



**2023**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

NY New York

[SET HEALTHDEPT = STATE]

**HEALTHDEPT.** Hidden Variable for Piping: Health Department Name

NY New York State Department of Health

[SET DEPTPHONE = STATE]

**DEPTPHONE.** Hidden Variable for Piping: Department Phone Number

NY 1-855-276-3505

[ASK ALL]

**ASGCNTY.** Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at NY4\_1, SAB2, SAB3, SAB4, SEX2, ASKGENDR, ASKGENDR2, MOD21\_1

1 male  
2 female

[ASK ALL]

**ORIG\_GENDER.** Hidden question for piping him/her into resume intro

IF SAB2=1 OR SAB3=1 OR SAB4=1 OR SEX2=1 OR ASKGENDR=1 OR ASKGENDR2=1 SET ORIG\_GENDER=1

IF SAB2=2 OR SAB3=2 OR SAB4=2 OR SEX2=2 OR ASKGENDR=2 OR ASKGENDR2=2 SET ORIG\_GENDER=2

1 him

2 her

[SET LENGTH = STATE]

**LENGTH.** Hidden Variable for Piping: Interview Length

NY 25

[ASK IF STATE=NY]

**SPLIT.** Imported Sample Variable: Split

1 Split 1

2 Split 2

3 Split 3

**CDAY.** System variable - Current day [NUMBER BOX] RANGE 1-31

**CWEEKDAY.** System variable - Current weekday

1 Sunday

2 Monday

3 Tuesday

4 Wednesday

5 Thursday

6 Friday

7 Saturday

**CMONTH.** System variable - Current month

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

**CYEAR.** System variable - Current year [NUMBER BOX] WIDTH=4

[ASK ALL]

**BRFSS\_FLAG.** Imported Sample Variable for routing.

- 1 BRFSS respondent
- 2 Asthma respondent who started Asthma survey in main BRFSS
- 3 Asthma respondent who did not start Asthma survey in main BRFSS

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

# Behavioral Risk Factor Surveillance System

## 2023 Questionnaire

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## Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 12/31/2024

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).

NOTE: 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 [grp2@cdc.gov](mailto:grp2@cdc.gov).

### ANSWERING MACHINE MESSAGE TEXT:

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE. SET AM\_TEXT=1

1 Hello, my name is \_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to

conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

**PRIVACY MANAGER MESSAGE TEXT:**

**PM\_TEXT.** TO BE LEFT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF (SELFLAG NE 1 OR GETADULT=1)]

**INT01.** Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. 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. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

01 Yes – Continue

02 No [HIDE IF (NOT SAMPTYPE=1)]

03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)]

[NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF SELFLAG=1 AND NOT(GETADULT=1)]

**INT02.** Hello, my name is \_\_\_\_\_ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult 18 years of age or older in your household about an important health survey we are conducting in [STATE].

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed, but they didn’t have time to finish it. I am calling back to see if they had time to finish the survey now.

May I please speak to [ORIG\_GENDER]?

**INTERVIEWER NOTE:** If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.

Hello, my name is \_\_\_\_\_ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey we are conducting in [STATE].” [IF SAMPTYPE=1 INSERT: “When we last called, you were selected to complete the interview. We were unable to complete the interview at that time and your opinions are very important to [HEALTHDEPT]. We would like to finish the survey now.”]

[IF SAMPTYPE=2 INSERT: “When we called previously we were unable to complete the interview and your responses are very important to the [HEALTHDEPT]. We would like to finish the survey with the same adult we spoke to last time we called. May I please speak to [ORIG\_GENDER]?”]

[IF SAMPTYPE=2 INSERT **“INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, “Is this a safe time to talk with you?” If respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

If the selected respondent is on the line and says this is a safe time to talk please select option 01 “Selected on the line” to proceed further.”]

[IF SAMPTYPE=2 INSERT “Is this a safe time to talk with you?”]

