

# 2023 BRFSS Questionnaire DRAFT



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved            OMB No. 0920-1061            Exp. Date 12/31/2024</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 Marquisette Glass Lewis at <a href="mailto:grp2@cdc.gov">grp2@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>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say:            “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p>

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?		1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which 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?		1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in__(state)_____?		1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?		1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	

			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?		1 Yes	IF COLLEGE HOUSING (LL03) = "YES," GO TO LL09; OTHERWISE GO TO NUMBER OF ADULTS LL07		
			2 No	IF COLLEGE HOUSING (LL03) = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as		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?	

	students away at college, how many members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL08.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL08.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?		1 = Yes - <del>Go to Core Section 1</del> <i>Health Status</i> 2 = No - <i>Ask for correct respondent</i>	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to LL10		

<p><b>LL10</b></p>	<p>What was your sex at birth? Was it male or female?</p>		<p>1 Male 2 Female 7 Don't know/Not sure 9 Refused</p>	<p>If '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."</p>	<p>Read if necessary: "What sex were you assigned at birth on your original birth certificate?"</p>	
<p><b>Transition to Section 1.</b></p>			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p>	



## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		1 Yes	Go to CP02		
			2 No	[[set appointment if possible]] TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?		1 Yes	Go to CP03		
			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	
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?		1 Yes	Go to CP05.		
			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 ?		Please read: 1 Male 2 Female	Go to CP07.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06		
<b>CP06</b>	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
<b>CP07.</b>	Do you live in a private residence?		1 Yes	Go to CP09	Read if necessary: By private residence we mean someplace like a house or apartment	

					Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP08		
<b>CP08.</b>	Do you live in college housing?		1 Yes	Go to CP09	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP09.</b>			1 Yes	Go to CP11		

	Do you currently live in ____ (state) ____ ?		2 No	Go to CP10		
<b>CP10.</b>	In what state do you currently live?		1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania			

			44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 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>CP11.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?		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.	
<b>CP12.</b>	How many members of your		-- Number	If CP08 = yes then number		

	household, including yourself, are 18 years of age or older?		77 Don't know/ Not sure 99 Refused	of adults is automatically set to 1		
<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)
CHS.01	Would you say that in general your health is—		Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<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?		__ 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.	
<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?		__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, is 88 and CHD.02, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-		__ 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.	

	care, work, or recreation?					
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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 source of your primary health insurance?		<p>Read if necessary:</p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure</p> <p>99 Refused</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	
CHCA.02	Do you have one person		<p>1 Yes, only one</p> <p>2 More than one</p>		If no, read: Is there more than	

	or a group of doctors that you think of as your personal health care provider?		3 No 7 Don't know / Not sure 9 Refused		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.	
<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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

## Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?		1 Yes		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.  Physical activity done at a work gym during the workday would count	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CEXP.08		
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?		___ Specify from Physical Activity Coding List		See Physical Activity Coding List.  If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure 99 Refused	Go to CEXP.08		
CEXP.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused		If respondent confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."	

CEXP.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			
CEXP.05	What other type of physical activity gave you the next most exercise during the past month?		__ __ Specify from Physical Activity List 88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08	See Physical Activity Coding List.  If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
CEXP.06	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
CEXP.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			
CEXP.08	During the past month, how many times per week or per month did you do physical		1__ Times per week 2__ Times per month 888 Never		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or	

	activities or exercises to strengthen your muscles?		777 Don't know / Not sure 999 Refused		push-ups and those using weight machines, free weights, or elastic bands.	
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## 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)
CHYPA.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes 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	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.	
CHYPA.02	Are you currently taking prescription medicine for your high blood pressure?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## 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)
<b>CCHLA.01</b>	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?		1 Never	Go to next section		
			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			

<b>CCHLA.02</b>	Have you ever been told by a doctor, nurse or other health professional that your <del>blood</del> cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
<b>CCHLA.03</b>	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?		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: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

## 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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) skin cancer		1 Yes 2 No			

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

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

## Module 1: Prediabetes

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

				code MPDIAB.02, equal to 1 (yes)		
<b>MPDIAB.02</b>	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		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?	

## Core Section 8: Demographics

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

## Module 21: 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?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	Skip MSAB.01 if LL10 is coded 1 or 2 or CP06 is coded 1 or 2. If LL10 is coded 1 or 2 or CP06 is coded 1 or 2, automatically code MSAB.01 equal to LL10 or CP.06.	This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.	

