

2022
Missouri
County-Level Study
Questionnaire

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Header and Introductory Text

HELLO, I am calling from the University of Missouri for the Missouri Department of Health and Senior Services. My name is [caller's 1st name]. We are gathering information about the health of Missouri residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Landline Introduction

Question Number	Question Text	Variable Name	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	Read: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03		

					residential phone lines at this time. NOTE: Business numbers which are also used for personal communication are eligible.
			3 No, this is a business	TERMINATE	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.
			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 Missouri?	STATERE1	1 Yes	Go to LL05	
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons who live in the state of Missouri 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.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE, GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE, GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.	Read if necessary: We ask this question to determine which health-related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.	

			3 Nonbinary	Go to Sex at Birth Module	[Note: Located on p. 55 on hard copy.]	
			7 Don't know/ Not sure 9 Refused	TERMINATE	Read: Thank you for your time; your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			3 Nonbinary	Go to Sex at Birth Module	[Note: Located on p. 55 on hard copy.]	
			7 Don't know/ Not sure 9 Refused	TERMINATE	Read: Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure 99 Refused			
LL11.	So, the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total	

					<p>number of adults in the household.</p> <p>Read: The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female].</p> <p>Note: If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.</p>	
LL12	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?	RESPLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		
			7 Don't know/ Not sure 9 Refused	TERMINATE	Read: Thank you for your time, your number may be selected for another survey in the future.	
Transition to Section 1.			Please read: I will not ask for your last name, address, or other personal information that can		Do not read: Introductory text may be reread when selected respondent is reached.	

			<p>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.</p> <p>If you have any questions about the survey, please call (573) 522-2808.</p>			
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Cell Phone Introduction

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no", Read: Thank you very much, but we are only interviewing persons on cell phones at this time.	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		Read if necessary: We ask this question to determine which health-related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary	Go to Sex at Birth Module	[Note: Located on p. 55 on hard copy.]	

			7 Don't know/ Not sure 9 Refused	TERMINATE	Read: Thank you for your time, your number may be selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOU S	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a	

					college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in Missouri?	CSTATE1	1 Yes	Go to CP10		
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the state of Missouri.	
CP09.	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.	
CP10.	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes, then number of adults is automatically set to 1		

	years of age or older?					
Transition to section 1			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information.</p> <p>If you have any questions about the survey, please call (573) 522-2808.</p>			

Section 1: Health Status (1) [Core BRFSS & 2016 CLS]

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

Section 2: Healthy Days (3) [Core BRFSS & 2016 CLS]

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

	days during the past 30 days was your mental health not good?		99 Refused		that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical 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		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

Section 3: Health Care Access (8) [4 Core BRFS (CHCA.01-.03 & .08) & 4 2016 CLS (.04-.07)]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note(s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	PRIMINSR	Read if necessary: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private non-governmental plan that you or another family member buys on your own 03 Medicare		If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or	

			04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military-related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State-sponsored health plan 10 Other government program 88 No coverage of any type 77 Don't know/Not sure 99 Refused		whether it is through Medicaid or CHIP.	
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	PERSDOC3	1 Yes, only one 2 More than one 3 No 7 Don't know/ Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: If the respondent had multiple doctor groups, then it would be more than one—but if they had more than one doctor in the same group, it would be one.	
CHCA.03	Was there a time in the past 12 months	MEDCOST / MEDCOST1	1 Yes 2 No			

	when you needed to see a doctor but could not because you could not afford it?		7 Don't know / Not sure 9 Refused			
CHCA.04	Other than over the counter (OTC) medication, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?	MEDSCOS1	1 Yes 2 No 3 No medication was prescribed 7 Don't know /Not sure 9 Refused			
CHCA.05	Was there a time in the past 12 months that you needed to see a mental health professional but could not due to cost?	[Name?]	1 Yes	Go to CHCA.06		
			2 No 7 Don't know/Not sure	Go to CHCA.07		
CHCA.06	Are you now taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	MISTMNT	1 Yes 2 No 7 Don't know /Not sure 9 Refused			
CHCA.07	Other than cost, there are many other reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months?	DELAYME1	Please read: 1 You couldn't get a doctor's appointment soon enough. 2 You could not find a doctor that would see you. 3 You could not take off work to go to the doctor.		NOTE: Select all that apply	

