

# 2021 BRFSS Questionnaire DRAFT



## Table of Contents

OMB Header and Introductory Text .....	4
Landline Introduction.....	5
Cell Phone Introduction .....	11
Core Section 1: Health Status .....	16
Core Section 2: Healthy Days .....	17
Core Section 3: Health Care Access .....	19
Core Section 4: Exercise.....	22
Core Section 5: Hypertension Awareness .....	23
Core Section 6: Cholesterol Awareness .....	24
Core Section 7: Chronic Health Conditions .....	26
<b>Module 1: Prediabetes .....</b>	<b>29</b>
Core Section 8: Arthritis.....	30
Core Section 9: Demographics .....	33
<b>Module 27: Sex at Birth.....</b>	<b>35</b>
<b>Module 28: Sexual Orientation and Gender Identity (SOGI).....</b>	<b>35</b>
Core Section 9: Demographics (Continued) .....	39
Core Section 10: Disability .....	44
Core Section 11: Tobacco Use .....	46
Core Section 12: Alcohol Consumption.....	49
Core Section 13: Immunization.....	51
Core Section 14: H.I.V./AIDS .....	53
Core Section 15: Fruits and Vegetables .....	54
<b>Closing Statement/ Transition to Modules .....</b>	<b>58</b>
<b>Optional Modules .....</b>	<b>59</b>
<b>Module 5: HPV - Vaccination.....</b>	<b>59</b>
<b>Module 8: COVID Vaccination .....</b>	<b>60</b>
Module 13: Cancer Survivorship: Type of Cancer .....	62
<b>Module 14: Cancer Survivorship: Course of Treatment.....</b>	<b>66</b>
<b>Module 15: Cancer Survivorship: Pain Management.....</b>	<b>69</b>
<b>Module 18: Cognitive Decline .....</b>	<b>70</b>
<b>Module 19: Caregiver .....</b>	<b>73</b>
<b>Module 21: Marijuana Use.....</b>	<b>77</b>

Module 22: Tobacco Cessation .....	79
Module 25: Random Child Selection .....	81
Module 26: Childhood Asthma Prevalence .....	85
State Added Questions .....	86
Food Security (PPB Branch) .....	86
Sugar-Sweetened Beverages (PPB Branch) .....	88
Built Environment (PPB Branch) .....	90
E-Cigarettes and Cigars (TPEP) .....	91
Tobacco (TPEP) .....	92
Hypertension .....	94
Cancer .....	95
Hepatitis-B Virus Risk and Vaccination .....	97
Prescribed Medication (ADAD Program) .....	99
Neurotrauma .....	101
Intimate Partner Violence .....	102
COVID-19 Social Determinants of Health .....	105
Asthma Call-Back Permission Script .....	106
Closing Statement .....	108

## 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 <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		63
			2 No	TERMINATE	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.	
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. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	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?	CELLPHONE CELLPHON1	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private	67

					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]		68
			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.		69
				States may insert sex at birth state added	We ask this question to determine which health related	

				question or sex at birth module here and substitute for response or include as module.	questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			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 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?	70-71
			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



<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	75-76
					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.	
<b>LL12</b>	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?	RESPSLCT	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 )		77
			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.	
<b>Transition to Section 1.</b>			I will not ask for your last name, address, or		Do not read: Introductory text may be reread when selected	

			<p>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>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>	
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## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CP01.</b>	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		78
			2 No	[[set appointment if possible]] TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
<b>CP02.</b>	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
<b>CP03.</b>	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
<b>CP04.</b>	Are you 18 years of age or older?	CADULT1	1 Yes			81
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
<b>CP05.</b>	Are you male or female?	CELLSEX	1 Male 2 Female			82
			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.	

