernmental plan that you or another family member buys on your own
03 Medicare
04 Medigap
05 Medicaid
06 Children's Health Insurance Program (CHIP)
07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08 Indian Health Service

09 State sponsored health plan
10 Other government program
88 No coverage of any type

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

[ASK ALL]
S3Q2. Do you have one person (or a group of doctors) that you think of as your personal health care provider?

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

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

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

1 Yes, only one
2 More than one
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

DO NOT READ
8 NEVER
7 DON'T KNOW
9 REFUSED

Section 4: Exercise

[ASK ALL]
S4Q1. Section 4: Exercise

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State Added Section 1: Exercise (Physical Activity)

[ASK IF STATE=FL AND S4Q1=1 AND CSTATE NE 2]
FL1_1. State Added Section 1: Exercise (Physical Activity)

Commented [CT1]: Since this is asking about doing "this activity", I set the logic to only ask if they responded "Yes" to the Core question. Please let me know if this is not correct.

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

___ Times per week [NUMBER BOX]
___ Times per month [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF STATE=FL AND S4Q1=1 AND CSTATE NE 2]
FL1_2. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

___ Hours [NUMBER BOX]
___ Minutes [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

Commented [CT2]: Since this is asking about doing "this activity", I set the logic to only ask if they responded "Yes" to the Core question. Please let me know if this is not correct.

Section 5: Inadequate Sleep

[ASK ALL]
S5Q1. Section 5: Inadequate Sleep

On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 6: Oral Health

[ASK ALL]
S6Q1. Section 6: Oral Health

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

READ IF NECESSARY:

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

DO NOT READ

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

[ASK ALL]

S6Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

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

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State Added Section 2: Oral Health

[ASK IF STATE=FL AND CSTATE NE 2]

FL2_1. State Added Section 2: Oral Health

Do you have any kind of dental care coverage, including dental insurance, prepaid plans, government plans such as Medicaid, or Indian Health Service?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 7: Chronic Health Conditions

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q6. (Ever told you had) skin cancer that is not melanoma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

INTERVIEWER: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal

tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q12. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND S7Q12=2]
S7Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q12]

[ASK IF S7Q12=1]
S7Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

FL State Added Section 3: Hypertension Awareness

[ASK IF STATE=FL AND CSTATE NE 2]

FL3_1. State Added Section 3: Hypertension Awareness

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

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL3_1=1 AND CSTATE NE 2]

FL3_2. Are you currently taking prescription medicine for your high blood pressure?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL3_1=1 AND CSTATE NE 2]

FL3_3. Have you been referred by a doctor, nurse, or other health professional to a blood pressure self-monitoring program to manage your high blood pressure?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL3_1=1 AND CSTATE NE 2]
FL3_4. Are you participating in a blood pressure self-monitoring program?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL3_1=1 AND CSTATE NE 2]
FL3_5. Have you completed a blood pressure self-monitoring program?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State Added Section 4: Cholesterol Awareness

[ASK IF STATE=FL AND CSTATE NE 2]
FL4_1. State Added Section 4: Cholesterol Awareness

About how long has it been since you last had your blood cholesterol checked?

INTERVIEWER NOTE: Blood cholesterol is a fatty substance found in the blood.

READ IF NECESSARY
1 Never
2 Within the past year (anytime less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)

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

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

[ASK IF STATE=FL AND FL4_1=2,3,4,5,7 CSTATE NE 2]
FL4_2. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL4_2=1 AND CSTATE NE 2]
FL4_3. Are you currently taking medicine prescribed by your doctor for your blood cholesterol?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

1 ENGLISH
2 SPANISH

Section 8: Demographics

[ASK ALL]
S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S7Q13>S8Q1 AND S8Q1<> 07,09 AND S7Q13 NE 98,99]
S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]
S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q2=2]
[MUL=4]
S8Q2B. Are you…

INTERVIEWER NOTE: One or more categories may be selected.

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

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

[DATA PROCESSING NOTE: CDC lists this as one question, s8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]
[MUL=5]
S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

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

DO NOT READ
88 No choices [EXCLUSIVE]
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]
[MUL=9]
S8Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF S8Q3=50]
[MUL=4]
S8Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF NBR(S8Q3)>1]
[HIDE RESPONSES NOT SELECTED IN S8Q3 AND DISPLAY 77, 88, 99]
S8Q4. Which one of these groups would you say best represents your race?

