

# 2018 BRFSS Questionnaire



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the (health department). My name is (name). 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.</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		63
			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.	64
			2 No	Go to LL03		
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time.	
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.	65
			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	STATERE1	1 Yes	Go to LL05		66

	in__(state)___?		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?	CELLFON4	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT	1 Yes, male respondent 2 Yes, female respondent		Do not read: Sex will be asked again in demographics section.	68
			3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	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 Transition to Section 1.	Read: Are you that adult? Then you are the person I need to speak with.	69-70
			2-6 or more	Go to LL08.		
LL08.	How many of these adults	NUMMEN	__ Number			71-72

	are men?		77 Don't know/ Not sure 99 Refused			
<b>LL09.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [XXX].	73-74
<b>Transition to Section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).		Do not read: Introductory text may be reread when selected respondent is reached.	

## 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.	75
			2 No	[[set appointment if possible]] TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		76
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	77
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT	1 Yes, male respondent 2 Yes, female respondent		Do not read: Sex will be asked again in demographics section.	78
			3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP07	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.	79
			2 No	Go to CP06		



<b>CP06.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP07	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.	80
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP07.</b>	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP09		81
			2 No	Go to CP08		
<b>CP08.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan			82-83

			27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused			
<b>CP09.</b>	Do you also have a landline telephone in your home that is used to	LANDLINE	1 Yes 2 No 7 Don't know/		Read if necessary: By landline telephone, we mean a regular telephone in your home that is	84

	make and receive calls?		Not sure 9 Refused		used for making or receiving calls. Please include landline phones used for both business and personal use.	
<b>CP10.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP06 = yes then number of adults is automatically set to 1		85-86
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

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)
C01.01	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			90

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C02.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			91-92
<b>C02.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			93-94
<b>C02.03</b>	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?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96

## 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)
<b>C03.01</b>	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Health Care Access (HCA) Module go to Module 03, M03.01, else continue		97
			2 No 7 Don't know/Not Sure 9 Refused			
<b>SAHC1</b> <b>State Added Question</b>	What is the primary source of your health care coverage? Is it...		<b>Please Read:</b> 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE	<b>ASK IF C03.01 =1 (Yes)</b>	Interviewer Note: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.	

			(formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source <b>Do not read:</b> 77 Don't know/Not sure 99 Refused			
<b>C03.02</b>	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	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?	98
<b>C03.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, M03.03, else continue.		99
<b>C03.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years	If using HCA Module and C03.01 = 1 go to Module 03 M03.04 or if using HCA Module and C03,01 = 2, 7, or 9 go to Module 03, M03.04A, else go to next section.	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

			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			
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#### Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C04.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	101



## 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)
<b>C05.01</b>	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.	102-103

## Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C06.01</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. 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			104
<b>C06.02</b>	(Ever told) you had angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			105
<b>C06.03</b>	(Ever told) you had a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			106
<b>C06.04</b>	(Ever told) you had asthma?	ASTHMA3	1 Yes			107
			2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		
<b>C06.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No			108

			7 Don't know / Not sure 9 Refused			
<b>C06.06</b>	(Ever told) you had skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			109
<b>C06.07</b>	(Ever told) you had any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
<b>C06.08</b>	(Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
<b>C06.09</b>	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	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)	112
<b>C06.10</b>	(Ever told) you have a depressive disorder (including depression,	ADDEPEV2	1 Yes 2 No 7 Don't know /			113

	major depression, dysthymia, or minor depression)?		Not sure 9 Refused			
<b>C06.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	114
<b>C06.12</b>	(Ever told) you have diabetes?	DIABETE3	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.	115
			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.		
<b>C06.13</b>	How old were you when you were told you have diabetes?	DIABAGE2	__ 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.		116-117

## State-Added: Sugar Sweetened Beverages

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SASSB1</b>	How often do you drink a glass or can of soda such as coke, or other sweetened drinks such as fruit punch or sports drinks? Do not count diet drinks or 100% fruit juices.		<b>Do not read:</b> 001 __ “per day” 002 __ “per week” 003 __ “per month” 004 __ “per year” 555 None 777 Don't know/Not sure 999 Refused		<b>Interviewer Note:</b> This includes any drinks with added sugar, such as Sunny Delight, iced tea drinks, Tampico, Hawaiian Punch, sugar cane juice, cranberry cocktail, Hi-C, Snapple, Gatorade, sweetened water drinks, energy drinks, and regular soda. Diet soda, zero-calorie beverages, and 100% juice are not included in this definition.	

## Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C07.01</b>	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			118
<b>C07.02</b>	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.	119

## 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)
<b>C08.01</b>	Format 1: What is your sex? Format 2: What was your sex at birth? Was it...	SEX1	Read if format 2 is selected: 1 Male 2 Female Do not read: 7 Don't know / Not sure 9 Refused	States may adopt one of the two formats of the question. If second format is used, read options.	[NOTE DELETED HERE]	120
<b>C08.02</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			121-122
<b>C08.03</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	123-126
<b>C08.04</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese	If more than one response to C08.04; continue. Otherwise, go to C08.06.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	127-154

			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			
<b>C08.05</b>	Which one of these groups would you say best represents your race?	ORACE3	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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	155-156



			Do not read: 60 Other  77 Don't know / Not sure 99 Refused			
<b>C08.06</b>	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			157
<b>C08.07</b>	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			158
<b>C08.08</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined	159

			9 Refused		as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
<b>C08.09</b>	In what county do you currently live?	CTYCODE2	__ _ _ANSI County Code 777 Don't know / Not sure 999 Refused			160-162
<b>C08.10</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			163-167
<b>C08.11</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL3	1 Yes	If cellular telephone interview skip to 8.14 (QSTVER GE 20)		168
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		
<b>C08.12</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			169
<b>C08.13</b>	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	170
<b>C08.14</b>	Have you ever served on active duty in the United	VETERAN3	1 Yes 2 No 7 Don't know / Not sure		Read if necessary: Active duty does not include training for the Reserves or National	171

	States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		9 Refused		Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>C08.15</b>	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say “select the category which best describes you”.	172
<b>C08.16</b>	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			173-174
<b>C08.17</b>	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than		If respondent refuses at ANY income level, code ‘99’ (Refused)	175-176

			\$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
<b>C08.18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	177-180
<b>C08.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	181-184
<b>C08.20</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49		185
<b>C08.21</b>	Some people who are deaf or have serious difficulty hearing use assistive	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			186

	devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?					
<b>C08.22</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
<b>C08.23</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			188
<b>C08.24</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			189
<b>C08.25</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			190
<b>C08.26</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			191

## Core Section 9: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C09.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	192
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			193
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C09.05		194
C09.04	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago)			195-196

			02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
<b>C09.05</b>	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.	197

## Core Section 10: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C10.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days			198-200
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
<b>C10.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK2	__ 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.	201-202
<b>C10.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		203-204
<b>C10.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			205-206



## Core Section 11: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C11.01	During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	FLUSHOT6	1 Yes	Go to C11.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	207
			2 No 7 Don't know / Not sure 9 Refused			
C11.02	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHTMY2	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			208-213
C11.03	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	214-215

			05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
<b>C11.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.	216

Core Section 12: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times	Skip if Section 08.02, AGE, coded 18-44	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	217-218
			88 None 77 Don't know / Not sure 99 Refused	Go to Next Section		
C12.02	Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor? How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ3	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If C12.01 =1 ask first version of question, if C12.01 > 1 ask second version. If only one fall from C12.01 and response is Yes (caused an injury); code 01. If response is No, code 88.	Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	219-220

## Core Section 13: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			221
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
C13.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	_ _ Number of times 88 None 77 Don't know / Not sure 99 Refused	If C10.01 = 888 (No drinks in the past 30 days); go to next section.		222-223

## Core Section 14: 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)
<b>C14.01</b>	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes	Skip if male.	A mammogram is an x-ray of each breast to look for breast cancer.	224
			2 No 7 Don't know/ not sure 9 Refused		Go to C14.03	
<b>C14.02</b>	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 /			225

			Not sure 9 Refused			
<b>C14.03</b>	Have you ever had a Pap test?	HADPAP2	1 Yes			226
			2 No 7 Don't know / Not sure 9 Refused	Go to C14.05		
<b>C14.04</b>	How long has it been since you had your last Pap test?	LASTPAP2	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			227

<b>C14.05</b>	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes	Go to C14.07	Human papillomavirus (pap-uh-loh-muh virus)	228
			2 No 7 Don't know / Not sure 9 Refused			
<b>C14.06</b>	How long has it been since you had your last H.P.V. test?	HPLSTTST	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			229
<b>C14.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core Q8.20 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	230

