

2019 BRFSS Questionnaire



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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 (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	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.	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	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal	

					communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time.	
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 in __ (state) ___?	STATERE1	1 Yes	Go to LL05		66
			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 residences or college housing at this time.	67

			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	[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	TERMINATE	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.		69
			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.	
LL08.	I need to randomly select one adult who lives in your	NUMADULT	1	Go to Transition to Section 1. Go to LL09	Read: Are you that adult? If yes: Then you are the person I	70-71

	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?				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.		72
			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.	
LL10.	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
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].	75-76
LL12	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the	RESPSLCT	1 Male 2 Female			77
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for	

	[Oldest/Youngest / Middle//Male /Female] in this household?				another survey in the future.	
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>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.</p>	

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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.	78
			2 No	TERMINATE		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	80
			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.	81
			2 No	TERMINATE		
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		Thank you for your time, your number may be selected for another survey in the future.	82
			7 Don't Know/ Not sure 9 Refused	TERMINATE		
CP06.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean	83

					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.	84
			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		85
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska			86-87

			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			
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			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			
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.	88
CP11.	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 CP07 = yes then number of adults is automatically set to 1		89-90
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 appropriate state telephone number).			
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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			101

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)
C02.01	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			102-103
C02.02	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			104-105
C02.03	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	Do not ask this question and skip to next section if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		106-107

Core Section 3: Healthcare Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C03.01	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 Healthcare Access (HCA) Module go to HCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
C03.02	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?	109
C03.03	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			110
C03.04	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)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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			
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Core Section 4: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C04.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4	1 Yes		If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	112
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused	Go to next section		
C04.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			113

Core Section 5: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?	CHOLCHK2	1 Never 2 Within the past year (anytime less than one year ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 Within the past 3 years (2 years but less than 3 years ago) 5 Within the past 4 years (3 years but less than 4 years ago) 6 Within the past 5 years (4 years but less than 5 years ago) 8 5 or more years ago 7 Don't know/ Not sure 9 Refused	If response = 1, 9. GOTO Next section.		114

C05.02	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	TOLDHI2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response = 2, 7, 9 GOTO next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	115
C05.03	Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116

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)
C06.01	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	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117

	myocardial infarction?					
C06.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			118
C06.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
C06.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		120
C06.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
C06.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
C06.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123
C06.08	(Ever told) (you had) 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			124
C06.09	(Ever told) (you had) a depressive disorder (including depression, major	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125

	depression, dysthymia, or minor depression)?					
C06.10	Not including kidney stones, bladder infection or incontinence, were you ever told you have 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.	126
C06.11	(Ever told) (you had) 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.	127
			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.		
C06.12	How old were you when you were told you had 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.		128-129

Core Section 7: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C07.01	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes	Go to next section	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)	130
			2 No 7 Don't know / Not sure 9 Refused			
C07.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	131
C07.03	Have you ever taken an educational	ARTHEDU	1 Yes 2 No			132

	course or class to teach you how to manage problems related to your arthritis or joint symptoms?		7 Don't know / Not sure 9 Refused			
C07.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use"	133
C07.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	134
C07.06	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.	JOINPAI2	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			135-136

	During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?					
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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)
Prologue					Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.	
C08.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			137-138
C08.02	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		One or more categories may be selected.	139-142

			<p>4 Another Hispanic, Latino/a, or Spanish origin</p> <p>Do not read:</p> <p>5 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
C08.03	Which one or more of the following would you say is your race?	MRACE1	<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 style="padding-left: 40px;">41 Asian Indian</p> <p style="padding-left: 40px;">42 Chinese</p> <p style="padding-left: 40px;">43 Filipino</p> <p style="padding-left: 40px;">44 Japanese</p> <p style="padding-left: 40px;">45 Korean</p> <p style="padding-left: 40px;">46 Vietnamese</p> <p style="padding-left: 40px;">47 Other Asian</p> <p>50 Pacific Islander</p> <p style="padding-left: 40px;">51 Native Hawaiian</p> <p style="padding-left: 40px;">52 Guamanian or Chamorro</p> <p style="padding-left: 40px;">53 Samoan</p> <p style="padding-left: 40px;">54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>88 No additional choices</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	If more than one response to C08.03; otherwise, go to C08.05.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	143-170
C08.04	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 style="padding-left: 40px;">41 Asian Indian</p> <p style="padding-left: 40px;">42 Chinese</p> <p style="padding-left: 40px;">43 Filipino</p> <p style="padding-left: 40px;">44 Japanese</p> <p style="padding-left: 40px;">45 Korean</p> <p style="padding-left: 40px;">46 Vietnamese</p> <p style="padding-left: 40px;">47 Other Asian</p> <p>50 Pacific Islander</p>		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	171-172
					If respondent has selected	