01 Selected on the line

04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]

- 10 Callback [NON-CLEANING SKIP]
- 20 Refusal [NON-CLEANING SKIP]
- D3 Answering Machine [NON-CLEANING SKIP]
- B2 Busy [NON-CLEANING SKIP]
- DA Dead Air [NON-CLEANING SKIP]
- HU Hang Up [NON-CLEANING SKIP]
- NA No Answer [NON-CLEANING SKIP]
- NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02 OR INT02=02]

**TERM1.** 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.

1 Continue [ASSIGN DISPO U1] [NON-CLEANING SKIP]

[ASK IF INT01=01 AND SAMPTYPE=1]

**HS1.** Is this a private residence?

**READ IF NECESSARY:** By private residence, we mean someplace like a house or apartment.

**INTERVIEWER NOTE:** 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.

**INTERVIEWER NOTE:** Business numbers which are also used for personal communication are eligible.

- 1 Yes
- 2 No
- 3 No, this is a business

[ASK IF HS1=3]

**BUS.** Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

**COLLEGE.** Do you live in college housing?

**READ ONLY IF NECESSARY:** By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

**X2.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STRES=2,7,9]

**X3.** Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

**HS2.** Is this a cell phone?

**READ IF NECESSARY:** By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

**INTERVIEWER NOTE:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

**HS2X.** Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

**ADULT.** Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF HS1=1 AND HS2=2]

**ADULTS.** 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?

**INTERVIEWER:** If the 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.

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULT=2 OR (HS1=1 AND HS2=2 AND ADULTS=0)]

**XX3.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

- 1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

- 1 Yes
- 2 No

[ASK IF ONEADULT=2]

**GETADULT.** May I speak with the adult in the household that is 18 years of age or older?

- 1 Yes, adult coming to the phone [GO TO INT01]
- 2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND ADULT=1 )]

**YOU.** Then you are the person I need to speak with.

- 1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]

**ASKGENDR.** Are you male ,female, unspecified or another gender identity?

**Read if necessary:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF ASKGENDR=3,7,9 AND (ONEADULT=1 OR (HS2=2 AND ADULT=1))]

**SAB2.** What was your sex at birth? Was it male or female?

**Read if necessary:** What sex were you assigned at birth on your original birth certificate?

- 1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SAB2=7,9]

**XX5.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**RESPSLCT.** 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?

**INTERVIEWER:** 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.

**[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]**

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the adult with the most recent birthday?"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is \_\_\_\_\_. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

1 Yes

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

**ASKGENDR2.** Are you male ,female, unspecified or another gender identity?

**Read if necessary:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF ASKGENDR2=3,7,9 AND (ONEADULT=1 OR RESPSLCT=1)]

**SAB4.** What was your sex at birth? Was it male or female?

**Read if necessary:** What sex were you assigned at birth on your original birth certificate?

- 1 Male
- 2 Female
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB4=7,9]

**XX9.** Thank you for your time, your number may be selected for another survey in the future.

- 1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

**YOURTHE1.** 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 [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

**PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD**

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

#### Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

**PHONE.** Is this \$N?

**INTERVIEWER NOTE:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

1 Yes

2 No

3 Not a safe time/driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PHONE=2]

**XPHONE.** 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.

1 Continue [CODE AS U1]

[ASK IF PHONE=1]

**CELLFON2.** Is this a cell phone?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CELLFON2=2]

**NOTCELL1.** Thank you very much, but we are only interviewing persons on cell phones at this time.

- 1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

**NOTCELL2.** Thank you for your time.

- 1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

**CADULT.** Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF CADULT=2]

**NOTOLD.** Thank you very much, but we are only interviewing persons aged 18 or older at this time.

- 1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male ,female, unspecified or another gender identity?

