

2022 BRFSS Questionnaire DRAFT



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OMB Header and Introductory Text

| Read if necessary | Read | Interviewer instructions (not read) |
|--|---|--|
| <p>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).</p> | | <p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p> |
| | <p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p> | <p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p> |

Landline Introduction

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|------------------------------|----------------|--|----------------------|---|-----------|
| LL01. | Is this [PHONE NUMBER]? | CTELENM1 | 1 Yes | Go to LL02 | Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. | |
| | | | 2 No | TERMINATE | | |
| LL02. | Is this a private residence? | PVTRES1 | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | |
| | | | 2 No | Go to LL03 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which | |

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| | | | | | are also used for personal communication are eligible. | |
| | | | 3 No, this is a business | | Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE | |
| LL03. | Do you live in college housing? | COLGHOUS | 1 Yes | Go to LL04 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | |
| | | | 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. | |
| LL04. | Do you currently live in __ (state) ____? | STATERE1 | 1 Yes | Go to LL05 | | |
| | | | 2 No | TERMINATE | Thank you very much but we are only interviewing persons who live in [STATE] at this time. | |
| LL05. | Is this a cell phone? | CELPHONE | 1 Yes, it is a cell phone | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private | |

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

| | | | | | | |
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| | | | | | prostate health issues. | |
| | | | 3 Nonbinary 7 Don't know/Not sure 9 Refused | States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here. | | |
| | | | | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. | |
| LL08. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? | NUMADULT | 1 | Go to LL09 | Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household? | |
| | | | 2-6 or more | Go to LL10. | | |
| LL09. | Are you male or female? | LANDSEX | 1 Male 2 Female | GO to Transition Section 1. | | |
| | | | 3 Nonbinary 7 Don't know/Not sure 9 Refused | States may insert sex at birth state added question or sex at birth module here. | | |

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|--------------|--|--------------|--|---|---|--|
| | | | | States which do not opt to use the sex at birth module TERMINATE here. | | |
| | | | | | Thank you for your time, your number may be selected for another survey in the future. | |
| LL10. | How many of these adults are men? | NUMMEN | __ Number 77 Don't know/ Not sure 99 Refused | | | |
| LL11. | So the number of women in the household is [X]. Is that correct? | NUMWOME N | | | Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. | |
| | | | | | 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. | |
| LL12 | The person in your household that I need to speak with is [Oldest/Youngest | RESPSLCT | 1 Male 2 Female | If person indicates that they are not the selected respondent, | | |

| | | | | | | |
|---------------------------------|--|--|---|---|---|--|
| | / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household? | | | ask for correct respondent and re-ask LL12. (See CATI programming) | | |
| | | | 7 Don't know/Not sure 9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. | |
| Transition to Section 1. | | | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give | | Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change. | |

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| | | | appropriate state telephone number). | | | |
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Cell Phone Introduction

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---------------------------------------|----------------|--|---|---|-----------|
| CP01. | Is this a safe time to talk with you? | SAFETIME | 1 Yes | Go to CP02 | Thank you very much. We will call you back at a more convenient time. | |
| | | | 2 No | Go to CP02 ([set appointment if possible]) TERMINATE] | | |
| CP02. | Is this [PHONE NUMBER]? | CTELNUM1 | 1 Yes | Go to CP03 | | |
| | | | 2 No | TERMINATE | | |
| CP03. | Is this a cell phone? | CELLFON5 | 1 Yes | Go to CADULT1 | If "no": thank you very much, but we are only interviewing persons on cell telephones at this time | |
| | | | 2 No | TERMINATE | | |
| CP04. | Are you 18 years of age or older? | CADULT1 | 1 Yes | | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. | |
| | | | 2 No | TERMINATE | | |
| CP05. | Are you male or female? | CELLSEX | 1 Male 2 Female | | We ask this question to determine which health related questions apply to each respondent. For example, persons who | |