			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		multiple races in previous and refuses to select a single race, code refused	
C08.05	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female 7 Don't know/Not sure 9 Refused			
C08.06	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	If using Module 28 insert M28.01 prior to asking this question		173
C08.07	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			174
C08.08	Do you own or rent your home?	RENTHOM 1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangements may include group	175

					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.	
C08.09	In what county do you currently live?	CTYCODE2	_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused			176-178
C08.10	What is the ZIP Code where you currently live?	ZIPCODE1	_ _ _ _ _ 77777 Do not know 99999 Refused			179-183
C08.11	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one	NUMHHOL 3	1 Yes	Do not ask this question if cell telephone interview. If cell interview go to 8.13		184
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		

	telephone number in your household?					
C08.12	How many of these telephone numbers are residential numbers?	NUMPHON 3	<p>__ Enter number (1-5)</p> <p>6 Six or more</p> <p>7 Don't know / Not sure</p> <p>8 None</p> <p>9 Refused</p>			185
C08.13	How many cell phones do you have for personal use?	CPDEMO1 B	<p>__ Enter number (1-5)</p> <p>6 Six or more</p> <p>7 Don't know / Not sure</p> <p>8 None</p> <p>9 Refused</p>	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	186
C08.14	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</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</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.	187
C08.15	Are you currently...?	EMPLOY1	<p>Read:</p> <p>1 Employed for wages</p> <p>2 Self-employed</p> <p>3 Out of work for 1 year or more</p> <p>4 Out of work for less than 1 year</p> <p>5 A Homemaker</p> <p>6 A Student</p> <p>7 Retired</p> <p>Or</p> <p>8 Unable to work</p> <p>Do not read:</p> <p>9 Refused</p>		If more than one, say "select the category which best describes you".	188

M26.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If C08.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. If C08.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	419-518
M26.02	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 Q8.14 = 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."		519-618
C08.16	How many children less than 18 years of age live in your household?	CHILDREN	__ Number of children 88 None 99 Refused			189-190
C08.17	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)		If respondent refuses at ANY income level, code	191-192

			<p>03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)</p> <p>02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)</p> <p>01 Less than \$10,000 If no, code 02</p> <p>05 Less than \$35,000 If no, ask</p> <p>06 (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If no, ask</p> <p>07 (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000)</p> <p>08 \$75,000 or more</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		'99' (Refused)	
C08.18	About how much do you weigh without shoes?	WEIGHT2	<p>__ __ __ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions up	193-196
C08.19	About how tall are you without shoes?	HEIGHT3	<p>__ __ / __ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not sure</p> <p>99/ 99 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions down	197-200
C08.20	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Skip if Male (M28.01, BIRTHSEX, is coded 1). If M28.01=missing and (CP05=1 or		201

				LL12=1; or LL09 = 1 or LL07 =1). or C08.01), or AGE, is greater than 49		
C08.21	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			202
C08.22	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			203
C08.23	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			204
C08.24	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205

C08.25	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
C08.26	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			207

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	208
			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	SMOKDAY2	1 Every day 2 Some days			209
			3 Not at all	Go to C09.04		

	not at all?		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 (skip C09.04)		210
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) 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			211-212

			77 Don't know / Not sure 99 Refused			
C09.05	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.	213

State-Added: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAEC1	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	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

SAEC2	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
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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)
C10.01	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?	ALCDAYS5	1 __ Days per week 2 __ Days in past 30 days		INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
C10.02	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.	217-218
C10.03	Considering all types of	DRNK3GE5	__ Number of times	CATI X = 5 for men, X		219-220

	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?		88 None 77 Don't know / Not sure 99 Refused	= 4 for women		
C10.04	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			221-222

Core Section 11: Exercise (Physical Activity)