<b>CP06.</b>	Do you live in a private residence?	PVTRES3	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.	83
			2 No	Go to CP07		
<b>CP07.</b>	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.	
<b>CP08.</b>	Do you currently live in ____ (state) ____?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
<b>CP09.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 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			86-87

			42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	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
<b>CP11.</b>	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		89-90

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

## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHS.01</b>	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)
<b>CHD.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	102-103
<b>CHD.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	106-107

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
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## Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	***NEW*** PRIMINSR	<u>Read if necessary:</u>  01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program 88 No coverage of any type		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 whether it is through Medicaid or CHIP.	108-109

			77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person or a group of doctors that you think of as your personal health care provider?	***NEW*** 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.	110
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	***NEW*** MEDCOST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	112

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	113

## Core Section 5: Hypertension 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	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.	114
		BPHIGH6	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	Go to next section		
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don’t know / Not sure 9 Refused			115

## Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your <del>blood</del> cholesterol checked?	CHOLCHK2  CHOLCHK3	1 Never	Go to next section.		116
			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	Go to next section		



			9 Refused			
C06.02	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	TOLDHI2 TOLDHI3	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	117
			2 No 7 Don't know / Not sure 9 Refused	Go to next section.		
C06.03	Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?	CHOLMED2 CHOLMED3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines. Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	118

## Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
<b>CCHC.01</b>	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			119
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			122
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123

<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
<b>CCHC.08</b>	(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			126
<b>CCHC.09</b>	(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			127
<b>CCHC.10</b>	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.	128
<b>CCHC.11</b>	(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.	129

			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>CCHC.12</b>	How old were you when you were told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		130-131

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.11, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>M01.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if CCHC.11, DIABETE4, is coded 1		258
				Skip if CCHC.11, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);		
<b>M01.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	259

## Core Section 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C08.01</b>	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes		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)	132
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
<b>C08.02</b>	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.	133
<b>C08.03</b>	Have you ever taken an educational course or class	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure			134

	to teach you how to manage problems related to your arthritis or joint symptoms?		9 Refused			
<b>C08.04</b>	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 your current experience, regardless of whether you are taking any medication or treatment"	135
<b>C08.05</b>	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."	136
<b>C08.06</b>	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			137-138

	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 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			139-140
<b>CDEM.01</b>	In what year were you born?	YEARBORN	_____ Code year of birth 7777 Don't know 9999 Refused			
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you...  1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	141-144
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	145-172

			Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	173-174

## Module 27: Sex at Birth

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		This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.	648

## Module 28: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		

<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	649
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can	650

					answer with either the number or the text/word.	
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.	651

					<p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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## Core Section 9: Demographics (Continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.05</b>	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			175
<b>CDEM.06</b>	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			176
<b>CDEM.07</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		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	177

					majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	__ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			178-180
<b>S01.01</b>	What island do you live on?	ISLAND	1 Oahu 2 Hawaii 3 Kauai 4 Maui 5 Molokai 6 Lanai 9 Refused	<b>NOTE TO PORTIA:</b> Replace Core question CDEM.08 by question S01.01 (ISLAND)		901
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			181-185
				If cell interview go to CDEM.12		
<b>CDEM.10</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than	NUMHHOL3	1 Yes			186
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		



	one telephone number in your household?					
<b>CDEM.11</b>	How many of these telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			187
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	188
<b>CDEM.13</b>	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.	189
<b>CDEM.14</b>	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read:		If more than one, say "select the category which best describes you".	190

			9 Refused			
<b>CDEM.15</b>	How many children less than 18 years of age live in your household?	CHILDREN	__ _ Number of children 88 None 99 Refused			191-192
<b>CDEM.16</b>	Is your annual household income from all sources—	***NEW*** INCOME3	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 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure 99 Refused	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	193-194
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01= missing and (CP05=1 or LL12=1; or		

				LL09 = 1 or LL07 =1). or Age >49		
<b>CDEM.17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			195
<b>CDEM.18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	196-199
<b>CDEM.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	200-203

## Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	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			204
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			207
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			208
<b>CDIS.06</b>	Because of a physical, mental, or emotional	DIFFALON	1 Yes 2 No 7 Don't know / Not sure			209

	condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		9 Refused			
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## Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	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.	210
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			211
<b>CTOB.03</b>	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 CTOB.05		
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff,	USENOW3	1 Every day 2 Some days 3 Not at all		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco,	212

	or snus every day, some days, or not at all?		7 Don't know / Not sure 9 Refused		usually sold in small pouches that are placed under the lip against the gum.	
<b>S05.01</b>	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes	Go to CTOB.04	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.	927
			2 No	Automatically code "4 Never smoked e-cigs" for CTOB.04 and go to the next section.		
			7 Don't know / Not sure 9 Refused	Go to CTOB.04		
<b>CTOB.04</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?	***NEW*** ECIGNOW1	1 Every day 2 Some days 3 Not at all 4 Never smoked used e-cigs 7 Don't know / Not sure 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have	213