| | | | | | |
|-------|-------------------------------------|----------|---|---|--|
| | | | | | report males as their sex at birth might be asked about prostate health issues. |
| | | | 3 Nonbinary 7 Don't know/Not sure 9 Refused | States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here. | |
| | | | | TERMINATE | Thank you for your time, your number may be selected for another survey in the future. |
| CP06. | Do you live in a private residence? | PVTRES03 | 1 Yes | Go to CP08 | Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in |

| | | | | | | |
|--------------|---|----------|-------|------------|--|--|
| | | | | | which the respondent lives for portions of the year. | |
| | | | 2 No | Go to CP07 | | |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CP08 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | |
| | | | 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. | |
| CP08. | Do you currently live in ___(state)___? | CSTATE1 | 1 Yes | Go to CP10 | | |
| | | | 2 No | Go to CP09 | | |

| | | | | | | |
|-------|--------------------------------------|----------|--|--|--|--|
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee | | | |
|-------|--------------------------------------|----------|--|--|--|--|

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|--------------|--|----------|---|---|--|--|
| | | | 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands | | | |
| | | | 77 Live outside US and participating territories 99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. | |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. | |
| CP11. | How many members of your household, including yourself, are 18 | HHADULT | __ Number 77 Don't know/ Not sure 99 Refused | If CP07 = yes then number of adults is automatically set to 1 | | |

| | | | | | | |
|---------------------------------|------------------------|--|---|--|--|--|
| | years of age or older? | | | | | |
| Transition to section 1. | | | <p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p> | | | |

Core Section 1: Health Status

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

Core Section 2: Healthy Days

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| CHD.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | PHYSHLTH | __ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | |
| CHD.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | MENTHLTH | __ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs. | |
| | | | | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 | | |
| CHD.03 | During the past 30 days, for about how many days did poor physical | POORHLTH | __ Number of days (01-30) 88 None | | 88 may be coded if respondent says "never" or "none" It is not necessary to ask | |

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

Core Section 3: Health Care Access

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

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|----------------|---|----------|--|--|---|--|
| | | | 77 Don't Know/Not Sure 99 Refused | | | |
| CHCA.02 | Do you have one person (or a group of doctors) that you think of as your personal health care provider? | | 1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused | | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. | |
| CHCA.03 | 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 | | | |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago | | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. | |

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

Core Section 4: Exercise

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CEX.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | EXERANY2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do | |

Core Section 5: Inadequate Sleep

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| C06.01 | On average, how many hours of sleep do you get in a 24-hour period? | SLEPTIM1 | __ Number of hours [01-24] 77 Don't know / Not sure 99 Refused | | Do not read: 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. | |

Core Section 6: Oral Health

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| COH.01 | 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? | LASTDEN4 | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused | | | 129 |
| COH.02 | Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? | RMVTETH4 | 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 | | 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. | 130 |

Core Section 7: Chronic Health Conditions

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

| | | | | | | |
|----------------|---|-----------|---|--|---|--|
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? | ***NEW*** | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CCHC.07 | (Ever told) (you had) any melanoma or any other types of cancer? | ***NEW*** | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? | CHCCOPD3 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? | CHCKDNY2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: Incontinence is not being able to control urine flow. | |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH4 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, | |

| | | | | | | |
|----------------|--|----------|---|--|---|--|
| | | | | | tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa) | |
| CCHC.12 | (Ever told) (you had) diabetes? | DIABETE4 | 1 Yes | | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4. | |
| | | | 2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. | | |
| CCHC.13 | How old were you when you were first told you had diabetes? | DIABAGE3 | __ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section. | | |

Core Section 8: Demographics

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

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

| | | | | | | |
|---------------------|---|--------------|--|--|---|--|
| | | | 9 Refused | | | |
| CDEM.0 6 | What is the highest grade or year of school you completed ? | EDUCA | <p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p> <p>5 College 1 year to 3 years (Some college or technical school)</p> <p>6 College 4 years or more (College graduate)</p> <p>Do not read:</p> <p>9 Refused</p> | | | |
| CDEM.0 7 | Do you own or rent your home? | RENTHOM 1 | <p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | Other arrangements may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations. | |