			<p>4 You didn't have transportation to get to the doctor.</p> <p>5 You were concerned about exposure to COVID-19</p> <p>Do not read:</p> <p>8 No, I did not delay getting medical care/did not need medical care</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>			
CHCA.08	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 5 or more years ago</p> <p>8 Never</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

Section 4: Exercise (1) [core BRFSS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
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CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes <hr/> 2 No 7 Don't know/ Not sure 9 Refused	Go to next section	NOTE: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.	
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State-added 6: Environment (1) 2016 (& earlier) CLS

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
10.7	How safe from crime do you consider your neighborhood to be? Would you say...	HOWSAFE	Please read: 1 Extremely safe 2 Quite safe 3 Slightly safe OR 4 Not at all safe Do not read: 7 Don't know/ Not Sure 9 Refused			

Section 6: Inadequate Sleep (1) [2022 Rotating core & 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
C06.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	-- Number of hours [01-24] 77 Don't know/ Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	

Section 7: Hypertension Awareness (2) [Rotating core on 2021 BRFSS & 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
C07.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	1 Yes	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" Read if necessary: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don't know/ Not sure 9 Refused			
C07.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Section 8: Cholesterol Awareness (3) [Rotating core on 2021 BRFSS & 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
C08.01	Cholesterol is a fatty substance found in the blood. About how long has it been since	CHOLCHK3	1 Never	Go to next section.		
			Read only if necessary: 2 Within the past year (anytime less			

	you last had your cholesterol checked?		<p>than one year ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 Within the past 3 years (2 years but less than 3 years ago)</p> <p>5 Within the past 4 years (3 years but less than 4 years ago)</p> <p>6 Within the past 5 years (4 years but less than 5 years ago)</p> <p>OR</p> <p>8 5 or more years ago</p>			
			<p>Do not read:</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>	Go to next section		
C08.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>		Read if necessary: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
C08.03	Are you currently taking medicine prescribed by your doctor or other health professional	CHOLMED2	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>		If respondent questions why they might take drugs without having high cholesterol, read: Doctors might prescribe statin for those without high cholesterol but with	

	for your cholesterol?				high atherosclerotic cardiovascular disease risk.	
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Section 9: Oral Health (5) [2 2022 Rotating Core BRFSS + 2 2016 CLS + 1 Another state's question]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note(s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago) OR</p> <p>4 5 or more years ago</p> <p>Do not read:</p> <p>8 Never</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>			
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	<p>Read if necessary:</p> <p>1 1 to 5</p> <p>2 6 or more but not all</p> <p>3 All</p> <p>8 None</p> <p>Do not read:</p> <p>7 Don't know/ Not sure</p>		<p>Read if necessary:</p> <p>If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.</p>	

			9 Refused			
OH.03 (from CLS 2016)	Was there a time in the past 12 months when you needed to see a dentist but could not due to cost?	[Name]	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
COH.04 (from CLS 2016)	Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's or government plans such as Medicaid?	DENTLINS	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
OH.05 (Another state's Oral Health program)	The next question asks you about water fluoridation. Water is "fluoridated" when fluoride is added to the water supply to prevent tooth decay. Do you favor or oppose the addition of fluoride to the public drinking water supply?	[Name]	Read if necessary: 1 Favor 2 Oppose 3 Neither favor nor oppose Do Not Read: 7 Don't know/ Not sure 9 Refused		Read if necessary: Fluoride is a mineral that is present in low levels in nearly all water sources. Fluoride has been shown to prevent tooth decay when the right amount is added to a community's water supply.	

Section 10: Chronic Health Conditions (12) [Core BRFSS and 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue	Has a doctor, nurse, or other health					

	professional ever told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”					
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don’t know/ Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don’t know/Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don’t know/Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don’t know/Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don’t know/Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	[ADD – not yet assigned by CDC]	1 Yes 2 No			

			7 Don't know/ Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any melanoma or any other types of cancer?	[ADD – not yet assigned by CDC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know/Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know/Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know/Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know/Not sure 9 Refused		NOTE: 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, and vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: Was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know/ Not sure 9 Refused			

Section 11: Demographics (22) [19 core BRFS & 1 CLS (inside city limits)]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
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OTHERWISE NOTED)						
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know/ Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, please 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 None of the above 7 Don't know/ Not sure 9 Refused		NOTE: One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander	.	NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.	