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 month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.	223
			2 No 7 Don't know/Not Sure 9 Refused	Go to C 11.08		
C11.02	What type of physical activity or exercise did you spend the	EXTRACT11	___ Specify from Physical		See Physical Activity Coding List.	224-225

	most time doing during the past month?		Activity Coding List		If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.03	How many times per week or per month did you take part in this activity during the past month?	EXEROFT1	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			226-228
C11.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM1	_:__ Hours and minutes 777 Don't know / Not sure 999 Refused			229-231
C11.05	What other type of physical activity gave you the next most exercise during the past month?	EXTRACT1	___ Specify from Physical Activity List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	232-233
			88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.06	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			234-236
C11.07	And when you took part in this activity, for how many minutes	EXERHMM2	_:__ Hours and minutes			237-239

	or hours did you usually keep at it?		777 Don't know / Not sure 999 Refused			
C11.08	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?	STRENGTH	1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	240-242

Core Section 12: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day	243-245

					<p>during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?”</p> <p>Read if respondent asks what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits.</p>	
C12.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don’t Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.” <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”</p>	246-248
C12.03	How often did you eat a green leafy or lettuce	FVGREEN1	1__ Day 2__ Week 3__ Month		Enter quantity in times per day, week, or month.	249-251

	salad, with or without other vegetables?		300 Less than once a month 555 Never 777 Don't Know 999 Refused		If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	
C12.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	252-254
C12.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	255-257
C12.06	Not including lettuce salads and potatoes, how often did	VEGETAB2	1__ Day 2__ Week 3__ Month		Enter quantity in times per day, week, or month.	258-260

	you eat other vegetables?		300 Less than once a month 555 Never 777 Don't Know 999 Refused		If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."	
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Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	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		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.	261
			2 No 7 Don't know / Not sure 9 Refused	Go to C13.03		
C13.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or	FLSHTMY3	___/____ Month/ Year 777777 Don't know/ Not sure 999999 Refused	Module on Place of Flu Shot Vaccination may be inserted after this question.		262-267

	flu shot injected into your arm?					
C13.03	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?	268
C13.04	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.	269

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers	HIVTST7	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to C14.03		270

	<p>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>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?</p>					
C14.02	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.	271-276
C14.03	<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>You have injected any drug other than those prescribed for</p>	HIVRISK5	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			277

	<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. Do any of these situations apply to you?</p> <p>Do any of these situations apply to you?</p>					
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Closing Statement/ Transition to Modules

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

Optional Modules

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)
M02.01	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	To be asked following following Core Q6.12; if response to Q6.11 is Yes (code = 1)		280
M02.02	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.'	281-283
M02.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet			284-286

			888 Never 777 Don't know / Not sure 999 Refused			
M02.04	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			287-288
M02.05	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.	289-290
M02.06	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		291-292
M02.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years			293

			(1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
M02.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			294
M02.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			295

Module 8: 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)
M08.01	You've told us that you have smoked in the past or are currently smoking. The next questions are about	LCSFIRST	___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused	If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to	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).	311-313

	<p>screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>			<p>question M08.04.</p> <p>Go to M08.04</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>	
M08.02	<p>How old were you when you last smoked cigarettes regularly?</p>	LCSLAST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>			314-316
M08.03	<p>On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?</p>	LCSNUMCG	<p>___ Number of cigarettes 777 Don't know/Not sure 999 Refused</p>		<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). 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</p>	317-319

M08.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	LCSCTSCN	Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused			320
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Module 20: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M20.01	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of	CIMEMLOS	1 Yes	If respondent is 45 years of age or older continue, else go to next module. Go to M20.02		377
			2 No	Go to next module		

	<p>someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>		7 Don't know/ not sure	Go to M20.02		
			9 Refused	Go to next module		
M20.02	<p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...</p>	CDHOUSE	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused</p>			378

M20.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes			379
			4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M20.05		
M20.04	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			380
M20.05	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			381
M20.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			382

Module 22: 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.	
M22.01	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			394
M22.02	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			395
M22.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No			396

			7 Don't Know/Not Sure 9 Refused			
M22.04	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			397
M22.05	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			398
M22.06	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			399
M22.07	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			400
M22.08	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			401

M22.09	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			402
M22.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			403
M22.11	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			404
	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

Module 23: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M23.01	The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?	PFPPRVN3	1 Yes	If respondent is female and greater than 49 years of age, has had a hysterectomy (M09.07=1), is pregnant, or if respondent is male go to the next module. Continue		405
			2 No	Go to M23.03		
			3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	Go to next section		
M23.02	The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?	TYPCTR8	Read if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex.	Go to M23.03 Go to next module	If respondent reports using more than one method, please code the method that occurs first on the list. If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms." If respondent reports using an	406-407