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

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

DO NOT READ
88 No choices
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]

[HIDE RESPONSES NOT SELECTED IN S8Q3A AND DISPLAY 77, 99]
[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]
S8Q4A. Is that…

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

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

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)]
[HIDE RESPONSES NOT SELECTED IN S8Q3PI AND DISPLAY 77,99]
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8Q4PI RESPONSE]
S8Q4PI. Is that…

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

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

[ASK ALL]
S8Q5. Are you…?

PLEASE READ
1 Married
2 Divorced
3 Widowed
4 Separated

5 Never married
6 A member of an unmarried couple

DO NOT READ
9 REFUSED

[ASK ALL]
S8Q6. What is the highest grade or year of school you completed?

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

DO NOT READ
9 REFUSED

[ASK ALL]
S8Q7. Do you own or rent your home?

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

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

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

1 Own
2 Rent
3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State-Added Section: County

[ASK IF STATE=FL AND CSTATE NE 2]

FL_CNTY. State-Added Section: County

In what county do you currently live?

001	Alachua County
003	Baker County
005	Bay County
007	Bradford County
009	Brevard County
011	Broward County
013	Calhoun County
015	Charlotte County
017	Citrus County
019	Clay County
021	Collier County
023	Columbia County
027	DeSoto County
029	Dixie County
031	Duval County
033	Escambia County
035	Flagler County
037	Franklin County
039	Gadsden County
041	Gilchrist County
043	Glades County
045	Gulf County
047	Hamilton County
049	Hardee County
051	Hendry County
053	Hernando County
055	Highlands County
057	Hillsborough County
059	Holmes County
061	Indian River County
063	Jackson County
065	Jefferson County
067	Lafayette County
069	Lake County
071	Lee County
073	Leon County
075	Levy County
077	Liberty County
079	Madison County
081	Manatee County

083	Marion County
085	Martin County
086	Miami-Dade
087	Monroe County
089	Nassau County
091	Okaloosa County
093	Okeechobee County
095	Orange County
097	Osceola County
099	Palm Beach County
101	Pasco County
103	Pinellas County
105	Polk County
107	Putnam County
109	St. Johns County
111	St. Lucie County
113	Santa Rosa County
115	Sarasota County
117	Seminole County
119	Sumter County
121	Suwannee County
123	Taylor County
125	Union County
127	Volusia County
129	Wakulla County
131	Walton County
133	Washington County
777	Don't Know / Not Sure
999	Refused

[ASK ALL]
S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q9 NE 77777,99999]
S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

1 Yes, correct zip code
2 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]
S8Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q10=1]
S8Q11. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]
S8Q12. How many cell phones do you have for your personal use?

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

INTERVIEWER NOTE: Do not include cell phones that are used exclusively by other members of the household

RANGE 1-5 [NUMBER BOX]

6 Six or more

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

[ASK ALL]

S8Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S8Q14. Are you currently…?

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

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

DO NOT READ
9 REFUSED

Module 22: Industry and Occupation

[ASK IF S8Q14=1,2,4 AND CSTATE NE 2]
MOD22_1. Module 22: Industry and Occupation

What kind of work [IF S8Q14=1,2 INSERT "do"; IF S8Q14=4 INSERT "did"] you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S8Q14=1,2,4 AND CSTATE NE 2]
MOD22_2. What kind of business or industry [IF S8Q14=1,2 INSERT “do”; IF S8Q14=4 INSERT “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

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

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

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]
S8Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE
99 REFUSED

[ASK IF S8Q15=1-87]
S8Q15CHK. Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT “child”; IF S8Q15=2-87 INSERT “children”] under 18 living in your household. Is that correct?