## Module 22: 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 LL10, CP06, CP05, LL09) continue, otherwise go to <b>MSOGI.02.</b>		
<b>MSOGI.01</b>	Which of the following best represents how you think of yourself?		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.	

				If sex= female (using LL10, CP06, CP05, LL09) continue, otherwise go to <b>MSOGI.03</b> .		
<b>MSOGI.02</b>	Which of the following best represents how you think of yourself?		1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	
<b>MSOGI.03</b>	Do you consider yourself to be transgender?		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	

					<p>that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Core Section 8: 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.04</b>	Are you...		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			
<b>CDEM.05</b>	What is the highest grade or year of school you completed?		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			
<b>CDEM.06</b>	Do you own or rent your home?		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	

					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.07</b>	In what county do you currently live?		___ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state (cell phone data only)			
<b>S01.01</b>	What island do you live on?	ISLAND	1 Oahu 2 Hawaii 3 Kauai 4 Maui 5 Molokai 6 Lanai  <b>Do not read:</b> 9 Refused	Replace Core question CDEM.07, CTYCODE2 with question S01.01 (ISLAND)		901
<b>CDEM.08</b>	What is the ZIP Code where you currently live?		----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM.11		
<b>CDEM.09</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		

	landline telephone number in your household?					
<b>CDEM.10</b>	How many of these landline telephone numbers are residential numbers?		___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
<b>CDEM.11</b>	How many cell phones do you have for personal use?		___ 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.	
<b>CDEM.12</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?		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.	
<b>CDEM.13</b>	Are you currently...?		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".	

			9 Refused		
<b>CDEM.14</b>	How many children less than 18 years of age live in your household?		__ Number of children 88 None 99 Refused		
<b>CDEM.15</b>	Is your annual household income from all sources—		<p>Read <b>as</b> necessary:</p> <p>01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 (\$20,000 to less than \$25,000) 05 Less than \$35,000 (\$25,000 to less than \$35,000) 06 Less than \$50,000 (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)
				Skip to CDEM.17 if Male (MSAB.01 is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or CDEM.01 (Age) > 49	

<b>CDEM.16</b>	To your knowledge, are you now pregnant?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM.17</b>	About how much do you weigh without shoes?		_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
<b>CDEM.18</b>	About how tall are you without shoes?		_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

## Core Section 9: Disability

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	Because of a physical,		1 Yes 2 No			

	mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		7 Don't know / Not sure 9 Refused			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Core Section 10: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip Section if CDEM.01 (age), coded 18-44		
<b>CFAL.01</b>	In the past 12 months, how many times have you fallen?		__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	
<b>CFAL.02</b>	How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?		__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	

## 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?		1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water	

					pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?		1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
<b>CTOB.04</b>	Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Not at all (right now)  Do not read: 7 Don't know / Not sure 9 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. 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.  If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life"	

## 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>Prologue</b>	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
<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?		1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.02</b>	During the past 30 days, on the days when you drank, about how many drinks did you		__ Number of drinks 88 None 77 Don't know / Not sure		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots	

	drink on the average?		99 Refused		would count as 2 drinks.	
<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?		__ 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)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?		__ Number of drinks 77 Don't know / Not sure 99 Refused			

## Core Section 13: Immunization

Question Number	Question text	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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
<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?	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 99 / 9999 Refused			
<b>CIMM.03</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	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.	
			If CDEM.01 (age) <50 Go to next section		
<b>CIMM.04</b>	Have you ever had the shingles or zoster vaccine?	1 Yes 2 No 7 Don't know / Not sure		Shingles is an illness that results in a rash or blisters on the skin, and is	

			9 Refused		usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	
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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)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?		1 Yes	Go to Next section	Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused			
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?		___/____ 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.	