					<p>heard of are JUUL, NJOY, or blu.</p> <p>Interviewer note:</p> <p>These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	
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## Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
<b>CALC.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	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.	217-218
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		219-220
<b>CALC.04</b>	During the past 30 days, what is the largest number of	MAXDRNKS	__ Number of drinks			221-222

	drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
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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)
<b>CIMM.01</b>	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		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.	223
			2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04		
<b>CIMM.02</b>	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			224-229
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC IMFVPLA2	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	230-231

			06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
				<del>BRTH</del> YEAR <del>OF</del> <del>YEAR</del> <del>BRTH</del> <del>&lt; 1971</del> GOTO CIMM.04.		
<b>CIMM.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	232

## 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)
<b>CHIV.01</b>	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
<b>CHIV.02</b>	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	234-239

## Core Section 15: 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)
CFV.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	<p>1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused</p>		<p>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 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>	240-242

CFV.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."  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?"	243-245
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	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 spinach: "Include spinach salads."	246-248
CFV.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		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?"	249-251

			999 Refused		Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.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."	252-254
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	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 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."	255-257





## Closing Statement/ Transition to Modules

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

## Optional Modules

### Module 5: HPV - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Columns
<b>M05.01</b>	Have you ever had an H.P.V. vaccination?	HPVADV4	1 Yes	To be asked of respondents between the ages of 18 and 49 years (can be calculated from AGE variable); otherwise, go to next module	<p>Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)</p> <p>Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].</p> <p>If respondent comments that this question was already asked, clarify that the earlier questions was about HPV testing, and this question is about vaccination.</p>	285
			2 No 3 Doctor refused when asked 7 Don't know / Not sure 9 Refused	Go to next module		
<b>M05.02</b>	How many HPV shots did you receive?	HPVADSHT	__ Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused			286-287

## Module 8: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				These questions may be added in mid-year 2021 after vaccinations are available		
MCOV.01	Have you had a COVID-19 vaccination?	COVIDVAC	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next section		
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two or more	Go to MCOV.05		
			7 Don't know / Not sure 9 Refused	Go to next module—Go to MCOV.04		

				Skip MCOV4 (COVINT) if COVIDNUM = 2.		
<b>MCOV.04</b>	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
<b>MCOV.05</b>	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
<b>MCOV.06</b>	During what month and year did you receive your second COVID-19 vaccination?	COVIDSEC	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			

## Module 13: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MTOC.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	CNCRDIF	1 Only one 2 Two 3 Three or more			342
			7 Don't know / Not sure 9 Refused	Go to next module		
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers	343-344

					to the first time they were told about their first cancer.	
				<p>If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19.</p>		
MTOC.03	What type of cancer was it?	CNCRTYP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p><b>Female reproductive (Gynecologic)</b></p> <p>02 Cervical cancer (cancer of the cervix)</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	345-346

			03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) <b>Head/Neck</b> 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx <b>Gastrointestinal</b> 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum) cancer 15 Stomach <b>Leukemia/Lymphoma (lymph nodes and bone marrow)</b> 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma <b>Male reproductive</b> 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer <b>Thoracic</b> 23 Heart 24 Lung <b>Urinary cancer</b> 25 Bladder cancer 26 Renal (kidney) cancer <b>Others</b> 27 Bone 28 Brain			
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			29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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## Module 14: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	347
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		

MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVD0C1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	348-349
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	350
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine	CSRVRTRN	1 Yes			351
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		

	cancer check-ups after completing your treatment for cancer?					
MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			352
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	353
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			354
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			355

## Module 15: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes			356
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCPM.02	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			357

## Module 18: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
<b>M18.01</b>	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these	CIMEMLOS	1 Yes	Go to M18.02		364
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M18.02		
			9 Refused	Go to next module		

	difficulties impact you.  During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?					
<b>M18.02</b>	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...	CDHOUSE	Read:  1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			365
<b>M18.03</b>	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			366
			4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M18.05		
<b>M18.04</b>	When you need help with these day-to-day activities, how often are you able to get the help that you	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read:			367

	need? Would you say it is...		7 Don't know/Not sure 9 Refused			
<b>M18.05</b>	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			368
<b>M18.06</b>	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			369