**READ IF NECESSARY:** We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF SEX2=3,7,9]

**SAB3.** What was your sex at birth? Was it male or female?

**Read if necessary:** What sex were you assigned at birth on your original birth certificate?

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE  
9 REFUSED

[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB3=7,9]

**XX6.** Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

**PVTRES2.** Do you live in a private residence?

**READ ONLY IF NECESSARY:** By private residence we mean someplace like a house or apartment.

**INTERVIEWER NOTE:** PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PVTRES2=2]

**COLLEGE2.** Do you live in college housing?

**READ ONLY IF NECESSARY:** By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

**INTERVIEWER NOTE:** IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes  
2 No – business  
3 No – group home  
4 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF COLLEGE2=2,3]

**NOTARES.** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

**X4.** Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

**CSTATE.** Do you currently live in [STATE]?

1 Yes  
2 No  
3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE=7,9]

**X5.** Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

**RSPSTATE.** In what state do you currently live?

AL Alabama  
AK Alaska  
AZ Arizona  
AR Arkansas  
CA California  
CO Colorado  
CT Connecticut  
DE Delaware  
DC District of Columbia  
FL Florida  
GA Georgia  
HI Hawaii  
ID Idaho  
IL Illinois  
IN Indiana  
IO Iowa  
KS Kansas  
KY Kentucky  
LA Louisiana  
ME Maine  
MD Maryland  
MA Massachusetts  
MI Michigan  
MN Minnesota  
MS Mississippi  
MO Missouri  
MT Montana  
NE Nebraska  
NV Nevada  
NH New Hampshire

NJ New Jersey  
NM New Mexico  
NY New York  
NC North Carolina  
ND North Dakota  
OH Ohio  
OK Oklahoma  
OR Oregon  
PA Pennsylvania  
RI Rhode Island  
SC South Carolina  
SD South Dakota  
TN Tennessee  
TX Texas  
UT Utah  
VT Vermont  
VA Virginia  
WA Washington  
WV West Virginia  
WI Wisconsin  
WY Wyoming  
66 Guam  
72 Puerto Rico  
78 Virgin Islands  
77 Live outside US and participating territories  
99 Refused

[ASK IF CSTATE=2 AND (STATE=NY AND RSPSTATE=NY)]

**STATEVER.** I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]

**REFSTATE.** I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

**REFSTATE2.** Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

**LANDLINE.** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY 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.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

**NUMADULT.** How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

**SVINTRO.** 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 that you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average [LENGTH] minutes depending on your answers.

1 Continue

2 Driving / not a safe time [GO TO CALL BACK SCREEN]

9 REFUSED [GO TO TERM SCREEN]

## Core Sections

### Section 1: Health Status

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[ASK ALL]

#### S1Q1. Section 1: Health Status

Would you say that in general your health is —

#### PLEASE READ:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 2: Healthy Days

---

[ASK ALL]

#### S2Q1. Section 2: Healthy Days

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?

**INTERVIEWER:** 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.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S2Q2.** 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?

**INTERVIEWER:** 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.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

**S2Q3.** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

**INTERVIEWER:** 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.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

**S3Q1. Section 3: Healthcare Access**

What is the current source of your primary health insurance?

**Interviewer:** If respondent has multiple sources of insurance, ask for the one used most often.

**Interviewer:** 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.

**READ IF NECESSARY:**

- 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

**DO NOT READ**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**[ASK ALL]**

**S3Q2.** Do you have one person or a group of doctors that you think of as your personal health care provider?

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

**INTERVIEWER NOTE:** If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

- 1 Yes, only one
- 2 More than one
- 3 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S3Q3.** 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

[ASK ALL]

**S3Q4.** About how long has it been since you last visited a doctor for a routine checkup?

**READ IF NECESSARY:** A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

**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**

8 NEVER  
7 DON'T KNOW  
9 REFUSED

#### Section 4: Exercise

---

[ASK ALL]

**S4Q1. Section 4: Exercise**

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?

**INTERVIEWER NOTE:** 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

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S4Q1=1]

**S4Q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

**INTERVIEWER NOTE:** If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S4Q2 =01-11,]

**S4Q3.** How many times per week or per month did you take part in this activity during the past month?

1\_\_ Times per week (RANGE 101-199)  
2\_\_ Times per month  
(RANGE 201-299) [NUMBER BOX]

**INTERVIEWER NOTE:** If respondent is confused, probe by explaining “this is not asking for days per week or per month, but times per week or per month.”