## Core Section 15: Seat Belt Use / Drinking and Driving

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

## Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Have you ever tested positive for COVID-19 (using a rapid point-		1 Yes		Positive tests include antibody or	

	of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?		2 No 7 Don't know / Not sure 9 Refused	Go to closing statement or module section	blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests.	
<b>COVID.02</b>	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?		1 Yes		Long term conditions may be an indirect effect of COVID 19. Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes - Symptoms that get	
			2 No 7 Don't know / Not sure 9 Refused	Skip to next section		

					worse after physical or mental activities -Loss of taste or smell	
<b>COVID.03</b>	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?		Please read: 1 Yes, a lot 2 Yes, a little 3 Not at all 7 Don't know / Not sure 9 Refused			

Closing Statement/ Transition to Modules

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

# Optional Modules

## Module 13: 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>MCOG.01</b>	<p>The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.</p> <p>During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?</p>		<p>1 Yes</p> <p>2 No 7 Don't know/ not sure 9 Refused</p>	Go to next module		
<b>MCOG.02</b>	Are you worried about these difficulties with thinking or memory?		<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			

<b>MCOG.03</b>	Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCOG.04</b>	During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCOG.05</b>	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## Module 14: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MCARE.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?		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	
			2 No	Go to MCARE.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to MCARE.09		
<b>MCARE.02</b>	What is his or her relationship to you?		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.	
<b>M14AGE</b>	What is the age of that person you are caring for?	CRGVRAGE	__ Code age in years [97 = 97 and older]			902-903
<b>MCARE.03</b>	For how long have you provided care for that person?		Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months			

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

			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>MCARE.06</b>	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
<b>MCARE.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?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCARE.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	cleaning, managing money, or preparing meals?					
				If MCARE.01 = 1 or 8, go to next module		
<b>MCARE.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?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## Module 15: 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 = 1 and CTOB.02 = 3		
<b>MTC.01</b>	How long has it been since you last smoked a cigarette, even one or two puffs?		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 99 Refused	Go to next module		

				Ask if CTOB.02 = 1 or 2.		
<b>MTC.02</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 16: Other Tobacco Use

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.02 = 1,2			
<b>MOTU.01</b>	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
<b>MOTU.02</b>	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>Prologue</b>	The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS [eye-kos], Glo, and Eclipse.					
<b>MOTU.03</b>	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 28: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS	SKIP INFO/ CATI Note	Interviewer Note (s)	Comments

OTHERWISE NOTED)						
<b>MCOV.01</b>	Have you received at least one dose of a COVID-19 vaccination?		1 Yes	Go to MCOV.03		
			2 No	Go to MCOV.02		
			7 Don't know / Not sure 9 Refused	Go to next section		
<b>MCOV.02</b>	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?		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		
<b>MCOV.03</b>	How many COVID-19 vaccinations have you received?		1 One 2 Two 3 Three 4 Four 5 Five or more 7 Don't know / Not sure 9 Refused			

## Module 29: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>MSDHE.01</b>	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
<b>MSDHE.02</b>	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.03</b>	How often do you feel lonely? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.04</b>	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.05</b>	During the past 12 months, have you received food stamps, also called SNAP,		1 Yes 2 No 7 Don't Know/ Not sure			

	the Supplemental Nutrition Assistance Program on an EBT card?		9 Refused			
<b>MSDHE.06</b>	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.07</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.08</b>	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.09</b>	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

	things needed for daily living?					
<b>MSDHE.10</b>	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

### Module 31: 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>	If <b>CDEM.14</b> = 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.			If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.  CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.		

	<p>If <b>CDEM.14</b> is &gt;1 and <b>CDEM.14</b> does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The 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.</p>			<p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		
<b>MRCS.01</b>	<p>What is the birth month and year of the [Xth] child?</p>		<p>__ / ____ Code  month and year  77/ 7777 Don't  know / Not sure  99/ 9999  Refused</p>			

<b>MRCS.02</b>	Is the child a boy or a girl?		1 Boy 2 Girl 3 Nonbinary/other 9 Refused	Go to MRCS.04		
<b>MRCS.03</b>	What was the child's sex on their original birth certificate?		1 Boy 2 Girl 9 Refused			
<b>MRCS.04</b>	Is the child Hispanic, Latino/a, or Spanish origin?		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...	
<b>MRCS.05</b>	Which one or more of the following would you say is the race of the child?		10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
<b>MRC5.06</b>	How are you related to the child? Are you a--		Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

### Module 32: 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.14 = 88 (None) or 99 (Refused), go to next module.		

<b>MCAP.01</b>	The next two questions are about the Xth child.		1 Yes	Fill in correct [Xth] number.		
	Has a doctor, nurse or other health professional EVER said that the child has asthma?		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