## Module 19: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M19.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	370
			2 No 7 Don't know/Not sure	Go to M19.09		
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M19.09		
<b>M19.02</b>	What is his or her relationship to you?	CRGVREL3 CRGVREL4	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	371-372
<b>M19AGE</b>	What is the age of that person you are caring for?	CRGVRAGE	__ Code age in years [97 = 97 and older] 98 Don't know/Not sure 99 Refused	<b>NOTE TO PORTIA:</b> Ask if M19.01 = 1		960 – 961
<b>M19.03</b>	For how long have you provided care	CRGVLNG1	Read if necessary: 1 Less than 30 days			373

	for that person?		2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 More than 5 years Do not read: 7 Don't Know/Not Sure 9 Refused			
<b>M19.04</b>	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			374
<b>M19.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency	If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		375-376

			Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
<b>M19.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			377
<b>M19.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			378
<b>M19.08</b>	In the past 30 days, did you provide care for this person by managing	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			379

	household tasks such as cleaning, managing money, or preparing meals?					
				If M19.01 = 1 or 8, go to next module		
<b>M19.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			380

## Module 21: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M21.01</b>	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days		If asked, participants should be advised NOT to include hemp-based CBD products.	394-395
			88 None  77 Don't know/not sure 99 Refused	Go to next module		
<b>M21.02</b>	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	USEMRJN2 USEMRJN3	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or 6 Use it some other way. Do not read:		Select one. If respondent provides more than one say: Which way did you use it most often?  Read parentheticals only if asked for more detail.	396

			7 Don't know/not sure 9 Refused			
<b>M21.03</b>	When you used marijuana or cannabis during the past 30 days, was it usually:	RSNMRJN1 RSNMRJN2	Read: 1 For medical reasons (like to treat or decrease symptoms of a health condition); 2 For non-medical reasons (like to have fun or fit in), or 3 For both medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused			397

## Module 22: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if CTOB.01, SMOKE100 = 1 and CTOB.02, SMOKDAY2 = 3.		
<b>M22.01</b>	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 77 Don't know / Not sure			398-399

			99 Refused			
				Ask if CTOB.02, SMOKDAY2 = 1 or 2.		
<b>M22.02</b>	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			400



## Module 25: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If CDEM.15 = 1, 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 CDEM.15 is &gt;1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest.</p>			<p>If CDEM.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. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		

	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.					
<b>M25.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			604-609
<b>M25.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			610
<b>M25.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	611-614
<b>M25.04</b>	Which one or more of the following would you say	RCSRACE1	10 White 20 Black or African American		Select all that apply  If 40 (Asian) or 50 (Pacific Islander)	615-642

	is the race of the child?		30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		is selected read and code subcategories underneath major heading.	
				IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.]		
<b>M25.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b>		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	643-644

			41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific  Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused			
<b>M25.06</b>	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			645

			9 Refused			
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## Module 26: 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)
				If response to CDEM.15= 88 (None) or 99 (Refused), go to next module.		
<b>M26.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	Fill in correct [Xth] number.		646
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>M26.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			647

## State Added Questions

### Food Security (PPB Branch)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next set of questions ask about the food situation in your family.					
<b>S02.01</b>	In the past 12 months, did you or any member of your household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do not include WIC, the School Lunch Program, or assistance from food banks.	SNAP12MO	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		902
<b>S02.02</b>	In the past 12 months, did you get free food from a food pantry, church, soup kitchen, or shelter?	FREEFD12MO	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		903
<b>S02.03</b>	I'm going to read you statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you or your household in the last 30 days. The first statement is, "The food that (I or we) bought just didn't last	FDSEC30D1	1 Often 2 Sometimes 3 Never <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		904

	and (I or we) didn't have money to get more."					
<b>S02.04</b>	The second statement is, "(I or we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you or your household) in the last 30 days?	FDSEC30D2	1 Often 2 Sometimes 3 Never <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		905
<b>S02.05</b>	In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?	SKPMEAL12MO	1 Yes 2 No  Do not read: 7 Don't know / Not sure 9 Refused	Ask everyone		906
<b>S02.06</b>	How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	SKPMEALFRQ	1 Almost every month 2 Some months but not every month 3 Only one or two months  Do not read: 7 Don't know / Not sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if S02.05 = 1. Otherwise, go to S02.07		907
<b>S02.07</b>	In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?	EVRHUNGR	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		908
<b>S02.08</b>	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	EVREATLSS	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		909