## Core Section 15: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C15.01</b>	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is ≤39 years of age, or C08.01 is coded 2, female, go to next section.	Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	231
<b>C15.02</b>	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			232
<b>C15.03</b>	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			233
<b>C15.04</b>	Have you ever had a P.S.A. test?	PSATEST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		234



<b>C15.05</b>	How long has it been since you had your last P.S.A. test?	PSATIME	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			235
<b>C15.06</b>	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you had prostate cancer			236

			5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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### Core Section 16: 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)
<b>C16.01</b>	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BLDSTOOL	1 Yes	Skip if Section 08.02, AGE, is less than 50		237
			2 No 7 Don't know/ not sure 9 Refused	Go to C16.03		
<b>C16.02</b>	How long has it been since you had your last blood stool test using a home kit?	LSTBLDS3	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			238

			but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
<b>C16.03</b>	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	HADSIGM3	1 Yes		Go to next section	239
			2 No 7 Don't know / Not sure 9 Refused			
<b>C16.04</b>	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your most recent exam a sigmoidoscopy or a colonoscopy?	HADSGCO1	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused			240

C16.05	How long has it been since you had your last sigmoidoscopy or colonoscopy?	LASTSIG3	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 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			241
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Core Section 17: 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)
C17.01	<p>The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. 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.</p> <p>Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>	HIVTST6	<p>1 Yes</p> <p>2 No 7 Don't know/ not sure 9 Refused</p>	Go to C17.03		242
C17.02	Not including blood donations, in what month and year was your last H.I,V.test?	HIVTSTD3	<p>__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused</p>	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.	243-248

<p><b>C17.03</b></p>	<p>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.</p> <p><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p><b>Do any of these situations apply to you?</b></p> <p>Do any of these situations apply to you?</p>	<p>HIVRISK5</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			<p>249</p>
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## Closing Statement/ Transition to Modules

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

## Optional Modules

### Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M01.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.12, DIABETE3, is coded 1		250
<b>M01.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.12, DIABETE3, is coded 1; If C06.12, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	251



## Module 6: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M06.01</b>	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes	Go to next module	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.  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.	321
			2 No 7 Don't know/Not sure 9 Refused			
<b>M06.02</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		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.	322

## Module 10: Respiratory Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M10.01	During the past 3 months, did you have a cough on most days?	COPDCOGH	1 Yes 2 No 7 Don't know/ not sure 9 Refused			337
M10.02	During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?	COPDFLEM	1 Yes 2 No 7 Don't know/ not sure 9 Refused			338
M10.03	Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?	COPDBRTH	1 Yes 2 No 7 Don't know/ not sure 9 Refused			339
M10.04	Have you ever been given a breathing test to diagnose breathing problems?	COPDBTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			340

M10.05	Over your lifetime, how many years have you smoked tobacco products?	COPDSMOK	__ Number of years (01-76) 88 Never smoked or smoked less than one year 77 Don't know/Not sure 99 Refused			341-342
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## Module 14: Cancer Survivorship

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M14.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.  How many different types of cancer have you had?	CNCRDIFF	1 Only one 2 Two 3 Three or more  7 Don't know / Not sure 9 Refused	If C06.06 or C06.07 = 1 (Yes) or C15.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.  Go to next module		364

M14.02	At what age were you told that you had cancer?	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If M14.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	365-366
M14.03	What type of cancer was it?	CNCRTP1	Read if respondent needs prompting for cancer type: 01 Breast cancer <b>Female reproductive (Gynecologic)</b> 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) <b>Head/Neck</b> 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx <b>Gastrointestinal</b> 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum)	If C06.06 = 1 (Yes) and M14.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21 if Melanoma or 22 if other skin cancer  CATI note: If C16.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.	If M14.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	367-368

			cancer 15 Stomach <b>Leukemia/Lymphoma  (lymph nodes and  bone marrow)</b> 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma <b>Male reproductive</b> 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer <b>Thoracic</b> 23 Heart 24 Lung <b>Urinary cancer</b> 25 Bladder cancer 26 Renal (kidney) cancer <b>Others</b> 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
M14.04	Are you currently receiving treatment for	CSRVTRT2	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation	369

	cancer?		2 No, I've completed treatment 3 No, I've refused treatment 4 No, I haven't started treatment 7 Don't know / Not sure 9 Refused	Go to next module	therapy, chemotherapy, or chemotherapy pills.	
M14.05	What type of doctor provides the majority of your health care? Is it a....	CSRVD0C1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	370-371
M14.06	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	372