1 Yes
2 No [GO BACK TO S8Q15]

9 REFUSED

[ASK ALL]
S8Q16A. Is your annual household income from all sources –

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16A=01]
S8Q16B. Less than $25,000 ($20,000 to less than $25,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16B=01]
S8Q16C. Less than $20,000 ($15,000 to less than $20,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16C=01]
S8Q16D. Less than $15,000 ($10,000 to less than $15,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16D=01]
S8Q16E. Less than $10,000?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16A=02]
S8Q16F. Less than $50,000 ($35,000 to less than $50,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16F=02]
S8Q16G. Less than $75,000 ($50,000 to less than $75,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16G=02]
S8Q16H. Less than $100,000 ($75,000 to less than $100,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16H=02]
S8Q16I. Less than $150,000 ($100,000 to less than $150,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16I=02]
S8Q16J. Less than $200,000 ($150,000 to less than $200,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16J=02]
S8Q16K. $200,000 or more?

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

01 Yes
02 No

77 DON’T KNOW / NOT SURE
99 REFUSED

SET S8Q16=01 IF S8Q16E=01
SET S8Q16=02 IF S8Q16E=02
SET S8Q16=03 IF S8Q16D=02
SET S8Q16=04 IF S8Q16C=02
SET S8Q16=05 IF S8Q16B=02
SET S8Q16=06 IF S8Q16F=01
SET S8Q16=07 IF S8Q16G=01
SET S8Q16=08 IF S8Q16H=01
SET S8Q16=09 IF S8Q16I=01
SET S8Q16=10 IF S8Q16J=01 OR IF S8Q16K=02
SET S8Q16=11 IF S8Q16K=01
SET S8Q16=77 IF ANY S8Q16A-S8Q16K=77
SET S8Q16=99 IF ANY S8Q16A-S8Q16K=99

[ASK ALL]
S8Q16. Aggregated response to income question

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

77 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16 NE 77,99]
S8Q16AA. Your Annual Household Income is [S8Q16]. Is This Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S8Q16A]

[ASK IF HGENDER=2 AND S8Q1=18-49]
S8Q17. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
PS8Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q18=P]
S8Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q18=50-79 OR S8Q18=351-776]
S8Q18_A. Just to double-check, you indicated [S8Q18] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=K]
S8Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q18M=23-352 AND PS8Q18=K]
S8Q18AM. Just to double-check, you indicated [S8Q18M] kilograms as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q18M]

[ASK ALL]
PS8Q19. About how tall are you without shoes?

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

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q19=F]
S8Q19. About how tall are you without shoes?

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

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

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q19=300-407 OR S8Q19=609-711]
S8Q19A. Just to double check, you indicated you are [S8Q19] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q19]

[ASK IF PS8Q19=M]
S8Q19M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q19M=90-254 AND PS8Q19=M]
S8Q19AM. Just to double check, you indicated you are [S8Q19M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q19M]

Section 9: Disability

[ASK ALL]
S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S9Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S9Q5. Do you have difficulty dressing or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 10: Breast and Cervical Cancer Screening

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

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

[ASK IF HGENDER=2]
S10Q3. Have you ever had a cervical cancer screening test?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=2]
S10Q6. At your most recent cervical cancer screening, did you have an H.P.V. test?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 Refused

[ASK IF HGENDER=2 AND S8Q17 NE 1]
S10Q7. Have you had a hysterectomy?

INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09)]
S11Q1. Section 11: Colorectal Cancer Screening

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Colonoscopy
2 Sigmoidoscopy

3 Both

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

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

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

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

[ASK IF S11Q2=3,7]
S11Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

READ ONLY IF NECESSARY:
1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)

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

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

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09)]
S11Q6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q6=1]
S11Q7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

5 10 or more years ago

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

Section 12: Tobacco Use

[ASK ALL]
S12Q1. Section 12: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q1=1]
S12Q2. Do you now smoke cigarettes every day, some days, or not at all?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 18: Tobacco Cessation

[ASK IF S12Q1=1 AND S12Q2=3 AND CSTATE NE 2]
MOD18_1. Module 18: Tobacco Cessation

How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:
01 Within the past month (less than 1 month ago)
02 Within the past 3 months (1 month but less than 3 months ago)
03 Within the past 6 months (3 months but less than 6 months ago)
04 Within the past year (6 months but less than 1 year ago)
05 Within the past 5 years (1 year but less than 5 years ago)
06 Within the past 10 years (5 years but less than 10 years ago)
07 10 years or more
08 Never smoked regularly

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

[ASK IF S12Q2=1,2 AND CSTATE NE 2]
MOD18_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S12Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S12Q4. Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These

products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

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

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 13: Lung Cancer Screening

[ASK IF S12Q1=1 AND S12Q2=1,2,3]