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S4Q2=01-11]

**S4Q4.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

**EXAMPLE:** 30 minutes is coded as 30  
60 minutes is coded as 100  
1 hour is coded as 100  
2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959  
[NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S4Q1=1 AND S4Q2 NE 77,99]

**S4Q5.** What other type of physical activity gave you the next most exercise during the past month?

**INTERVIEWER NOTE:** If the respondent's activity is not included in the physical activity coding list, choose the option listed as “other”.

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics

07 Elliptical/EFX machine exercise  
08 Household activities  
09 Weight lifting  
10 Yoga, Pilates, or Tai Chi  
11 Other

88 No other activity  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S4Q5=01-11]

**S4Q6.** How many times per week or per month did you take part in this activity during the past month?

1\_\_ Times per week (RANGE 101-199)  
2\_\_ Times per month  
(RANGE 201-299) [NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S4Q5=01-11]

**S4Q7.** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

**EXAMPLE:** 30 minutes is coded as 30  
60 minutes is coded as 100  
1 hour is coded as 100  
2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959  
[NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S4Q8.** During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

**INTERVIEWER NOTE:** Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1\_\_ Times per week (RANGE 101-199)  
 2\_\_ Times per month  
 (RANGE 201-299) [NUMBER BOX]

888 NEVER  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

## Section 5: Hypertension Awareness

[ASK ALL]

### S5Q1. Section 5: Hypertension Awareness

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

**INTERVIEWER:** If 'Yes' and respondent is female, ask: "Was this only when you were pregnant?"

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

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

[ASK IF S5Q1=2 AND HGENDER=1]

**S5Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that they had high blood pressure only during pregnancy. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

**S5Q2.** Are you currently taking prescription medicine for your high blood pressure?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 6: Cholesterol Awareness

[ASK ALL]

**S6Q1. Section 6: Cholesterol Awareness**

Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

1 Never

2 Within the past year (anytime less than one year ago)

3 Within the past 2 years (1 year but less than 2 years ago)

4 Within the past 3 years (2 years but less than 3 years ago)

5 Within the past 4 years (3 years but less than 4 years ago)

6 Within the past 5 years (4 years but less than 5 years ago)

8 5 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q2.** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

**INTERVIEWER:** 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."

- 1 Yes
- 2 No
  
- 7 DON'T KNOW
- 9 REFUSED

## Section 7: Chronic Health Conditions

---

[ASK ALL]

### **S7Q1. Section 7: Chronic Health Conditions**

Has a doctor, nurse, or other health professional ever told you that you had any of the following?  
For each, tell me yes, no, or you're not sure.

Ever told you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S7Q2.** (Ever told you had) angina or coronary heart disease?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q3.** (Ever told you had) a stroke?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q4.** (Ever told you had) asthma?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S7Q4=1]

**S7Q5.** Do you still have asthma?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q6.** (Ever told you had) skin cancer that is not melanoma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q7.** (Ever told you had) melanoma or any other types of cancer?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S7Q8.** (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

[ASK ALL]

**S7Q9.** (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

[ASK ALL]

**S7Q10.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

**READ IF NECESSARY:** Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[ASK ALL]**

**S7Q11.** (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

**INTERVIEWER:** 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.

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**[ASK ALL]**

**S7Q12.** (Ever told you had) diabetes?

**INTERVIEWER:** 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.

- 1 Yes
- 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

**[ASK IF HGENDER=1 AND S7Q12=2]**

**S7Q12A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q12]

## Module 1: Prediabetes (Split 2)

[ASK IF S7Q12 NE 1 AND CSTATE NE 2]

### MOD1\_1. Module 1: Prediabetes

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 ago 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

DATA PROCESSING NOTE: [IF S7Q12=4 AND CSTATE NE 2 THEN AUTO-FILL MOD1\_2=1]

[ASK IF S7Q12 NE 1,4 AND CSTATE NE 2]