			51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other (Specify _____) 88 No choices 77 Don't know/ Not sure 99 Refused		
				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05	
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	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		NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous question and refuses to select a single race, code as 99 Refused.

			52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other (Specify _____) 77 Don't know/ Not sure 99 Refused			
CDEM.05	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			
CDEM.06	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 01 Never attended school or only attended kindergarten 02 Grades 1 through 8 (Elementary) 03 Grades 9 through 11 (Some high school) 04 Grade 12 or GED (High school graduate) 05 College 1 year to 3 years (Some college or technical		New instruction NOTE: If respondent is currently enrolled in school, mark the previous grade or highest degree received.	

			<p>school, no degree)</p> <p>06 Associate's degree (e.g., AA, AS)</p> <p>07 College 4 years or more (College graduate/ Bachelor's degree (e.g., BA, BS)</p> <p>08 Master's degree (e.g., MA, MS, MEd, MSW, MBA)</p> <p>09 Professional degree beyond a bachelor's degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p>10 Doctorate degree (e.g., PhD, DrPH, EdD)</p> <p>Do not read: 99 Refused</p>			
CDEM.07	Do you own or rent your home?	RENTHOM 1	<p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>		<p>NOTE: Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.</p> <p>Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.</p>	

CDEM.08	In what county do you currently live?	CTYCODE2	_ _ _ANSI County Code 777 Don't know /Not sure 999 Refused	If County Code <u>not</u> 019, 021, 047, 051, 077, 095, 145 or 165, Go to CDEM.09	NOTE: Please review the ANSI County Code list and enter the correct 3-digit code.	
CDEM.08a (7.9a)	Do you live within the city limits of:		Please read: [Columbia] [St. Joseph] [Kansas City] [Jefferson City] [Springfield] Joplin Independence 1 Yes 2 No 7 Don't know/ Not sure 9 Refused	If Co. code = 019 021 047, 095 or 165 051 077 097 or 145 095	NOTE: WinCATI will insert city name based on county code	
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Don't know/Not sure 99999 Refused			
				If cell interview, go to CDEM.12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	NUMHHOL3	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Go to CDEM.12	
CDEM.11	How many of these landline	NUMPHON3	_ Enter number (1-5)			

	telephone numbers are residential numbers?		6 Six or more 8 None 7 Don't know/ Not sure 9 Refused			
CDEM.12	How many cell phones do you have for your personal use?	CPDEMO1B	_ Enter number (1-5) 6 Six or more 8 None 7 Don't know/ Not sure 9 Refused	Last question needed for partial complete.	NOTE: Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.13	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	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		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.	
CDEM.14	Are you currently...?	EMPLOY1	Please read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired OR 8 Unable to work Do not read: 9 Refused		NOTE: If respondent fits multiple categories, say "Select the category which best describes you." NOTE: Do NOT code 7 for Don't know/Not sure on this question.	

CDEM.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			
CDEM.16	Is your annual household income from all sources—	INCOME2	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 (\$25,000 to less than \$35,000) 06 Less than \$50,000 (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to	SEE CATI information on order of coding. Start with category 05 and move up or down categories.	NOTE: If respondent refuses at ANY income level, code '99' (Refused)	

			less than \$200,000 11 Less than \$250,000 (\$200,000 to less than \$250,000) 12 \$250,000 or more Do not read: 77 Don't know/ Not sure 99 Refused			
CDEM.16i.	Annual household income is [CATI inserts response] Is this correct?	[Name?]	1 No, re-ask question 2 Yes, correct as is			
				Skip if sex = male (using BIRTHSEX, CELLSEX, LANDSEX) or missing. Or Age > 49		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	_____ Weight (pounds/ kilograms) 7777 Don't know/Not sure 9999 Refused		NOTE: Round fractions up. If respondent answers in metrics, put 9 in first position (65 KG=9065). Enter 766 for 766 lbs or more or 9353 for 353 KG or more.	