S13Q1. Section 13: Lung Cancer Screening

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

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

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

RANGE 1-100 [NUMBER BOX]

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

[ASK IF S8Q1<S13Q1 AND S8Q1 NE 07,09 AND S13Q1 NE 888,777,999]

S13Q1C. Previously you indicated you were [S8Q1] years old, but stated you were [S13Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q1]

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

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S13Q2=1-100 AND ((S8Q1=18-99 AND (S8Q1<S13Q2)) AND S8Q1 NE 07,09)) AND S13Q2 NE 777,999]
S13Q2C. Previously you indicated you were [S8Q1] years old, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

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

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

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

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

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

Section 14: Alcohol Consumption

[ASK ALL]

S14Q1. Section 14: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

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

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

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

[ASK IF S14Q1 NE 888,777,999]

S14Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S14Q2=12-76]

S14Q2A. I am sorry, you just said that you consume [S14Q2] drinks per day. Is that correct?

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

[ASK IF S14Q1 NE 888,777,999]
S14Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S14Q3=16-76]
S14Q3A. I am sorry, you said that in the past month there were [S14Q3] occasions when you had [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more drinks. Is this correct?

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

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

RANGE 1-76 [NUMBER BOX]

77 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q4=16-76]
S14Q4A. I am sorry, you said that in the past 30 days you had [S14Q4] drinks on one occasion. Is this correct?

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

[ASK IF (S14Q3=88 AND HGENDER=2 AND S14Q4=4-76) OR (S14Q3=88 AND HGENDER=1 AND S14Q4=5-76)]
S14Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more drinks on an occasion. Is this correct?

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

[ASK IF (S14Q3=1-76 AND HGENDER=2 AND S14Q4=1-3) OR (S14Q3=1-76 AND HGENDER=1 AND S14Q4=1-4)]
S14Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S14Q4] drinks on one occasion. Is this correct?

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

Section 15: Immunization

[ASK ALL]
S15Q1. Section 15: Immunization

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S15Q1=1]
S15Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

08 August
09 September
10 October
11 November
12 December

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S15Q1=1]
S15Q2Y.
Code YEAR (RANGE 2021-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S15Q1=1 AND S15Q2M<CMONTH AND S15Q2Y<CYEAR]
S15Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S15Q2M]
2 No

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]
S15Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S15Q2M]

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

INTERVIEWER NOTE: If respondent is confused read: "There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar."

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S15Q4. Have you received a tetanus shot in the past 10 years?

INTERVIEWER: If yes ask "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type
4 No, did not receive any tetanus shot in the past 10 years

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 16: H.I.V./AIDS

[ASK ALL]

S16Q1. Section 16: H.I.V./AIDS

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S16Q1=1]

S16Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S16Q1=1]
S16Q2Y.
Code YEAR (RANGE 1985-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S16Q2Y=CYEAR AND S16Q2M>CMONTH AND NOT(S16Q2M=77,99)]
S16Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S16Q2M]

[ASK ALL]
S16Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 17: Long-term COVID Effects

[ASK ALL]

S17Q1. Section 17: Long-term COVID Effects

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?

READ IF NECESSARY: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as 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.

1 Yes
2 No
3 Tested positive using home test without health professional

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S17Q1=1,3]

S17Q2. Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

INTERVIEWER NOTE: Long term conditions may be an indirect effect of COVID-19. These long term conditions may not be related to the virus itself.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S17Q2=1]
S17Q3. Which of the following was the primary symptom that you experienced? Was it…

PLEASE READ
01. Tiredness or fatigue
02. Difficulty thinking or concentrating or forgetfulness / memory problems (Sometimes referred to as "brain fog")
03. Difficulty breathing or shortness of breath
04. Joint or muscle pain
05. Fast-beating or pounding heart (also known as heart palpitations) or chest pain
06. Dizziness on standing
07. Depression, anxiety, or mood changes
08. Symptoms that get worse after physical or mental activities
09. You did not have any long-term symptoms that limited your activities

77 DON'T KNOW / NOT SURE
99 REFUSED

Optional Modules

Module 13: Cognitive Decline

[ASK IF (S8Q1>=45 OR S8Q1=07,09) AND CSTATE NE 2]
MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss

that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1,7]
MOD13_2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is…

PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF MOD13_1=1,7]
MOD13_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is…

PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF MOD13_3=1,2,3]
MOD13_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is…

PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF MOD13_1=1,7]
MOD13_5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is…

PLEASE READ:
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF MOD13_1=1,7]
MOD13_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 15: Adverse Childhood Experiences

[ASK IF CSTATE NE 2]
MOD15_T. Module 15: Adverse Childhood Experiences

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.