## State Added Questions

### Demographics (State Added)

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>S14.01</b>	<p>The next question is a follow-up about your race.</p> <p>You indicated multiple race categories including xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxx</p> <p>Which one of these groups would you say best represents your race?</p>	ORACE4	<p>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</p> <p>Do not read: <b>60 Other</b> 77 = Don't know/Not Sure 99 = Refused</p>	<p>Ask if CDEM.03, MRACE2, has more than one response.</p> <p>All the selected race categories for MRACE2 should appear in the CATI</p>	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	958-959

<p><b>S14.02</b></p>	<p>The next question is a follow-up about your child's race.</p> <p>You indicated multiple race categories including  XXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX  XXXXXXXXXXXXXXXX</p> <p>Which one of these groups would you say best represents the child's race?</p>	<p>RCSBRAC3</p>	<p>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</p> <p>Do not read:  60 Other  77 = Don't know/Not Sure  99 = Refused</p>	<p>Ask if MRCS.04, RCSRACE2 , has more than one response.</p> <p>All the selected race categories for RCSRACE2 should appear in the CATI</p>	<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p>	<p>960-961</p>
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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>S02.01</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	904
<b>S02.02</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	905

## 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>S03.01</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		906
<b>S03.02</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  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		907
<b>S03.03</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  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask if S03.02= 1. Otherwise, go to S03.04.		908
<b>S03.04</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		909

<b>S03.05</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		910
<b>S03.06</b>	I'm going to read you a statement that people have made about their food situation. Please tell me whether this statement was often true, sometimes true, or never true for you or your household in the last 30 days. The statement is: "(I or we) couldn't afford to eat balanced meals."	FDSEC30D2	1 Often 2 Sometimes 3 Never  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		911

## 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>S04.01</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	Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	912-914
<b>S04.02</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	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	Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	915-917
				If response to CDEM.[14, CHILDREN]* = 88 (None) or 99 (Refused),		

				go to the next section.		
<b>S04.03</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</p> <p><b>Do not read:</b> 7 Don't know/not sure 9 Refused</p>		Fill in the correct [Xth] number from Random Child Selection	918
<b>S04.04</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</p> <p><b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused</p>			919-921
<b>S04.05</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</p> <p><b>Do not read:</b> 888 None 777 Don't know / Not sure 999 Refused</p>			922-924

### Built Environment (PPB Branch)

Question Number	Question text	Variable Names	Responses (DO NOT READ	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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**UNLESS  
OTHERWISE  
NOTED)**

Text	Now think about the neighborhood you live in.					
<b>S05.01</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		925
<b>S05.02</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  <b>Do not read:</b> 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?"	926-928

## 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>S06.01</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  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		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)
S07.01	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  <b>Do not read:</b> 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
S07.02	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  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask if CTOB.1= 1 and CTOB.2 = 1 or 2 (current cigarette smokers), or CTOB.03 = 1 or 2 (current smokeless tobacco users), or CTOB.04 = 2 or 3 (current e-cigarettes users), or S06.01 = 1 or 2 (current cigars smokers)	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>S07.03</b>	When you were trying to quit smoking, did you use any of the following methods?	TOBQTMTHD	<p><b>Please read:</b></p> <p>1 Telephone quitline  2 Smoking cessation class, program or support group  3 One-on-one counseling from a health professional  4 A nicotine replacement therapy (such as gum, patch, lozenge, etc.)  5 A medication (such as Zyban or Chantix)</p> <p><b>Do not read:</b></p> <p>6 None or cold turkey  7 Don't Know / Not sure  9 Refused</p>	Ask if CTOB.1, SMOKE100 = 1 <b>AND</b> MTC.02, STOPSMK2 = 1 <b>OR</b> MTC.01, LASTSMK2 = 01,02,03, or 04.	<b>Read responses.</b> Allow/record multiple responses.	932-936
<b>S07.04</b>	Do you know about the Hawaii Tobacco Quitline?	TOBQTLN	<p>1 Yes  2 No</p> <p><b>Do not read:</b></p> <p>7 Don't Know / Not sure  9 Refused</p>	Ask everyone		937