M14.07	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	CSRVRTRN	1 Yes			373
			2 No 7 Don't know/ not sure 9 Refused	Go to M14.09		
M14.08	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			374
M14.09	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	375
M14.10	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			376
M14.11	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			377
M14.12	Do you currently have	CSRVPAIN	1 Yes			378

	physical pain caused by your cancer or cancer treatment?		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
M14.13	Would you say your pain is currently under control...?	CSRVCTL1	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			379



## Module 17: Adult Human Papillomavirus (HPV) - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M17.01	A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. Have you ever had an H.P.V. vaccination?	HPVADVC2	1 Yes	To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.	Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var·icks)	384
			2 No 3 Doctor refused when asked 7 Don't know/ not sure 9 Refused	Go to next module		
M17.02	How many H.P.V. shots did you receive?	HPVADSHT	_ _ Number of shots 03 All shots 77 Don't know / Not sure 99 Refused			385-386

## Module 18: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M18.01	Have you received a tetanus shot in the past 10 years?	TETANUS1	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		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	387

## State-Added: Hepatitis B Vaccine

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SAHB1</b>	Hepatitis B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. Have you EVER received the 3-dose series of the hepatitis B vaccine?		1 Yes, at least 3 doses 2 Fewer than 3 does 3 No doses <b>Do not read:</b> 7 Don't know/Not sure 9 Refused		<b>INTERVIEWER NOTE: (IF YES) Inquire if respondent received full 3 doses or fewer than 3 doses.</b>	

## Module 19: Shingles (Zostavax or ZOS)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M19.01	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is ≤ 49 years of age, go to next section.	Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.	388

## Module 20: Industry and Occupation

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M20.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	If C08.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.  If C08.15 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."  Else go to next module	If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job?	389-488
<b>M20.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____Record answer 99 Refused	If Core Q8.15 = 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."		489-588

## Module 21: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M21.01a</b>	The next two questions are about sexual orientation and gender identity.  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	Ask if Sex= 1.	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.	M21.01a
<b>M21.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex=2.	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.	M21.01b
<b>M21.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender		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	590

			<p>nonconforming</p> <p>4 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>		<p>male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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## State-Added: Folic Acid

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SAFA1</b>	Do you currently take any vitamin pills or supplements?		<b>Please Read:</b> 1 Yes 2 No [ <b>Go to SAFA5</b> ] <b>Do not read:</b> 7 Don't know/Not sure [ <b>Go to SAFA5</b> ] 9 Refused [ <b>Go to SAFA5</b> ]			
<b>SAFA2</b>	Are any of these a multivitamin?		<b>Please Read:</b> 1 Yes [ <b>Go to SAFA4</b> ] 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			
<b>SAFA3</b>	Do any of the vitamin pills or supplements you take contain folic acid?		<b>Please Read:</b> 1 Yes 2 No [ <b>Go to SAFA5</b> ] <b>Do not read:</b> 7 Don't know/Not sure [ <b>Go to SAFA5</b> ] 9 Refused [ <b>Go to SAFA5</b> ]			



<b>SAFA4</b>	How often do you take this vitamin pill or supplement?		<b>Please Read:</b> 001 __ Times per day 002 __ Times per week 003 __ Times per month <b>Do not read:</b> 777 Don't know/Not sure 999 Refused			
<b>SAFA5</b>	Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons?		<b>Please read:</b> 1 To make strong bones 2 To prevent birth defects 3 To prevent high blood pressure <b>Or</b> 4 Some other reason <b>Do not read:</b> 7 Don't know/Not sure 9 Refused		<b>If respondent is 45 years old or older, go to SATP1.</b>	

## State-Added: Traumatic Brain Injuries

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SATBI1</b>	In your lifetime, have you ever experienced a bump, blow, or jolt to the head that caused you to feel dazed, confused, or lose consciousness?		Please read: 1 Yes 2 No <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			
<b>SATBI2</b>	What symptoms did you experience from your most serious head injury?		<b>Do Not Read:</b> 01 Dazed or confused (disoriented, dizziness, loss of balance, etc.) 02 Loss of consciousness (gap in memory) 03 Headache / Migraine 04 Vision / Hearing / Speech problems (light sensitivity, ringing in ears, etc.) 05 Nausea / Vomiting 06 Fatigue / drowsiness 07 Seizures	<b>CATI NOTE: IF "YES" TO QUESTION SATBI1 OR SELECTED AN OPTION (01-07) FOR SATBI2 CONTINUE, ELSE SKIP TO NEXT MODULE</b>		