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| CDEM.0 8 | In what county do you currently live? | CTYCODE2 | __ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state | | | |
| CDEM.0 9 | What is the ZIP Code where you currently live? | ZIPCODE1 | ----- 77777 Do not know 99999 Refused | | | |
| | | | | If cell interview go to CDEM12 | | |
| CDEM.1 0 | 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 ? | NUMHHOL 3 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to CDEM.12 | | |
| CDEM.1 1 | How many of these landline telephone numbers are residential numbers? | NUMPHON 3 | __ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | | | |
| CDEM.1 2 | How many cell phones do you have for your personal use? | CPDEMO1 B | __ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Do not include cell phones that are used exclusively by other members of | |

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| | | | | | <p>your household.</p> <p>Read if necessary: Include cell phones used for both business and personal use.</p> | |
| CDEM.1 3 | 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? | VETERAN3 | <p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> | | <p>Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p> | |
| CDEM.1 4 | Are you currently...? | EMPLOY1 | <p>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</p> | | <p>If more than one, say "select the category which best describes you".</p> | |
| CDEM.1 5 | How many children less than 18 years of age live in your | CHILDREN | <p>_ _ Number of children 88 None 99 Refused</p> | | | |

| | | | | | | |
|---------------------|---|---------------|---|--|--|--|
| | household ? | | | | | |
| CDEM.1 6 | Is your annual household income from all sources— | ***NEW** * | <p>Read if necessary:</p> <p>01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$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</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p> | SEE CATI information of order of coding; Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused) | |
| | | | | Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49 | | |
| CDEM.1 7 | To your knowledge , are you now pregnant? | PREGNANT | <p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> | | | |

| | | | | | | |
|---------------------|--|---------|---|--|---|--|
| CDEM.1 8 | About how much do you weigh without shoes? | WEIGHT2 | _ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions up | |
| CDEM.1 9 | About how tall are you without shoes? | HEIGHT3 | _ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions down | |

Core Section 9: Disability

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| CDIS.01 | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? | DEAF | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BLIND | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDIS.05 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |
| CDIS.06 | Because of a physical, mental, or emotional | DIFFALON | 1 Yes 2 No 7 Don't know / Not sure | | | |

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| | condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | | 9 Refused | | | |
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Core Section 10: Breast and Cervical Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---|---|-----------|
| | | | | Skip to next module if sex/ sex at birth = male | | |
| CBCCS.01 | (The next questions are about breast and cervical cancer.) Have you ever had a mammogram? | HADMAM | 1 Yes | | A mammogram is an x-ray of each breast to look for breast cancer. | |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to CBCCS.03 | | |
| CBCCS.02 | How long has it been since you had your last mammogram? | HOWLONG | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused | | | |
| CBCCS.03 | Have you ever had a cervical | | 1 Yes | | | |

| | | | | | | |
|-----------------|--|--|---|----------------|---|--|
| | cancer screening test? | | 2 No 7 Don't know/ not sure 9 Refused | Go to CBCCS.07 | | |
| CBCCS.04 | How long has it been since you had your last cervical cancer screening test? | | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago | | | |
| | | | 7 Don't know / Not sure 9 Refused | Go to CBCCS.06 | | |
| CBCCS.05 | 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 | | | |
| CBCCS.06 | At your most recent cervical cancer screening, did you have an H.P.V. test? | | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus) | |

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| | | | | If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module. | | |
| CBCCS.07 | Have you had a hysterectomy? | HADHYST2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). | |

Core Section 11: Colorectal Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|----------------------|-----------|
| | | | | If Section CDEM.01, AGE, is less than 45 go to next module. | | |
| CCRC.01 | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? | HADSIGM3 | 1 Yes | Go to CCRC.02 | | |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to CCRC.06 | | |
| CCRC.02 | Have you had a colonoscopy, a sigmoidoscopy, or both? | | 1 Colonoscopy | Go to CCRC.03 | | |
| | | | 2 Sigmoidoscopy | Go to CCRC.04 | | |
| | | | 3 Both 7 Don't know/Not sure | Go to CCRC.05 | | |
| | | | 9 Refused | Go to CCRC.06 | | |
| CCRC.03 | How long has it been since your most recent colonoscopy? | | 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) | Go to CCRC.06 | | |