CDEM.19	About how tall are you without shoes?	HEIGHT3	-- / -- Height (ft/ inches/ meters/ centimeters) 77/ 77 Don't know/ Not sure 99/ 99 Refused		NOTE: Round fractions down. If respondent answers in metrics, put 9 in first position (1 meter 75 cm = 9175).	
11.20	The following questions are about health problems or impairments you may have. Are you limited in any way in any activities because of physical, mental or emotional problems?	[Name?]	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
11.21	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	[Name?]	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		NOTE: Include occasional use or use in certain circumstances.	
11.22	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	[Name?]	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

Section 12: Breast and Cervical Cancer Screening (7)[2022 BRFFS Rotating Core & 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).		
				Skip to next module if Sex/ Sex at Birth = male		
Prologue	(The next questions are about breast and cervical cancer.)					
CBCCS.01	Have you ever had a mammogram?	HADMAM	1 Yes		Read if necessary: A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No 7 Don't know/Not sure 9 Refused	Go to CBCCS.03		
CBCCS.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3			

			years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) OR 5 5 or more years ago Do not read 7 Don't know/Not sure 9 Refused			
CBCCS.03	Have you ever had a cervical cancer screening test?	CERVSCRN	1 Yes		Go to CBCCS.07	
			2 No			
			7 Don't know/Not sure			
			9 Refused			
CBCCS.04	How long has it been since you had your last cervical cancer screening test?	CRVCLCNC	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) OR 5 5 or more years ago			
			Do not read 7 Don't know/Not sure 9 Refused	Go to CBCCS.06		
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?	CRVCLPAP	1 Yes 2 No 7 Don't know/Not sure 9 Refused			
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?	CRVCLHPV	1 Yes 2 No 7 Don't know/Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
CBCCS.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

Section 13: Colorectal Cancer Screening (5) [BRFSS 2022 Rotating Core; same # as 2016 CLS but some differences in all questions]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
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				If Section CDEM.01, AGE, is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02	Read if necessary: For both exams, a flexible tube is inserted in the rectum to view the colon for signs of cancer or other health problems.	
			2 No 7 Don't know/Not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?	COLNSIGM	1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both	Go to CCRC.05		
			7 Don't know/Not sure 9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?	COLNTES1	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 Within the past 10 years (5 years but less than 10 years ago) OR 5 10 or more years ago Do not read:	Go to CCRC.06		

			7 Don't know/Not sure 9 Refused			
CCRC.04	How long has it been since your most recent sigmoidoscopy?	SIGMTES1	<p>Read if necessary</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>OR</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>	Go to CCRC.06		
CCRC.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG3	<p>Read if necessary</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>OR</p> <p>5 10 or more years ago</p> <p>Do not read:</p>			

			7 Don't know/Not sure 9 Refused			
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Section 14: Tobacco Use (6) [4 core BRFSS + 2 Optional Module questions (1 same & 1 similar to 2016 CLS)]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: Electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/ Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes:	SMOKDAY2	Please read: 1 Every day 2 Some days OR 3 Not at all? Do not read 7 Don't know /Not sure 9 Refused			
				Ask if CTOB.02, SMOKDAY2 = 1 or 2		
MOTU.01	Currently, when you smoke cigarettes, do you usually	[Name?]	1 Yes 2 No 7 Don't know / Not sure			

	smoke menthol cigarettes?		9 Refused			
				Ask if CTOB.02, SMOKDAY2 = 1 or 2		
MTC.02	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			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus:	USENOW3	Please read: 1 Every day 2 Some days OR 3 Not at all? Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have:	[Name?]	Please read: 1 Never used e-cigarettes or other electronic vaping products in your entire life 2 Now use them every day 3 Use them some days OR 4 Used them in the past but do not currently use them at all?		NOTE: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or Blu. Interviewer note: These questions concern electronic vaping products for	

			Do not read: 7 Don't know /Not sure 9 Refused		nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
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Section 15: Alcohol Consumption (4) [2022 core BRFSS & 2016 CLS (note modifications)]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know/ Not sure 999 Refused	Go to next section		
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know/ Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of	DRNK3GE5	__ Number of times	CATI X = 5 for men, X =		