**MOD1\_2.** Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

If Yes and respondent is female, ask: **Was this only when you were pregnant?**

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND MOD1\_2=2]

**MOD1\_2A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

1 Go Back [GO BACK TO MOD1\_2]

[ASK IF S7Q12=1]

**S7Q13.** How old were you when you were first told you had diabetes?

**INTERVIEWER:** 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

### NY State Added Section 1: Chronic Disease Self - Management (Split 2)

[ASK IF (S7Q1=1 OR S7Q2=1 OR S7Q3=1 OR S7Q4=1 OR S7Q6=1 OR S7Q7=1 OR S7Q8=1 OR S7Q10=1 OR S7Q11=1 OR S7Q12=1) AND SPLIT = 2 AND CSTATE NE 2]

### NY1\_1: State Added Section 1: Participation in Chronic Disease Self-Management (Split 2)

The next question is about chronic illnesses, these are illnesses that last for more than 3 months. You said that a medical professional has told you that you have or have had...

[IF S7Q1=1 INSERT "a myocardial infarction";

IF S7Q2=1 INSERT "angina or coronary heart disease";

IF S7Q3=1 INSERT "a stroke";

IF S7Q4=1 INSERT "asthma";

IF S7Q6=1 INSERT "skin cancer that is not melanoma";

IF S7Q7=1 INSERT "melanoma or any other type of cancer";

IF S7Q8=1 INSERT "chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis";

IF S7Q10=1 INSERT "kidney disease";

IF S7Q11=1 INSERT "arthritis";

IF S7Q12=1 INSERT "diabetes"]

During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness(es)?

**INTERVIEWER NOTE: IF RESPONDENT SAYS "YES", ASK: "Was this course or class 6 weeks or more (in person or online)?"**

**INTERVIEWER NOTE: If course or class is less than 6 weeks, select no.**

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 8: Demographics

[ASK ALL]

### S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE

09 REFUSED

[ASK IF S7Q13>S8Q1 AND S8Q1 NE 07,09 AND S7Q13 NE 98,99]

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

**S8Q2.** Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]

**S8Q2B.** Are you...

**INTERVIEWER NOTE:** One or more categories may be selected.

**PLEASE READ**

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ**

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK ALL]

[MUL=6]

**S8Q3.** Which one or more of the following would you say is your race?

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

10 [IF S8Q2=2 INSERT "Hispanic"] White

20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American

30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF S8Q2=2 INSERT "Hispanic"] Asian

50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ**

60 Other

88 No additional choices

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=8]

**S8Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

**DO NOT READ**

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

**NY State Added Section 2: Asian Subgroups (Split 1, 2 and 3)**

[ASK IF S8Q3A=47 AND CSTATE NE 2]

**NY2\_1: State Added Section 2: AAPI Legislation – Asian Subgroups (Split 1, 2 and 3)**

Is that ... ?

**PLEASE READ**

- 01 Bangladeshi
- 02 Pakistani
- 03 Burmese
- 04 Nepalese
- 05 Taiwanese
- 06 Thai
- 07 Asian, not specified
- 08 2 or more choices

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**DO NOT READ**

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

**NY State Added Section 3: Sex Characteristics (Split 1, 2 and 3)**

[ASK IF SPLIT = 1, 2, 3 AND CSTATE NE 2]

**NY3\_1: State Added Section 3: Sex Characteristics (Split 1, 2 and 3)**

Have you ever been diagnosed by a health professional with intersex traits or a difference of sex development?

**Interviewer Notes:** If needed, say “Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.”

If needed, say: “There are an estimated 30 types of intersex traits, i.e. variations in sex characteristics, comprising variations in chromosomal patterns, reproductive organs, genitalia and/or hormones.”