## Sugar-Sweetened Beverages (PPB Branch)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Now think about the sugar-sweetened beverages you drank.					
<b>S03.01</b>	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	SSBSUGR2	1 __ Times per day 2 __ Times per week 3 __ Times per month <b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused	Ask everyone		910 – 912
<b>S03.02</b>	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Hawaiian Sun, Aloha Maid, Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	SSBFRUT3	Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth. 1 __ Times per day 2 __ Times per week 3 __ Times per month <b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused	Ask everyone		913 – 915
				If response to		



				CDEM.15, CHILDREN = 88 (None) or 99 (Refused), go to next section.		
<b>S03.03</b>	<p>The next three questions are about the Xth child.</p> <p>How often does the Xth child eat at a fast-food or chain restaurant each week? Include food purchased and eaten in the car or at home.</p> <p>IF NEEDED, SAY: "Such as food you get at McDonald's, KFC, lunch wagon, Panda Express, Zippy's, L&amp;L or Taco Bell."</p>	STA02	<p>1 Never 2 Less than 1 time per week 3 1 to 2 times per week 4 3 to 7 times per week 5 8 to 14 times per week 6 15 or more times per week <b>Do not read:</b> 7 Don't know/not sure 9 Refused</p>	Fill in correct [Xth] number from Random Child Selection		916
<b>S03.04</b>	"[Yesterday,] how many glasses or cans of soda that contain sugar, such as Coke, did your child drink? Do not include diet soda.	CHSSBSUGR2	<p>1 __ Glasses 2 __ Cans 3 __ Bottles <b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused</p>			917 – 919
<b>S03.05</b>	"[Yesterday,] how many glasses or cans of sweetened fruit drinks, sports, or energy drinks, did your child drink?"	CHSSBFRUT3	<p>1 __ Glasses 2 __ Cans 3 __ Bottles <b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused</p>			920 – 922

## Built Environment (PPB Branch)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Now think about the neighborhood you live in.					
<b>S04.01</b>	Does your neighborhood have sidewalks, bike lanes, paths, or trails for walking or bicycling?	PAWLKBKLN	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not Sure 9 Refused	Ask everyone		923
<b>S04.02</b>	During the past 30 days, how many days per week or per month did you walk or ride a bicycle around your neighborhood for at least 10 minutes at a time?	PAWLKBKFRQ30D	1 __ times per week 2 __ times per month 888 No walking or bicycling during the past 30 days 777 Don't know / Not sure 999 Refused	Ask everyone	If respondent gives a number without a time frame, ask "was that days per week, or month?"	924 – 926

## E-Cigarettes and Cigars (TPEP)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following questions deal with issues related to smoking.					
<b>S05.02</b>	Do you currently smoke <b>cigars</b> every day, some days, or not at all?	CIGARS	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused	Ask everyone		928
<b>Text</b>	You've told us that you currently smoke cigarettes.					
<b>S05.03</b>	Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes ...?	MENTHOLCIG	1 All of the time 2 Most of the time 3 Some of the time 4 Rarely 5 Never  <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	Ask if CTOB.02, SMOKDAY2 = 1 or 2.		929

## Tobacco (TPEP)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>S06.01</b>	During the past 12 months, did any doctor, dentist, nurse or other health professional <u>ask</u> if you smoke cigarettes or use any other tobacco product?	TOBHPASK	1 Yes 2 No, they did not ask 3 No, I did not see any health professionals during the past 12 months Do not read 7 Don't know / Not sure 9 Refused	Ask Everyone	If 2 then probe: "No, they did not ask (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"	930
<b>S06.02</b>	During the past 12 months, did a doctor, dentist, nurse, or other health professional <u>advise you</u> to quit smoking cigarettes or use any other tobacco product?	TOBHPADV	1 Yes 2 No, they did not advise 3 No, I did not see any health professionals during the past 12 months Do not read 7 Don't know / Not sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if CTOB.1, SMOKE100 = 1 <b>AND</b> CTOB.2, SMOKDAY2 = 1 or 2.	If 2 then probe: "No, they did not advise (code 2)" or "No, you did not see any health professionals during the past 12 months (code 3)"	931
<b>S06.03</b>	When you were trying to quit smoking, did you use any of the following methods?	TOBQTMTHD	<b>Please read:</b> 1 Telephone quitline 2 Smoking cessation class, program or support group 3 One-on-one counseling from a health professional	<b>NOTE TO PORTIA:</b> Ask if CTOB.1, SMOKE100 = 1 <b>AND</b> M22.02, STOPSMK2 = 1 <b>OR</b> M22.01, LASTSMK2 =	<b>Read responses.</b> Allow/record multiple responses.	932-936