	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 No days 77 Don't know/ Not sure 99 Refused	4 for women (states may use sex at birth to determine sex if module is adopted)		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	-- Number of drinks 77 Don't know/ Not sure 99 Refused			

Section 16: Immunization (2) [2 of 4 2022 BRFSS core questions]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know /Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

Module 17: Social Determinants and Health Equity (10) [2022 Optional Module 10]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you...	LSATISFY	<p>Please read:</p> <p>1 Very satisfied</p> <p>2 Satisfied</p> <p>3 Dissatisfied</p> <p>OR</p> <p>4 Very dissatisfied</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...	EMTSUPRT	<p>Please read:</p> <p>1 Always</p> <p>2 Usually</p> <p>3 Sometimes</p> <p>4 Rarely</p> <p>Or</p> <p>5 Never</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			
MSDHE.03	How often do you feel socially isolated from others? Is it...	[Name?]	<p>Please read:</p> <p>1 Always</p> <p>2 Usually</p> <p>3 Sometimes</p> <p>4 Rarely</p> <p>Or</p> <p>5 Never</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p>			

			9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours reduced?	[Name?]	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MSDHE.05	[During the past 12 months, have you] received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?	FOODSTMP	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MSDHE.06	During the past 12 months, how often did the food that you bought not last, and you didn't have money to get more? Was that...	[Name?]	Please read: 1 Always 2 Usually 3 Sometimes 4 Rarely Or 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
MSDHE.07	[During the last 12 months,] was there a time when you were not able to pay your mortgage, rent or utility bills?	SDHBILLS	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MSDHE.08	[During the last 12 months was there a time when] an electric, gas, oil,	[Name?]	1 Yes 2 No			

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

Section 18a: Long-term COVID Effects (1) [1 of 3 2022 BRFS Emerging Core questions]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue	The following questions are specifically about your experiences caused by the COVID-19 pandemic.					

	Some questions may be similar to questions you have already answered, but we are asking for your response to each question based specifically on your experience during COVID-19.					
COVID.01	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	New in 2022 – name not yet assigned	1 Yes 3 Tested positive using home test without health professional		NOTE: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing, including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
			2 No 7 Don't know/Not sure 9 Refused	Go to next section		

Module 18b: COVID Vaccination (4) [2022 BRFSS Optional Module 7]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?	[Name?] [New in 2022]	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		

			7 Don't know/ Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will:	COVACGET	Please read: 1 Definitely get a vaccine 2 Probably get a vaccine 3 Probably not get a vaccine 4 Definitely not get a vaccine Or 7 You are not sure? Do not read: 9 Refused	Go to next section		
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One <hr/> 2 Two 3 Three 4 Four or more <hr/> 7 Don't know/ Not sure 9 Refused	Go to next module		
MCOV.04	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have:	COVIDINT	Please read: 1 Already received all recommended doses 2 Plan to receive all recommended doses Or 3 Do not plan to receive all recommended doses Do not read: 7 Don't know/ Not sure 9 Refused			

State-added 18c: COVID Safety (Social Distancing & Mask Wearing) (2) [2021 MO BRFSS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue	<p>The next question is about social distancing. Social distancing refers to deliberate actions to minimize contact with other people outside of your household to reduce the spread of COVID-19. Examples of social distancing include; maintaining a physical distance of at least 6 feet from other individuals; avoiding groups of people; minimizing trips requiring you to leave your home; and/or minimizing visits from other people to your home or to their home.</p>					

SACI.08	I am doing things to minimize or reduce my contact with other people (i.e., social distancing). Would you say:	SODISMIN	Please Read: 1 Always 2 Nearly Always 3 Sometimes 5 Seldom Or 6 Never Do Not Read 7 Don't Know/ Not Sure 9 Refused			
SACI.10a	Do you wear a mask to protect yourself from COVID-19 infection? Would you say:	SODIMASK	Please read: 1 Always 2 Nearly Always 3 Sometimes 5 Seldom Or 6 Never Do Not Read 7 Don't Know/ Not Sure 9 Refused			