(DO not read – for interviewer’s reference:

Differences of sex development may include the following conditions): 5-alpha-reductase deficiency, Amenorrhea, Androgen insensitivity syndrome, Clitoromegaly, Congenital adrenal hyperplasia, Drash syndrome, Epispadias or hypospadias, Frasier syndrome, Failure of pubertal development , Gonadal dysgenesis, Microphallus, MRKH (Mayer-Rokitansky-Küster-Hauser) syndrome, Turner syndrome , Undescended testes)

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**NY State Added Section 4: Sex at Birth (Split 1, 2 and 3)**

[ASK IF (SPLIT = 1, 2, 3 AND CSTATE NE 2) AND SAB2 NE 1,2 AND SAB3 NE 1,2 AND SAB4 NE 1,2]

**NY4\_1: State Added Section 4: Sex at Birth (Split 1, 2 and 3)**

What was your sex at birth?

**INTERVIEWER NOTE:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

- 1 Male
- 2 Female
- 3 Sex at birth not listed, please specify: [TEXT BOX]

**DO NOT READ:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF NY4\_1=1 SET HGENDER=1 (MALE); IF NY4\_1=2 SET HGENDER=2 (FEMALE)]

**NY State Added Section 5: Sexual Orientation and Gender Identity (Split 1, 2 and 3)**

[ASK IF SPLIT = 1, 2, 3 AND CSTATE NE 2]

**NY5\_1: State Added Section 5: Sexual Orientation and Gender Identity (SOGI) (Split 1, 2 and 3)**

The next questions are about gender identity and sexual orientation.

How do you describe your gender? Do you identify as ...

**INTERVIEWER NOTES:**

**Read if necessary:** We ask this question to better understand the health and health care needs of people with different gender identities.

If asked about definition of gender non-conforming or non-binary: Some people think of themselves as gender non-conforming or non-binary when they do not identify only as a man or only as a woman.

If asked about transgender: 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.

**PLEASE READ:**

- 01 A man
- 02 A woman
- 03 Gender nonconforming, non-binary or X
- 04 A transgender, man
- 05 A transgender, woman
- 06 Transgender, gender non-conforming, or
- 07 Identify as another gender not listed, please specify: [TEXT BOX]
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF SPLIT = 1, 2 OR 3 AND CSTATE NE 2]

**NY5\_2: Which of the following best describes your sexual orientation?**

**Read if necessary:** We ask this question to better understand the health and health care needs of people with different sexual orientations. Sexual orientation is a term used to refer to a person's pattern of emotional, romantic, and sexual attraction to people.

Please say the number before the text response. Respondent can answer with either the number or the text/word.

If asked about Asexual: a person who has no sexual feelings or desires, or who is not sexually attracted to anyone.

If asked about Pansexual: a person who is sexually, romantically, or emotionally attracted towards people regardless of their sex or gender identity.

**PLEASE READ:**

- 01 1 Lesbian or Gay
- 02 2 Straight or heterosexual, that is, not gay
- 03 3 Bisexual
- 04 4 Questioning
- 05 5 Asexual
- 06 6 Pansexual or
- 07 7 Sexual orientation not listed, please specify: [TEXT BOX]

**DO NOT READ:**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q4.** Are you...?

**PLEASE READ**

- 1 Married
- 2 Divorced
- 3 Widowed

- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple

**DO NOT READ**

9 REFUSED

[ASK ALL]

**S8Q5.** 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

[ASK ALL]

**S8Q6.** Do you own or rent your home?

**INTERVIEWER NOTE:** Other arrangement may include group home, staying with friends or family without paying rent.

**INTERVIEWER NOTE:** Home is defined as the place where you live most of the time / the majority of the year.

**INTERVIEWER READ IF NECESSARY:** We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent

3 Other arrangement

7 DON'T KNOW / NOT SURE

9 REFUSED

**NY State-Added Section: County**

[ASK IF STATE=NY AND CSTATE NE 2]

**NY\_CNTY. State-Added Section: County**

In what county do you currently live?