			<p>Mirena, Skyla, Liletta, Kylena) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)</p>		<p>“I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
			<p>11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read: 77 Don’t know/ Not sure 99 Refused</p>			
M23.03	Some reasons for not doing anything to keep you from getting pregnant the last time you	NOBCUSE7	<p>Read if necessary:</p> <p>01 You didn’t think you were going to have sex/no regular partner</p>		<p>If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into</p>	408-409

	<p>had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p>		<p>02 You just didn't think about it 03 Don't care if you get pregnant 04 You want a pregnancy 05 You or your partner don't want to use birth control 06 You or your partner don't like birth control/side effects 07 You couldn't pay for birth control 08 You had a problem getting birth control when you needed it 09 Religious reasons 10 Lapse in use of a method 11 Don't think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a hysterectomy 14 Your partner had a vasectomy (sterilization) 15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner 19 Other reasons Do not read:</p>		<p>another category. If response does fit into another category, please mark appropriately.</p>	
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			77 Don't know/Not sure 99 Refused			
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Module 30: 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)
Intro text and screening	<p>If C08.15 = 1 and C08.15 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 C08.15 is >1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your</p>			<p>If C08.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following</p>		

	household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.			questions about children will be about the Xth [CATI: please fill in] child.		
M30.01	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			624-629
M30.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			630
M30.03	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:		If yes, ask: Are they...	631-634

			5 No 7 Don't know / Not sure 9 Refused			
M30.04	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 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 77 Don't know / Not sure 99 Refused	[CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.04 ; CONTINUE. OTHERWISE, GO TO M30.06 .]	Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	635-662
M30.05	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 40 Asian 41 Asian Indian 42 Chinese		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	663-664

			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			
M30.06	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure			665

			9 Refused			
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State-Added: Child Dental Care

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SACDC1	<p>The next question is about the Xth child.</p> <p>How long has it been since the Xth child last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists.</p>		<p>Read only if necessary:</p> <p>1 Within the past year (anytime less than 12 months)</p> <p>2 Within the past 2 years (more than 1 but less than 2 years ago)</p> <p>3 Within the past 5 years (more than 2 years but less than 5 years ago)</p> <p>4 5 or more years ago</p>		To be asked using randomly selected child from Random Child Selection Module	
			<p>7 Don't know/not sure</p> <p>8 Never</p> <p>9 Refused</p>	Go to next module		

Module 31: 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)
M31.01	The next two questions are about the Xth child.	CASTHDX2	1 Yes	If response to C08.15 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.		666
	Has a doctor, nurse or other health professional EVER said that the child has asthma?		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
M31.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			667

State-Added: Self-Measured Blood Pressure Monitoring

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SMPBP1	Earlier you mentioned you have been told by health professionals		1 Yes	If HYPER.01 = 1 continue, else go to next module/section.		

	that you have high blood pressure. Do you measure your blood pressure at home? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.		2 No [Go to next section] 7 Don't know/Not sure [Go to next section] 9 Refused [Go to next section]			
SMPB2	Do you regularly share your blood pressure readings with your health care provider?		1 Yes 2 No 7 Don't know / Not sure 9 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)
SATP1	Some cities and towns are considering laws that would make workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants,		Please Read: 1 Yes 2 No Do not read: 7 Don't know/Not sure 9 Refused			

	bars and casinos. Would you support such a law in your community?					
SATP2	Missouri state law allows designated smoking areas in restaurants and other public places. Would you support a change in the state law that would make all workplaces smoke-free by prohibiting smoking in all indoor workplaces, including restaurants, bars and casinos?		Please Read: 1 Yes 2 No Do not read: 7 Don't know/Not sure 9 Refused			

State-Added: Gambling

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAGAM1	In the last 12 months have you played the lottery, bingo,		1 Yes			

	card games, slot machines, or any other betting games for money or something else of value? This activity could be at the casino, over the phone, on the computer, at the track, on the street, at home, or any other place.		2 No [Go to next section] 7 Don't know/Not sure [Go to next section] 9 Refused [Go to next section]			
SAGAM2	Has the money you spent gambling led to financial problems?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
SAGAM3	Has the time you spent gambling led to problems in your family, work, or personal life?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses	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 <STATE>. 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</p>					

	answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			668
CB01.02	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			669
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____	Enter first name or initials.			

Closing Statement

Read

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