State-added 18d: COVID Economic Impact (5) [3 of 9 2021 MO BRFSS & 1 new question]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	As a result of the COVID-19 pandemic, have you ever experienced any of the following:					
SACI.20d	Had to quarantine for any reason?	COVIDWK4	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
CLSN.20e	Lost your health insurance?	COVIDWK5	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

SACI.21 Prologue	As a result of the COVID-19 pandemic, have you experienced any of the following:					
SACI.21c	[have you experienced] increased household expenses?	COVIDEXP	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
SAC.21d	[have you experienced] increased medical expenses?	COVIDMEDX	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

Module 19: Sexual Orientation and Gender Identity (SOGI)(2) [2022 Optional Module 26]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue: The next two questions are about sexual orientation and gender identity.						
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	Which of the following best represents how you think of yourself?	SOMALE	Please read 1 = Gay 2 = Straight, that is, not gay 3 = Bisexual		Read if necessary: We ask this question in order to better understand the health and health care needs of people with	

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

					<p>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-conform</p>	
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State-added 20: Opioid Use (5) [Source unknown, not on 2016 CLS]

Question Number	Question Text	Variable Name	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Prologue	In the next questions, I am going to ask you about prescription painkillers, also known as prescription opioids. We only want to know about prescription painkillers, NOT painkillers that are available					

	over the counter.					
UNK.01	In the past 12 months did you use prescription painkillers such as Oxycontin, Percocet or Norco that were prescribed to you by a healthcare provider?	[Name?]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to Prologue to UNK.03	Do not read: Other types/brand names of prescription painkillers include but are not limited to: oxycodone Percodan, hydrocodone, Vicodin, Lortab, Lorcet, diphenoxylate, Lomotil, morphine, Kadian, Avinza, MS Contin, codeine, fentanyl, Duragesic, Actiq, Sublimaze, propoxyphene, Darvon, hydromorphone, Dilaudid, meperidine, Demerol, methadone	
UNK.02	Did you use any of the medication more frequently or in higher doses than directed by a healthcare provider?	[Name?]	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue	Now I would like to ask you about prescription painkillers or other opioid drugs that were NOT prescribed to you by a healthcare provider. Please remember your answers are strictly confidential and you do not have to answer any question you do not want to.					
UNK.03	In the past 12 months, did you use any prescription painkillers such as Oxycontin, Percocet, Norco or other opioids such as fentanyl or heroin that were NOT	[Name?]	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	prescribed to you by a healthcare provider?					
COPI.04	We want to understand why people use painkillers other than as prescribed. What were the reasons you used the medication differently than prescribed?	[Name?]	<p>Read only if necessary:</p> <p>1 Pain relief, prescribed dose did not relieve pain</p> <p>2 To relieve other physical symptoms</p> <p>3 To relieve anxiety or depression</p> <p>4 For fun, good feeling, getting high, peer pressure (friends were doing it)</p> <p>5 To prevent or relieve withdrawal symptoms</p> <p>6 Other (specify_____)</p> <p>7 Don't know / Not Sure</p> <p>9 Refused</p>		NOTE: Select all that apply	
COPI.05	How much do you think people risk harming themselves in any way when they use prescription painkillers more frequently or in higher doses than directed by a healthcare provider or when they use prescription painkillers NOT prescribed by a healthcare	[Name?]	<p>Please read:</p> <p>1 No risk</p> <p>2 Slight risk</p> <p>3 Moderate risk</p> <p>Or</p> <p>4 Great risk</p> <p>Do not read:</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>			

	provider? Would you say:					
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Module 20: Sex at Birth (1) [2022 BRFSS Optional Module 25]

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

State-added 21: Permission to Follow-up (2) [Asked on all previous CLS questionnaires]

[????]	That was my last question. We may want to contact you for a follow-up study. May we include you in a follow up study?	ADD VARIABLE NAME	1 Yes _____	_____	If asked, say: The study may be about any of the health issues in the interview just completed.	
[????]	Please give me your first name so we can contact you for a follow-up study.	ADD VARIABLE NAME	_____ (Enter first name of respondent)			

Closing Statement

Please read

Everyone's answers will be combined to help us provide information about the health practices of people in Missouri. Thank you very much for your time and cooperation.