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| | | | <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.04 | How long has it been since your most recent sigmoidoscopy? | | <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | Go to CCRC.06 | | |
| CCRC.05 | How long has it been since your most recent colonoscopy or sigmoidoscopy? | LASTSIG3 | <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less</p> | | | |

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| | | | <p>than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.06 | 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 | Go to CCRC.07 | | |
| | | | 2 No 7 Don't Know/Not sure 9 Refused | Go to Next Module | | |
| CCRC.07 | A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? | | 1 Yes | Go to CCRC.08 | 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. | |
| | | | 2 No 7 Don't Know/Not sure 9 Refused | Go to CCRC.09 | | |
| CCRC.08 | When was your most recent CT colonography or virtual colonoscopy? | | <p>Read if necessary:</p> <p>1 Within the past year (anytime less</p> | | | |

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| | | | <p>than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.09 | 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? | | <p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> | <p>Go to CCRC.10</p> <p>Go to CCRC.11</p> | 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. | |
| CCRC.10 | How long has it been since you had this test? | | <p>Read if necessary:</p> <p>1 Within the past year (anytime less</p> | | | |

| | | | | | | |
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| | | | <p>than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.11 | 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 Cologuard test? | | 1 Yes | Go to CCRC.12 | 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. | |
| | | | 2 No 7 Don't Know/Not sure 9 Refused | Go to Next Module | | |
| CCRC.12 | 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 | | | |

| | | | | | | |
|----------------|---|--|---|--|--|--|
| CCRC.13 | How long has it been since you had this test? | | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused | | | |
|----------------|---|--|---|--|--|--|

Core Section 12: Tobacco Use

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes | | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes. | |
| | | | 2 No 7 Don't know/Not Sure 9 Refused | Go to CTOB.03 | | |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all? | SMOKDAY2 | 1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused | | | |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused | | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. | |
| CTOB.04 | Would you say you have never used e-cigarettes or other electronic vaping | | 1 Never used e-cigarettes in your entire life 2 Use them every day | | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e- | |

| | | | | | | |
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| | <p>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?</p> | | <p>3 Use them some days 4 Not at all (right now)</p> <p>Do not read: 7 Don't know / Not sure 9 9 Refused</p> | | <p>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.</p> <p>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.</p> | |
|--|---|--|---|--|---|--|

Core Section 13: Lung Cancer Screening

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|---|-----------|
| | | | | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to LCSTSCN. | | |
| CLC.01 | <p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> | LCSFIRST | <p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p> | Go to LCSTSCN | <p>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).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p> | |
| CLC.02 | How old were you when you last smoked cigarettes regularly? | LCSLAST | ___ Age in Years (001 – 100) | | | |

| | | | | | | |
|--------|---|----------|---|--------------------|---|--|
| | | | 777 Don't know/Not sure 999 Refused | | | |
| CLC.03 | On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day? | LCSNUMCG | --- Number of cigarettes 777 Don't know/Not sure 999 Refused | | 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). 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 | |
| CLC.04 | 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 | | 1 Yes 2 No 7 Don't know/not sure 9 Refused | Go to next section | | |

| | | | | | | |
|--------|---|--|---|--|--------------------|--|
| | CAT scan of your chest area? | | | | | |
| CLC.05 | Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer? | | 1 Yes | | Go to Next section | |
| | | | 2 No 7 Don't know/not sure 9 Refused | | | |
| CLC.06 | When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer? | | <p>Read only if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years)</p> <p>3 Within the past 3 years (2 years but less than 3 years)</p> <p>4 Within the past 5 years (3 years but less than 5 years)</p> <p>5 Within the past 10 years (5 years but less than 10 years ago)</p> <p>6 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |

Core Section 14: Alcohol Consumption

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|---|-----------|
| Prologue | 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. | | | | | |
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? | ALCDAY5 | 1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused | Go to next section | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | |
| CALC.02 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | AVEDRNK3 | __ Number of drinks 88 None 77 Don't know / Not sure 99 Refused | | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or | DRNK3GE5 | __ Number of times 77 Don't know / Not sure 88 no days 99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) | | |

| | more drinks on an occasion? | | | | | |
|----------------|--|----------|---|--|--|--|
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | __ Number of drinks 77 Don't know / Not sure 99 Refused | | | |

Core Section 15: Immunization

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| CIMM.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? | FLUSHOT7 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to CIMM.03 | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. | |
| CIMM.02 | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3 | ___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused | | | |
| CIMM.03 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. | |
| CIMM.04 | Have you received a tetanus shot in the past 10 years? | TETANUS2 | 1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type | | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? | |

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| | | | 4 No, did not receive any tetanus shot in the past 10 years | | | |
| | | | 7 Don't know/Not sure | | | |
| | | | 9 Refused | | | |

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

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|--|---|-----------|
| CHIV.01 | Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.? | HIVTST7 | 1 Yes | Go to CHIV.03 | Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had. | |
| | | | 2 No 7 Don't know/ not sure 9 Refused | | | |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? | HIVTSTD3 | ___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. | |
| CHIV.03 | 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 | HIVRISK5 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | 263 |

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|--|---|--|--|--|--|--|
| | <p>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.</p> <p>Do any of these situations apply to you?</p> | | | | | |
|--|---|--|--|--|--|--|

Emerging Core: Long-term COVID Effects

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| COVID.01 | Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19? | ***NEW*** | 1 Yes 3 Tested positive using home test without health professional | | Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm. | |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to next section | | |
| COVID.02 | Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? | ***NEW*** | 1 Yes | | Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself | |
| | | | 2 No 7 Don't know / Not sure 9 Refused | Go to next section | | |
| COVID.03 | Which of the following was the | ***NEW*** | READ 1 Tiredness or fatigue | | | |

| | | | | | | |
|--|--|--|---|--|--|--|
| | <p>primary symptom that you experienced? Was it...</p> | | <p>2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”) 3 Difficulty breathing or shortness of breath 4 Joint or muscle pain 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain 6 Dizziness on standing 7 Depression, anxiety, or mood changes 8 Symptoms that get worse after physical or mental activities 9 You did not have any long-term symptoms that limited your activities. 77 Don't know/Not sure 99 Refused</p> | | | |
|--|--|--|---|--|--|--|

Closing Statement/ Transition to Modules

| Read if necessary | Read | CATI instructions (not read) |
|---|-------------|---|
| That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation. | | Read if no optional modules follow, otherwise continue to optional modules. |

Optional Modules

Module 1: Prediabetes

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|----------------------|-----------|
| | | | | Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12; | | |
| M01.01 | When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional? | PDIABTST | 1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused | | | |
| | | | | Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is | | |

| | | | | | | |
|---------------|---|----------|--|---|---|--|
| | | | | coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes) | | |
| M01.02 | Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes? | PREDIAB1 | 1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused | | If Yes and respondent is female, ask: Was this only when you were pregnant? | |

Module 2: Diabetes

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|------------------------------------|--|-----------|
| | | | | Skip if CCHC.12 is not equal to 1. | | |
| M02.01 | According to your doctor or other health professional, what type of diabetes do you have? | ***NEW*** | 1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused | | | |
| M02.02 | Insulin can be taken by shot or pump. Are you now taking insulin? | ***NEW*** | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |
| M02.03 | About how often do you check your blood for glucose or sugar? | BLDSUGAR | 1 __ __ Times per day 2 __ __ Times per week 3 __ __ Times per month _____ 4 __ __ Times per year _____ 888 Never _____ 777 Don't know / Not sure 999 Refused | | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. — Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.' | |
| M02.04 | Including times when checked by a family member or friend, about | FEETCHK3 | 1 __ __ Times per day 2 __ __ Times per week | | | |