			08 Other 09 None 77 Don't know/Not sure 99 Refused			
<b>SATBI3</b>	I'm going to read you a list of ways you might experience an injury to your head. Which, if any, of these events led to your most serious head injury?		Please read ( <b>do not read unless asked for an example or additional information</b> ): 01 Fall (from a bike, horse, slipping, tripping, on ice, jumping, etc.) 02 Motor vehicle crash (car, motorcycle, all-terrain vehicle [ATV], etc.) 03 Assault (fight, struck by something or someone, shaken, gunshot, etc.) 04 Sports-related event (football, basketball, soccer, hockey, etc.) 05 Construction/Farm machinery (backhoe, tractor, something fell on head)			

			06 Military-related (exploration, blast, etc.) 07 Other cause <b>Do not read:</b> 77 Don't know/Not sure 99 Refused			
<b>SATBI4</b>	Did your head injury require any of the following actions?		<b>Please read:</b> 01 Doctor's visit 02 Urgent care 03 Emergency room visit 04 Hospitalization 05 Miss work or school (1 day or more) 06 Other 07 No action/No care sought <b>Do not read:</b> 77 Don't know/Not sure 99 Refused			

## State-Added: Smoke Free Laws

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

## Module 22: Random Child Selection

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If C08.16 = 1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C0.16 is &gt;1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The</p>			<p>If C08.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions</p>		

	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.			about children will be about the Xth [CATI: please fill in] child.		
<b>M22.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			591-596
<b>M22.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			597
<b>M22.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	598-601
<b>M22.04</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native	[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GO TO Q6.]	Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath	602-629

			<b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		major heading.	
<b>M22.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	630-631



			<p>Chamorro  53 Samoan  54 Other Pacific Islander  Do not read:  60 Other  88 No additional choices  77 Don't know / Not sure  99 Refused</p>			
<b>M22.06</b>	How are you related to the child? Are you a....	RCSRLTN2	<p>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</p>			632

State-Added: Child Human Papillomavirus (HPV) – Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SAHPV1</b>	<p>The next two questions are about the Xth child.</p> <p>SAHPV1. How many shots of HPV vaccine has Xth child gotten?</p>		<p><b>Please Read:</b></p> <p>1 1 shot [Go to next section]</p> <p>2 2 shots [Go to next section]</p> <p>3 3 shots [Go to next section]</p> <p>4 At least 1 shot, but not sure how many [Go to next section]</p> <p>5 0 shots, child has NOT gotten the HPV vaccine [<b>Go to SAHPV2</b>]</p> <p>6 Never heard of HPV vaccine [Go to next section]</p> <p><b>Do not read:</b></p> <p>7 Don't know/Not sure [Go to next section]</p> <p>9 Refused [Go to next section]</p>		To be asked using randomly selected child from Random Child Selection Module	

<p><b>SAHPV2</b></p>	<p>What is the MAIN reason (CHILD) has NOT received the HPV vaccine?</p>	<p><b>[NOTE: If needed, say:</b> “The main reason is the most important reason.”]  <b>[Read 1-18 only if necessary.]</b>  01 Haven’t been to the doctor recently  02 Health care provider did not recommend / didn’t know child needed it  03 Vaccine not available in provider’s office  04 Provider said child should not get the vaccine  05 Vaccine costs too much or is not covered by insurance  06 Concerns about vaccine safety or side effects  07 Don’t believe child needs the vaccine  08 Don’t know enough/need more information  09 Health care provider recommended a medical exemption (medical reason for not getting shot)  10 Because of religious reasons  11 Child too young/ not old enough  12 Child is afraid of getting shots  13 Child is not sexually active  14 Child was sick  15 Plan to/ have appointment to get shot  16 Didn’t know it was for boys  17 Other  18 Never heard of vaccine  <b>Do not read:</b>  77 Don’t know/Not sure  99 Refused</p>		<p>To be asked using randomly selected child from Random Child Selection Module</p>	
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## Module 23: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M23.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	If response to C08.16 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.		633
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>M23.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			634

# Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in &lt;STATE&gt;. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</p>					

<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			635
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			636

## 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.**