INTERVIEWER NOTE: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

1 Continue

[ASK IF CSTATE NE 2]
MOD15_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD15_2. Did you live with anyone who was a problem drinker or alcoholic?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD15_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD15_4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD15_5. Were your parents separated or divorced?

1 Yes
2 No
8 Parents not married

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD15_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:
1 Never
2 Once

3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_7. 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 --

PLEASE READ:
1 Never
2 Once
3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:
1 Never
2 Once
3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:
1 Never
2 Once
3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:
1 Never
2 Once
3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:
1 Never
2 Once
3 More than Once

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

[ASK IF CSTATE NE 2]
MOD15_12. 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
2 A little of the time
3 Some of the time
4 Most of the time

5 All of the time

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

[ASK IF CSTATE NE 2]
MOD15_13. 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
2 A little of the time
3 Some of the time
4 Most of the time
5 All of the time

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

[ASK IF CSTATE NE 2]
MOD15_C. 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?

1 Yes
2 No

[ASK IF MOD15_C=1 AND CSTATE NE 2]
MOD15_HOT. 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?

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

1 Continue

Module 16: Social Determinants and Health Equity

[ASK IF CSTATE NE 2]
MOD16_1. Module 16: Social Determinants and Health Equity

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

PLEASE READ
1 Very Satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

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

[ASK IF CSTATE NE 2]
MOD16_2. How often do you get the social and emotional support that you need? Is that…

PLEASE READ
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF CSTATE NE 2]
MOD16_3. How often do you feel socially isolated from others? Is it…

PLEASE READ
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF CSTATE NE 2]
MOD16_4. In the past 12 months have you lost employment or had hours reduced?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD16_5. During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD16_6. During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that…

PLEASE READ
1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

[ASK IF CSTATE NE 2]
MOD16_7. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD16_8. During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD16_9. During the last 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD16_10. Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it …

PLEASE READ

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

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

Module 23: Random Child Selection

[ASK IF S8Q15=1 AND CSTATE NE 2]
MOD23T1. Module 23: Random Child Selection

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

1 Continue

[ASK IF S8Q15=2-87]
[IF S8Q15=2-87, RANDOMLY SET RNDS8Q15 USING S8Q15 RESPONSE FOR RANDOMIZATION]

RNDS8Q15. System Generated Variable: Randomly Selected Child

01 first
02 second
03 third
04 fourth
05 fifth
06 sixth
07 seventh
08 eighth
09 ninth
10 tenth
11 eleventh
12 twelfth
13 thirteenth
14 fourteenth

15 fifteenth
16 sixteenth
17 seventeenth
18 eighteenth
19 nineteenth
20 twentieth
21 twenty-first
22 twenty-second
23 twenty-third
24 twenty-fourth
25 twenty-fifth
26 twenty-sixth
27 twenty-seventh
28 twenty-eighth
29 twenty-ninth
30 thirtieth
31 thirty-first
32 thirty-second
33 thirty-third
34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth

55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eight
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh
68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third
74 seventy-fourth
75 seventy-fifth
76 seventy-sixth
77 seventy-seventh
78 seventy-eighth
79 seventy-ninth
80 eightieth
81 eighty-first
82 eighty-second
83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

[ASK IF S8Q15=2-87 AND CSTATE NE 2]

MOD23T2. Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS8Q15] child in your household. All following questions about children will be about the [RNDS8Q15] child.

1 Continue

[ASK IF S8Q15=1-87AND CSTATE NE 2]
MOD23_1M. What is the birth month and year of the [RNDS8Q15] child?

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15=1-87 AND CSTATE NE 2]
MOD23_1Y.
Code YEAR (RANGE 2004-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD23_1M>CMONTH and MOD23_1Y>CYEAR AND MOD23_1M NE 77,99]
MOD23_1CHK. I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD23_1M]

[ASK IF MOD23_1Y<=2022]
CHLDAGE1. Calculate child's age in months.