| | | | | | | |
|---------------|---|-----------|--|---|---|--|
| | how often do you check your feet for any sores or irritations? | | 3 ___ Times per month _____ 4 ___ Times per year 555 No feet _____ 888 Never _____ 777 Don't know / Not sure 999 Refused | | | |
| M02.05 | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | DOCTDIAB | ___ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused | | | |
| M02.03 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? | CHKHEMO3 | ___ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused | | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. | |
| M02.07 | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? | FEETCHK | ___ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused | If M02.03 = 555 (No feet), go to M02.07 | | |
| M02.04 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily | EYEEEXAM1 | Read if necessary: 1 Within the past month (anytime less than 1 month ago) | | | |

| | | | | | | |
|---------------|---|-----------|--|--|--|--|
| | sensitive to bright light? | | <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p> | | | |
| M02.05 | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? | ***NEW*** | <p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p> | | | |
| M02.10 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | <p>1-Yes</p> <p>2-No</p> <p>7-Don't know/not sure</p> <p>9-Refused</p> | | | |

| | | | | | | |
|---------------|---|-----------|--|--|--|--|
| M02.06 | When was the last time you took a course or class in how to manage your diabetes yourself? | ***NEW*** | 1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused | | | |
| M02.07 | Have you ever had any sores or irritations on your feet that took more than four weeks to heal? | ***NEW*** | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |

Module 7: COVID Vaccination

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|-------------------------|-----------|
| | | | | | | |
| MCOV.01 | Have you received at least one dose of a COVID-19 vaccination? | ***NEW*** | 1 Yes | Go to MCOV.03 (COVIDNUM) | | |
| | | | 2 No | Go to MCOV.02 (COVACGET) | | |
| | | | 7 Don't know / Not sure 9 Refused | Go to next section | | |
| MCOV.02 | Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? | COVACGET | 1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused | Go to next section | | |
| MCOV.03 | How many COVID-19 vaccinations have you received? | COVIDNUM | 1 One | | | |
| | | | 2 Two 3 Three or more | Go to MCOV.05 | | |
| | | | 7 Don't know / Not sure 9 Refused | Go to next module | | |
| | | | | Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3. | | |

| | | | | | | |
|----------------|---|----------|---|---|--|--|
| MCOV.04 | Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses? | COVIDINT | 1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused | | | |
| MCOV.05 | During what month and year did you receive your (first) COVID-19 vaccination? | COVIDFST | __ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused | If respondent indicated only one vaccine do not read word "first" | | |
| MCOV.06 | During what month and year did you receive your second COVID-19 vaccination? | COVIDFST | __ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused | | | |

Module 15: Adverse Childhood Experiences

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|---------------------|---|-----------|
| Prologue | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. | | | | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. | |
| M15.01 | Now, looking back before you were 18 years of age--- 1) Did you live with anyone who was depressed, mentally ill, or suicidal? | ACEDEPRS | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | |
| M15.02 | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | |
| M15.03 | Did you live with anyone who used illegal street | ACEDRUGS | 1 Yes 2 No | | | |

| | | | | | | |
|---------------|--|----------|---|--|--|--|
| | drugs or who abused prescription medications? | | 7 Don't Know/Not Sure 9 Refused | | | |
| M15.04 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | ACEPRISN | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | | |
| M15.05 | Were your parents separated or divorced? | ACEDIVRC | 1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused | | | |
| M15.06 | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it... | ACEPUNCH | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M15.07 | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it— | ACEHURT1 | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M15.08 | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it... | ACESWEAR | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |

| | | | | | | |
|---------------|---|----------|--|--|--|--|
| M15.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it... | ACETOUCH | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M15.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it... | ACETTHEM | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M15.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it... | ACEHVSEX | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M15.12 | 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 7 Don't Know/Not sure 9 Refused | | | |

| | | | | | | |
|--------|--|--|--|--|--|--|
| M15.13 | <p>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?</p> | | <p>1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused</p> | | | |
| | <p>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.</p> | | | | <p>If yes provide number [STATE TO INSERT NUMBER HERE]</p> | |