- 001 Albany
- 003 Allegany
- 005 Bronx (Bronx Borough)
- 007 Broome
- 009 Cattaraugus
- 011 Cayuga
- 013 Chautauqua
- 015 Chemung
- 017 Chenango
- 019 Clinton
- 021 Columbia
- 023 Cortland
- 025 Delaware
- 027 Dutchess
- 029 Erie
- 031 Essex
- 033 Franklin
- 035 Fulton
- 037 Genesee
- 039 Greene
- 041 Hamilton
- 043 Herkimer
- 045 Jefferson
- 047 Kings (Brooklyn Borough)
- 049 Lewis
- 051 Livingston
- 053 Madison
- 055 Monroe
- 057 Montgomery

- 059 Nassau
- 061 New York (Manhattan Borough)
- 063 Niagara
- 065 Oneida
- 067 Onondaga
- 069 Ontario
- 071 Orange
- 073 Orleans
- 075 Oswego
- 077 Otsego
- 079 Putnam
- 081 Queens (Queens Borough)
- 083 Rensselaer
- 085 Richmond (Staten Island)
- 087 Rockland
- 089 St. Lawrence
- 091 Saratoga
- 093 Schenectady
- 095 Schoharie
- 097 Schuyler
- 099 Seneca
- 101 Steuben
- 103 Suffolk
- 105 Sullivan
- 107 Tioga
- 109 Tompkins
- 111 Ulster
- 113 Warren
- 115 Washington
- 117 Wayne
- 119 Westchester
- 121 Wyoming
- 123 Yates
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF CSTATE=2]

**CNTY.** In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**S8Q7.** Aggregated state-specific county response

NY [NY\_CNTY]  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q7 NE 77,99 AND CSTATE NE 2]

**S8Q7C.** I just want to confirm, you said you live in the county of [S8Q7]. Is that correct?

1 Yes, correct county  
2 No, incorrect county [GO BACK TO NY\_cnty]

[ASK ALL]

**S8Q8.** What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE  
99999 REFUSED

[ASK IF S8Q8 NE 77777,99999]

**S8Q8C.** I just want to confirm, you said your zip code is [S8Q8]. Is that correct?

1 Yes, correct zip code  
2 No, incorrect zip code [GO BACK TO S8Q8]

[ASK IF SAMPTYPE=1]

**S8Q9.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q9=1]

**S8Q10.** How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 None

9 REFUSED

[ASK ALL]

**S8Q11.** How many cell phones do you have for personal use?

**READ IF NECESSARY:** Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

[ASK ALL]

**S8Q12.** 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?

**INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S8Q13.** Are you currently...?

**INTERVIEWER NOTE:** If more than one, say “Select the category which best describes you”.

**PLEASE READ**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work

**DO NOT READ**

- 9 REFUSED

Module 18: Industry and Occupation (Split 1 and Split 3)

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

**MOD18\_1. Module 18: Industry and Occupation**

What kind of work [IF S8Q13=1,2 INSERT “do”; IF S8Q13=4 INSERT “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE:** If respondent is unclear, ask: What is your job title?

**INTERVIEWER NOTE:** If respondent has more than one job ask: What is your main job?

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

**MOD18\_2.** What kind of business or industry [IF S8Q13=1,2 INSERT “do”; IF S8Q13=4 INSERT “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

**INTERVIEWER NOTE:** IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

**INTERVIEWER NOTE:** IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

**S8Q14.** How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE

99 REFUSED

[ASK IF S8Q14=1-87]

**S8Q14CHK.** Just to be sure - you have [S8Q14] [IF S8Q14=1 INSERT "child"; IF S8Q14=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes

2 No [GO BACK TO S8Q14]

9 REFUSED

[ASK ALL]

**S8Q15A.** Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15A=01]

**S8Q15B.** Less than \$25,000 (\$20,000 to less than \$25,000)?

**INTERVIEWER NOTE:** If respondent refuses at any income level, code '99' (refused)

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15B=01]