[ASK IF MOD23_1Y<=2022]
CHLDAGE2. Calculate child's age in years

[ASK IF CHLDAGE1>215]
MOD23_1CHK2. I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD23_1M]

[ASK IF S8Q15=1-87AND CSTATE NE 2]
MOD23_2. Is the child a boy or a girl?

1 Boy
2 Girl
3 Nonbinary / other

9 REFUSED

[ASK IF MOD23_2=3,9]
MOD23_3. What was the child's sex on their original birth certificate?

1 Boy
2 Girl

9 REFUSED

[ASK IF S8Q15=1-87 AND CSTATE NE 2]
MOD23_4. Is the child Hispanic, Latino/a, or Spanish origin?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD23_4=2]
[MUL=4]
MOD23_4B. Are they…
INTERVIEWER NOTE: One or more categories may be selected

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

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

[DATA PROCESSING NOTE: CDC lists this as one question, MOD23_4 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S8Q15=1-87 AND CSTATE NE 2]
[MUL=5]
MOD23_5. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:
10 [IF MOD23_4=2 INSERT "Hispanic"] White
20 [IF MOD23_4=2 INSERT "Hispanic"] Black or African American
30 [IF MOD23_4=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF MOD23_4=2 INSERT "Hispanic"] Asian
50 [IF MOD23_4=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ:
88 No choices [EXCLUSIVE]
77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF MOD23_5=40]
[MUL=8]
MOD23_5A. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF MOD23_5=50]
[MUL=4]
MOD23_5P. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF NBR(MOD23_5)>1]
[HIDE RESPONSES NOT SELECTED IN MOD23_5 AND DISPLAY 88,77,99]

MOD23_6. Which one of these groups would you say best represents the child's race?

10 [IF MOD23_4=2 INSERT "Hispanic"] White
20 [IF MOD23_4=2 INSERT "Hispanic"] Black or African American
30 [IF MOD23_4=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF MOD23_4=2 INSERT "Hispanic"] Asian
50 [IF MOD23_4=2 INSERT "Hispanic"] Pacific Islander

88 No choices
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(MOD23_5A)>1 AND (NBR(MOD23_5)==1 OR MOD23_6=40)]
[HIDE RESPONSES NOT SELECTED IN MOD23_5A AND DISPLAY 77,99]
[IF MOD23_5 NE MUL AND MOD23_6=40 AUTO PUNCH WITH MOD23_5A RESPONSE]
MOD23_6A. Is that…

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(MOD23_5P)>1 AND (NBR(MOD23_5)==1 OR MOD23_6=50)]
[HIDE RESPONSES NOT SELECTED IN MOD23_5P AND DISPLAY 77,99]
[IF MOD23_5P NE MUL AND MOD23_6=50 AUTO PUNCH WITH MOD23_5P RESPONSE]
MOD23_6P. Is that…

51 Native Hawaiian
52 Guamanian or Chamorro

53 Samoan
54 Other Pacific Islander

77 DON'T KNOW / NOT SURE
99 REFUSED

[DATA PROCESSING NOTE: MOD23_6 is presented as one question, combine MOD23_6A and MOD23_6P into MOD23_6 for delivery]

[ASK IF S8Q15=1-87AND CSTATE NE 2]
MOD23_7. How are you related to the child? Are you a…

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

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

Module 24: Childhood Asthma Prevalence

[ASK IF S8Q15=1-87 AND CSTATE NE 2]
MOD24_1. Module 24: Childhood Asthma Prevalence

The next two questions are about the [RNDS8Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD24_1=1]
MOD24_2. Does the child still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Florida State Added Sections

FL State Added Section 5: Fruits and Vegetables

[ASK IF STATE=FL AND CSTATE NE 2]
FL5_1. State Added Section 5: Fruits and Vegetables

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

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

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

1__ Times per day [NUMBER BOX]
2__ Times per week [NUMBER BOX]
3__ Times per month [NUMBER BOX]

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

[ASK IF STATE=FL AND CSTATE NE 2]