Module 17: Marijuana Use

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| Preamble | The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses. | | | | | |
| MMU.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | __ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused | Go to next module | Do not include hemp-based CBD-only products. | |
| MMU.02 | During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)? | ***NEW*** | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | Do not include hemp-based CBD-only products. | |
| MMU.03 | ...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)? | ***NEW*** | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | Do not include hemp-based CBD-only products. | |
| | | | | | | |

| | | | | | | |
|---------------|---|-----------|--|--|--|--|
| MMU.04 | ...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) | ***NEW*** | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | Do not include hemp-based CBD-only products. | |
| MMU.05 | ...dab it (for example, using a dabbing rig, knife, or dab pen)? | ***NEW*** | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | Do not include hemp-based CBD-only products. | |
| MMU.06 | ...use it in some other way? | ***NEW*** | 1 Yes 2 No 7 Don't Know/Not Sure 9 Refused | | Do not include hemp-based CBD-only products. | |
| MMU.07 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... | | Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Drink it (for example, in tea, cola, or alcohol) 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a | | Select one. If respondent provides more than one say: Which way did you use it most often? Do not include hemp-based CBD-only products. | |

| | | | | | | |
|--|--|--|---|--|--|--|
| | | | dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused | | | |
|--|--|--|---|--|--|--|

Module 22: Industry and Occupation

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

Module 26: Sexual Orientation and Gender Identity (SOGI)

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

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

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

Module 28: Reactions to Race

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|---|-----------|
| MRTR.01 | <p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p> | | <p>01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused</p> | | <p>If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself." Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.</p> | |
| MRTR.02 | <p>How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?</p> | | <p>1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused</p> | | <p>The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a</p> | |

| | | | | | | |
|----------------|--|--|---|---|--|--|
| | | | | | respondent says that they think about their race between once a week and once a month, check "once a month" as the response. | |
| MRTR.03 | Within the past 12 months, on average, were you treated worse than, the same as, or better than people of other races? | | 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused | | | |
| | | | | If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."] | | |
| MRTR.04 | Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? | | 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others | | | |

| | | | | | | |
|----------------|---|--|---|--|--|--|
| | | | 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused | | | |
| MRTR.05 | Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? | | 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused | | If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences" | |
| MRTR.06 | Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? | | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |

State-Added Questions

State Added 1: Residence

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|----------------------|---|-----------|
| ND0101 | How long have you lived in North Dakota? | RESLONG | ___ ENTER AMOUNT OF TIME 555 ALL MY LIFE 888 DO NOT LIVE IN NORTH DAKOTA FULL TIME 777 DON'T KNOW/NOT SURE 999 REFUSED 101 MIN 499 MAX | | INTERVIEWER NOTE: THIS QUESTION REFERS TO CONSECUTIVE TIME. IF RESPONDENT WAS A RESIDENT, LEFT AND HAS NOW COME BACK, WE ARE INTERESTED IN HOW LONG THEY HAVE BEEN BACK. 101-199 NUMBER OF DAYS 201-299 NUMBER OF WEEKS 301-399 NUMBER OF MONTHS 401- 499 NUMBER OF YEARS | |

State Added 2: Occupation

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|-----------------------------------|---|-----------|
| ND0201 | In what county do you work? | OCCNTY | ___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE) 888 OTHER 777 DON'T KNOW/NOT SURE 999 REFUSED 001 MIN 775 MAX | To be asked following Core M24.02 | INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY'S COUNTY | |
| ND0202 | Do you work for an oil and gas company or an oil and gas supporting business? This would include for example providing water for fracking or truckers who primarily haul products or waste for the oil and gas industry? | OCCHOIL | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | | |
| ND0203 | About how many hours do you work per week at all of your jobs and businesses combined? | OCCHOURS | ___ Number of hours worked (1 – 96 or more) 97 DON'T KNOW/NOT SURE 99 REFUSED 96 MAX | | | |
| ND0204 | During the past 12 months, were you | OCCINJ | 1 Yes 2 No | | | |

| | | | | | | |
|--|--|--|-------------------------------------|--|--|--|
| | injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional? | | 7 Don't know/ Not sure 9 Refused | | | |
|--|--|--|-------------------------------------|--|--|--|