			4 A nicotine replacement therapy (such as gum, patch, lozenge, etc.) 5 A medication (such as Zyban or Chantix) <b>Do not read:</b> 6 None or cold turkey 7 Don't Know / Not sure 9 Refused	01,02,03, or 04.		
<b>S06.04</b>	Do you know about the Hawaii Tobacco Quitline?	TOBQTLN	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	Ask everyone		937

## Hypertension

Question Number	Question text		Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next few questions ask about high blood pressure.					
<b>S07.01</b>	A self-management plan documents a plan to change your eating habits, reduce salt intake, increase exercise, or reduce alcohol use. Has a doctor or other health professional EVER worked with you to create a self-management plan to help lower or control your blood pressure?	HBPSLFMGTPLN	<b>Please read:</b> 1 Yes, I have a plan and have made changes 2 Yes, I have a plan, but I have not made changes 3 No, I do not have a plan but have made changes 4 No, I do not have a plan and have not made changes <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	<b>NOTE TO PORTIA:</b> Ask if C05.01, BPHIGH4 = 1. Otherwise, go to next section.		938
<b>S07.02</b>	Has your doctor, nurse, or other health professional EVER ADVISED you to take your blood pressure at home?	HBPMSRHME	1 Yes 2 No <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			939

## Cancer

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>S08.01</b>	In the last 12 months, did you have a CT or CAT scan of your chest area to check or screen for lung cancer?	LNGCNCRSCRN	<b>Please read:</b> 1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	Ask everyone		940
<b>S08.02</b>	An Advance Health Care Directive is a document that allows you to appoint someone to make health care decisions on your behalf and/or to leave instructions about the kind of health care you want or don't want. This document is used to guide decisions about your health care in the event that you become very ill and cannot decide for yourself. The document is sometimes called a Living Will or Health Care Power of Attorney. Have you completed an Advance	ADVHLTHCAREDIR	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone		941

	Health Care Directive?					
<b>S08.03</b>	During the past 12 months, how many times have you had a sunburn?	SNBRNFRQ12M	<b>Do not read:</b> Enter number (0-365) _ _ _ 777 Don't know / Not sure 999 Refused	Ask everyone		942 – 944



## Hepatitis-B Virus Risk and Vaccination

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The next few questions are about the Hepatitis-B virus which can cause cancer as well as other health problems. Please remember that your answers are confidential.					
<b>S09.01</b>	<p>I am going to read you a list. When I am done reading the entire list, please tell me if any of the situations apply to you. You do not need to tell me which ones.</p> <ul style="list-style-type: none"> <li>• You are a health care or public safety worker who has been exposed to hepatitis B-infected blood or bodily fluids</li> <li>• You have ever received hemodialysis</li> <li>• You live in the same house with someone who has been diagnosed with Hepatitis B.</li> </ul>	HEPBRISK	1 Yes 2 No <b>Do not read:</b> 7 Don't Know / Not Sure 9 Refused	Ask everyone	<b>Do not read:</b> If respondent is female Had sex with other men.	945

	<ul style="list-style-type: none"> <li>• You have used intravenous drugs or shared injection equipment in the past year.</li> <li>• You have engaged in any of the following sexual activities in the past year: <ul style="list-style-type: none"> <li>• [INTERVIEWER NOTE: DO NOT READ: IF RESPONDENT IS FEMALE] Had sex with other men.</li> <li>• Had anal sex without a condom.</li> <li>• Had four or more sex partners.</li> <li>• Exchanged sex for drugs or money.</li> <li>• You or a partner have been diagnosed with or treated for an STD.</li> </ul> </li> </ul> <p>Do any of these situations apply to you?</p>					
<b>S09.02</b>	Hepatitis B vaccine is given in three separate doses and has been recommended for all newborn infants since 1991. Have you EVER received the 3-dose series of the hepatitis B vaccine?	HEPBVAC	1 Yes, at least 3 doses 2 Less than 3 doses 3 No doses <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone	(If Yes) Inquire if respondent received full 3 doses or less than 3 doses.	946