FL5_2. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

1__ Times per day [NUMBER BOX]
2__ Times per week [NUMBER BOX]
3__ Times per month [NUMBER BOX]

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

[ASK IF STATE=FL AND CSTATE NE 2]
FL5_3. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

1__ Times per day [NUMBER BOX]
2__ Times per week [NUMBER BOX]
3__ Times per month [NUMBER BOX]

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

[ASK IF STATE=FL AND CSTATE NE 2]
FL5_4. During the past 12 months have you tried to eat more fruits and vegetables?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State Added Section 6: Family Planning

[ASK IF STATE=FL AND HGENDER=2 AND S10Q7=2 AND S9Q1=18-49 AND CSTATE NE 2]
FL6_1. State Added Section 6: Family Planning

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL6_1=1]
FL6_2. What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using "Condoms," probe to determine if "Female condoms" or "male condoms"

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “Copper-bearing IUD”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
02 Male sterilization (vasectomy)
03 Contraceptive implant (ex. Implanon)
04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or other hormonal IUD (ex. Mirena)
05 Copper-bearing IUD (ex. ParaGard)
06 IUD, type unknown
07 Shots (ex. Depo-Provera)
08 Birth control pills, any kind
09 Contraceptive patch (ex. Ortho Evra)
10 Contraceptive ring (ex. NuvaRing)
11 Male condoms
12 Diaphragm, cervical cap, sponge
13 Female condoms
14 Not having sex at certain times (rhythm or natural family planning)
15 Withdrawal (or pulling out)
16 Foam, jelly, film, or cream
17 Emergency contraception (morning after pill)
18 Other method

77 Don’t know/ Not sure
99 Refused

FL State Added Section 7: Preconception Health

[ASK IF STATE=FL AND HGENDER=2 AND S9Q1=18-45 AND CSTATE NE 2]

FL7_1. State Added Section 7: Preconception Health

The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.

Did the doctor, nurse, or other health care worker ever talk with you about ways to prepare for a healthy pregnancy and baby?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL7_1=1]
[MUL=12]
FL7_2. The next question asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

Did the doctor, nurse, or other health care worker talk with you about the following ways to prepare for a healthy baby and pregnancy?

INTERVIEWER: Check all that apply.

READ LIST
01 Taking vitamins with folic acid before pregnancy
02 Being a healthy weight before pregnancy
03 Using birth control methods to plan when you want to become pregnant
04 Getting your vaccines updated before pregnancy
05 Visiting a dentist or dental hygienist before pregnancy
06 Getting counseling for any genetic diseases that run in your family
07 Controlling any medical conditions such as diabetes and high blood pressure
08 Getting counseling or treatment for depression or anxiety
09 Safety of using prescription or over-the-counter medicines during pregnancy
10 How smoking during pregnancy can affect a baby
11 How drinking alcohol during pregnancy can affect a baby
12 How using illegal drugs during pregnancy can affect a baby

DO NOT READ
88 Did not discuss any of these topics with me [EXCLUSIVE]
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 Refused [EXCLUSIVE]

FL State Added Section 8: Epilepsy

[ASK IF STATE=FL AND CSTATE NE 2]
FL8_1. State Added Section 8: Epilepsy

Have you ever been told by a doctor that you have a seizure disorder or epilepsy?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL8_1=1 AND CSTATE NE 2]
FL8_2. Today is [CDAY] [CMONTH] [CYEAR]. Think back to last year about the same time. About how many seizures of any type have you had in the past year?

Read if necessary: Some people may call it "convulsion," "fit," "falling out spell," "episode," "attack," "drop attack," "staring spell," or "out-of-touch".

Instructions to interviewer: If the respondent mentions and counts "auras" as seizures accept the response. If a respondent indicates that he/she has had nothing more than an aura and is unsure about counting the aura(s), do NOT count auras as seizures

1 None
2 One
3 Two or Three
4 Between four and ten
5 More than 10

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL8_1=1 AND CSTATE NE 2]
FL8_3. In the past year have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder?

1 None
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

FL State-Added Section 9: Nearest Cross-Street

[ASK IF STATE=FL AND CSTATE NE 2]
FL9_1T: **State-Added Section 9: Nearest Cross-Street**

In order to help us learn more about environmental factors in your area, we'd like to know what the nearest intersection to your home is. For example, you might live closest to the intersection of Main Street and Orange Lane. This information will only be used to group your responses with others from your neighborhood. Your identity and privacy are protected. Please name the two nearest cross-streets (intersection).