State Added 3: Indian Health

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|---|--|-----------|
| ND03Q01 | Do you live on a reservation or Indian Service Area? | MEMTRIBE | 1 Yes, reservation 2 Yes, Indian Service Area 3 No, neither 7 Don't know/ Not sure 9 Refused | To be asked following Core CDEM.04; if response to CDEM.03 is 30 American Indian or Alaska Native | | |
| ND03Q02 | Are you currently an enrolled tribal member? | MEMTRIBE | 1 Yes 2 No 7 Don't know/ Not sure 9 Refused | | | |
| ND03Q03 | Which tribe? | TRIBE | 01 Mandan 02 Arikara 03 Hidatsa 04 Three Affiliated Tribes 05 Spirit Lake Sioux 06 Standing Rock Sioux 07 Other Sioux 08 Chippewa 09 Other 77 DON'T KNOW/NOT SURE 99 REFUSED | | INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED. READ IF NECESSARY | |
| ND03Q04 | How much of your health care do you obtain from an Indian Health Service, IHS clinic? | IHS | 1 All 2 Most 3 Some 4 Little 5 None | | | |

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

State Added 4: Social Context

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|--|----------------------|---|-----------|
| ND04Q01 | If you needed to see a healthcare provider for a problem that was not an emergency, where would you go? | NOEMGCHC | 1 Clinic by appointment 2 Urgent Care/Walk in Clinic 3 Emergency Room at a Hospital 4 Telehealth 5. Other 7 Don't know/ not sure 9 Refused | | | |
| ND04Q02 | How long do you have to wait for an appointment if you want to be seen in the clinic? | HCWAITIME | 101-199 NUMBER OF DAYS 201-299 NUMBER OF WEEKS 301-399 NUMBER OF MONTHS ____ ENTER AMOUNT OF TIME 555 NEVER GO TO CLINIC 888 CANNOT GET AN APPOINTMENT 777 DON'T KNOW/ NOT SURE 999 REFUSED 101 MIN 399 MAX | | IF RESPONDENT STATES LESS THAN ONE DAY, ENTER 101 | |
| ND04Q03 | What is the main mechanism you use to cope with stress? | STRESSCOPE | 01 Support from family and friends 02 Clergy or Spiritual leaders | | | |

| | | | | | | |
|----------------|---|---------|--|--|--|--|
| | | | 03 Professional Counseling 04 Physical Exercise 05 Alcohol 06 Prescription Drugs 07 Non-prescription Drugs 08 Other 09 Does not apply 10 None 77 Don't know/Not sure 99 Refused | | | |
| ND04Q04 | In the past 12 months, have you been intentionally harmed or hurt by another person? This might include minor physical injuries such as bruises, welts or small cuts? | PHYABUS | 1 Yes 2 No 7 Don't know/not sure 9 Refused | | | |

State Added 5: Other Tobacco Items (Modified)

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|---|---------------------------|--|-----------|
| ND05Q01 | Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? | NDECIGARET | 1 Yes 2 No 7 Don't know/Not sure 9 Refused | | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. | |
| ND05Q02 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | NDSTOPSMK2 | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Ask if SMOKDAY2 = 1 or 2. | | |

State Added 6: Sexual Violence

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| ND06Q01 | If a woman is raped when she is drunk, she is at least somewhat responsible for letting things get out of control. Would you say you agree or disagree? | | 1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused | | | |
| ND06Q02 | Women who dress and act in a sexy way provoke rape by their appearance and behavior. Would you say you agree or disagree? | | 1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused | | | |
| ND06Q03 | Sexual violence occurs in your community. Would you say you agree or disagree? | | 1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused | | | |
| ND06Q04 | It is possible to prevent sexual violence. Would you say you agree or disagree? | | 1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused | | | |
| ND06Q05 | Sexual abuse is a private matter. It's none of my business. Would you say you agree or disagree? | | 1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused | | | |

Closing Statement

Read

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