## Prescribed Medication (ADAD Program)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following questions ask about your prescribed medication.					
<b>S10.01</b>	In the past year, have you had any pain medication leftover from a prescription?	IPPNRXLFTOVR	1 Yes 2 No 3 I was never prescribed medication in the past year 7 Don't Know/ Not sure 9 Refused	<b>NOTE TO PORTIA:</b> If response is <b>2, 3, 7, 9</b> go to next section.		947
<b>S10.02</b>	What did you do with the leftover prescription pain medication?	IPPNRXLFTOVRDSP	1 Kept it 2 Used it for another unrelated pain/other purpose 3 Disposed of it in trash/rubbish/fushed it 4 Brought it to a drug take-back location/bin 5 Brought it to pharmacist/medical provider 6 Gave it to someone else 7 Don't know/not sure 9 Refused			948
<b>S10.03</b>	How long has it been since you used any	IPPNRXHWLNG	Read only if necessary		Pain relievers include Codeine,	949

	prescription pain reliever?		1 Currently taking (in the past 30 days) 2 More than 30 days ago but within the past 12 months 3 More than 12 months ago 4 Never 7 Don't know/Not sure 9 Refused		morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.  We only want to know about medication that is not available over the counter.	
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## Neurotrauma

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	The following questions ask about traumatic brain and spinal chord injury.					
<b>S11.01</b>	A traumatic brain injury is an injury to brain tissue caused by a bump, blow, or jolt to the head, or penetrating head injury. Have you ever had a traumatic brain injury that resulted in a chronic disability?	TRUMBRNINJ	1 Yes 2 Yes, but the injury did not lead to a chronic disability 3 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone	Read all three response options	950
<b>S11.02</b>	A spinal cord injury is an injury to spinal cord tissue caused by a sudden, traumatic blow to the spine that fractures, dislocates, crushes, or compresses one or more vertebrae. Have you ever had a spinal cord injury that resulted in a chronic disability?	SPNCODINJ	1 Yes 2 Yes, but the injury did not lead to a chronic disability 3 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone	Read all three response options	951

## Intimate Partner Violence

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	<p>"The next questions are about different types of violence in "</p> <p>"relationships with an intimate partner. By an intimate partner "</p> <p>"I mean any current or former spouse, boyfriend, or girlfriend. "</p> <p>"Someone you were dating, or romantically or sexually intimate "</p> <p>"with would also be considered an intimate partner. "</p>					
<b>S12.00</b>	Are you in a safe place to answer these questions?	INTPV0	1. Yes	Continue to S12.01		952
			2. No	Skip to the next section		
<b>S12.01</b>	Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?	INTPV1	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			953

<b>S12.02</b>	Have you ever experienced unwanted sex by a current or former intimate partner?	INTPV2	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			954
<b>S12.03</b>	In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of physical violence or unwanted sex by an intimate partner?	INTPV3	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			955
<b>S12.04</b>	At the time of the most recent incident involving an intimate partner who was physically violent –or- had unwanted sex with you, what was that person's relationship to you?	INTPV4	01 Current boyfriend 02 Current girlfriend 03 Former boyfriend 04 Former girlfriend 05 Fiancé (male) 06 Fiancé (female) 07 Male you were dating 08 Female you were dating 09 Female first date 10 Male first date	<b>NOTE TO PORTIA:</b> Ask if S12.01 = 1, S12.02 = 1, or S12.03 = 1. Otherwise, go to next section		956 – 957

			11 Husband or male live-in partner 12 Wife or female live-in partner 13 Former husband or former male live-in partner 14 Former wife or former female live-in partner 15 Other 77 Don't know / Not sure 99 Refused			
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## COVID-19 Social Determinants of Health

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	Now think about your financial situation					
<b>S13.01</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?	MTRTNTUTI	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		958
<b>S13.02</b>	In general, how do your finances usually work out at the end of the month?	FINSITUN	1 End up with some money left over 2 Have just enough money to make ends meet 3 Not have enough money to make ends meet  <b>Do not read:</b> 7 Don't Know/ Not Sure 9 Refused	Ask everyone		959

## Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	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					

	answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			653
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			654
<b>CB01.03</b>	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?	<hr/> 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.