01 Continue

[ASK IF STATE=FL AND CSTATE NE 2]
FL9_1A: What is the name of the first street?

INTERVIEWER NOTE: Confirm street spelling

01 Gave Response [TEXT BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF FL9_1A=01]
FL9_1B: What is the name of the second street?

INTERVIEWER NOTE: Confirm street spelling

01 Gave Response [TEXT BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF FL9_1A=01 AND FL9_1B=01]
FL9_2: The streets I recorded for the closest intersection are: [FL9_1A] and [FL9_1B]. Is this correct?

INTERVIEWER NOTE: CONFIRM WHETHER RD, ST, AVE, etc.

1 Yes, both correct
2 No, both incorrect [GO BACK TO FL9_1A]
3 No, first incorrect [GO BACK TO FL9_1A]
4 No, second incorrect [GO BACK TO FL9_1B]

FL State-Added Section 10: Hurricane Irma and Suicide

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]

FL10_1: **State-Added Section 10: Hurricane Irma and Suicide**

Hurricane Irma had a direct impact on residents of Monroe County, Florida. The next few questions are about how you and your family were affected by this hurricane.

Since Hurricane Irma, has depression, stress, or grief interfered with your ability to function on a daily basis …a great deal, some, moderately, a little, or not at all?

PLEASE READ
1 A great deal
2 Some
3 Moderately
4 A little
5 Not at all

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

[ASK IF STATE=FL AND FL10_1=1,2,3,4 AND CSTATE NE 2]

FL10_2: Did you seek any type of help for your depression, stress, or grief?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL10_2=1 AND CSTATE NE 2]

FL10_3: Did you receive the help that you required?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]

FL10_4: The next four questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our county are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential?

Have you seriously thought about trying to kill yourself?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]

FL10_5: Have you attempted to kill yourself?

1 Yes, I have attempted to kill myself, but did not want to die
2 Yes, I have attempted to kill myself, and really hoped to die
3 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]

FL10_6: How often have you thought about killing yourself in the past year?

PLEASE READ

1 Never
2 Rarely (1 time)

3 Sometimes (2 times)
4 Often (3-4 times)
5 Very often (5 or more times)

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

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]
FL10_7: How likely is it that you will attempt suicide someday?

PLEASE READ
1 Never
2 Unlikely
3 Likely
4 Very likely

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

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]
FL10_8: Next, please answer the following two questions using the scale of strongly agree, disagree, undecided, agree or strongly agree.

Treatment can help people with mental illness lead normal lives. Do you…

PLEASE READ
1 Strongly disagree
2 Disagree
3 Undecided
4 Agree
5 Strongly agree

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

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]
FL10_9: People are generally caring and sympathetic to people with mental illness. Do you…

READ IF NECESSARY
1 Strongly disagree
2 Disagree
3 Undecided
4 Agree
5 Strongly agree

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

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]
FL10_10: Was there a time in the past 12 months when you needed to see a mental health professional for care, but could not because of cost?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=FL AND FL_CNTY=087 AND CSTATE NE 2]
FL10_CLOSE: We realize that this topic may be sensitive. If you or someone you know would like to talk to a trained counselor, please call the Suicide Prevention Lifeline at 1-800-273-TALK (8255).

01 Continue

Asthma Call Back Permission

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

(Both child and adult have or had asthma)

IF S7Q5=1,2,7,9 AND MOD24_2=1,2,7,9 AND CSTATE NE 2 AND STATE=FL THEN SET ACFLAG_SPLIT=1 25% OF THE TIME AND SET ACFLAG_SPLIT=2 75% OF THE TIME

1 adult
2 child

[ASK IF ACFLAG=01,02,03,04 AND CSTATE NE 2 AND STATE= FL]
AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "your child's"] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. Would it be okay to continue with those questions now?

1 Yes
2 No

[ASK IF AST1a=2]
AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes
2 No

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

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

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

1 Continue

7 DON'T KNOW
9 REFUSED

[ASK IF AST1A NE 1]
CLOSE. That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

1 Continue