## 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>S08.01</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  <b>Do not read:</b> 7 Don't Know/ Not sure 9 Refused	If response is <b>2, 3, 7, 9</b> go to next section.		938
<b>S08.02</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/flushed it 4 Brought it to a drug take-back location/bin 5 Brought it to pharmacist/medical provider 6 Gave it to someone else  <b>Do not read:</b> 7 Don't know/not sure 9 Refused			939

## Sexual 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>	The following questions will allow better understanding of the problem of unwanted sexual contact and violence that may help others in the future.					
<b>S09.00</b>	Are you in a safe place to answer these questions?	SEXV0	1. Yes 2. No	Continue to S09.01 Skip to the next section		940
<b>S09.01</b>	Has anyone ever had sex with you after you said or showed that you didn't want them to or without your consent?	SEXV1	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			941

S09.02	Has anyone ever attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex did not occur?	SEXV2	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			942
S09.03	Think about the time of the most recent incident involving a person who had sex with you or attempted to have sex with you after your said or showed that you didn't want to or without your consent. What was that person's relationship to you?	SEXV3	Do not read: 01 Current boyfriend/girlfriend 02 Former boyfriend/girlfriend 03 Fiancé 04 Spouse or live-in partner 05 Former spouse or former live-in partner 06 Someone you were dating 07 First Date 08 Friend 09 Acquaintance 10 A person known for less than 24 hours 11 Complete stranger 12 Parent 13 Step-parent 14 Parent's partner 15 Parent in-law 16 Other relative 17 Neighbor 18 Co-worker	Ask if S09.01 = 1, S09.02 = 1. Otherwise, go to the next section		943-944

			19 Other non- relative 20 Multiple perpetrators 77 Don't know / Not sure 99 Refused			
<b>S09.04</b>	Was the person who did this male or female?	SEXV4	1 Male 2 Female  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			945

## 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>S10.01</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	<p><b>Please read:</b></p> <p>1 Yes, I have a plan and have made changes</p> <p>2 Yes, I have a plan, but I have not made changes</p> <p>3 No, I do not have a plan but have made changes</p> <p>4 No, I do not have a plan and have not made changes</p> <p><b>Do not read:</b></p> <p>7 Don't Know / Not Sure</p> <p>9 Refused</p>	Ask if CHYPA.01, BPHIGH4 = 1. Otherwise, go to the next section.		946
<b>S10.02</b>	Has your doctor, nurse, or other health professional EVER ADVISED you to take your blood pressure at home?	HBPMSRHME	<p>1 Yes</p> <p>2 No</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			947

Digital Equity (CDMB-Cancer)

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 question asks about internet use.					
<b>S11.01</b>	Have you used the internet in the past 30 days?	INTERNET	1 Yes 2 No  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Ask everyone		948

## Cancer

Question Number	Question text	Variable Names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
S12.01	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	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know / Not sure 9 Refused	Ask everyone		949

## 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>Prologue</b>	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
<b>S13.01</b>	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	__ 01-30 Number of days 88 None <b>Do not read:</b> 77 Don't know/not sure 99 Refused	Go to S13.06		950-951
<b>S13.02</b>	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	MARJSMOK	1 Yes 2 No <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused			952
<b>S13.03</b>	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	MARJEAT	1 Yes 2 No <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused			953

<b>S13.04</b>	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	MARJVAPE	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused			954
<b>S13.05</b>	...dab it (for example, using a dabbing rig, knife, or dab pen)?	MARJDAB	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused			955
<b>S13.06</b>	Have you ever driven a vehicle (e.g., car, snowmobile, motor boat, or an off-road vehicle (ATV)) within 2 hours of using marijuana?	MARJVEH	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused		.	956
<b>S13.07</b>	Based on what you know or believe, are teenagers at greater risk of harm from using marijuana than adults?	MARJRSK	1 Yes 2 No  <b>Do not read:</b> 7 Don't Know/Not Sure 9 Refused			957

# Asthma Call-Back Permission Script

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

	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?		1 Yes 2 No			
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?		1 Adult 2 Child			
<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?	_____	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.**

## Appendix 1: Physical Activity List

1. Walking
2. Running or jogging
3. Gardening or yard work
4. Bicycling or bicycling machine exercise
5. Aerobics video or class
6. Calisthenics
7. Elliptical/EFX machine exercise
8. Household activities
9. Weight lifting
10. Yoga, Pilates, or Tai Chi
11. Other