**S8Q15C.** Less than \$20,000 (\$15,000 to less than \$20,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15C=01]

**S8Q15D.** Less than \$15,000 (\$10,000 to less than \$15,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15D=01]

**S8Q15E.** Less than \$10,000?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15A=02]

**S8Q15F.** Less than \$50,000 (\$35,000 to less than \$50,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15F=02]

**S8Q15G.** Less than \$75,000 (\$50,000 to less than \$75,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15G=02]

**S8Q15H.** Less than \$100,000 (\$75,000 to less than \$100,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15H=02 OR AK3\_2=02]

**S8Q15I.** Less than \$150,000 (\$100,000 to less than \$150,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15I=02]

**S8Q15J.** Less than \$200,000 (\$150,000 to less than \$200,000)?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15J=02]

**S8Q15K.** \$200,000 or more?

**READ ONLY IF NECESSARY:** Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

SET S8Q15=01 IF S8Q15E=01

SET S8Q15=02 IF S8Q15E=02

SET S8Q15=03 IF S8Q15D=02

SET S8Q15=04 IF S8Q15C=02

SET S8Q15=05 IF S8Q15B=02

SET S8Q15=06 IF S8Q15F=01

SET S8Q15=07 IF S8Q15G=01

SET S8Q15=08 IF S8Q15H=01  
SET S8Q15=09 IF S8Q15I=01  
SET S8Q15=10 IF S8Q15J=01 OR IF S8Q15K=02  
SET S8Q15=11 IF S8Q15K=01  
SET S8Q15=12 IF AK3\_1=01  
SET S8Q15=13 IF AK3\_2=01  
SET S8Q15=77 IF ANY S8Q15A-S8Q15K=77  
SET S8Q15=99 IF ANY S8Q15A-S8Q15K=99

[ASK ALL]

**S8Q15.** Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)  
04 Less than \$25,000 (\$20,000 to less than \$25,000)  
03 Less than \$20,000 (\$15,000 to less than \$20,000)  
02 Less than \$15,000 (\$10,000 to less than \$15,000)  
01 Less than \$10,000  
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  
12 Less than \$85,000 (\$75,000 to less than \$85,000)  
13 Less than \$100,000 (\$85,000 to less than \$100,000)  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q15 NE 77,99]

**S8Q15AA.** Your Annual Household Income is [S8Q15]. Is This Correct?

1 Yes, correct as is.  
2 No, re-ask question [GO BACK TO S8Q15A]

[ASK IF HGENDER=2 AND S8Q1=18-49]

**S8Q16.** To your knowledge, are you now pregnant?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**PS8Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds  
K Kilograms

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q17=P]

**S8Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q17=50-79 OR S8Q17=351-776]

**S8Q17\_A.** Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

**S8Q17M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q17M=23-352 AND PS8Q17=K]

**S8Q17AM.** Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q17M]

[ASK ALL]

**PS8Q18.** About how tall are you without shoes?

**INTERVIEWER NOTE:** ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet  
M Centimeters

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q18=F]

**S8Q18.** About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18=300-407 OR S8Q18=609-711]

**S8Q18A.** Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

**S8Q18M.** About how tall are you without shoes?

**INTERVIEWER NOTE:** Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S8Q18M=90-254 AND PS8Q18=M]

**S8Q18AM.** Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S8Q18M]

**NY State Added Section 6: Primary Language (Split 1, 2 and 3)**

[ASK IF STATE=NY AND SPLIT = 1, 2, 3 AND CSTATE NE 2]

**NY6\_1: State Added Section 6: Primary Language (Split 1, 2 and 3)**

What is the primary language spoken at home?

**DO NOT READ:**

01 Albanian

02 Arabic

03 Bengali

04 Cantonese

05 Chinese

06 English

07 French

08 German

09 Greek

10 Haitian-Creole

11 Hindi

12 Italian

- 13 Japanese
- 14 Korean
- 15 Mandarin
- 16 Polish
- 17 Russian
- 18 Spanish
- 19 Tagalog
- 20 Urdu
- 21 Yiddish
- 22 Other

77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 9: Disability

[ASK ALL]

#### **S9Q1. Section 9: Disability**

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

[ASK ALL]

#### **S9Q2. 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

[ASK ALL]

**S9Q3.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S9Q4.** Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S9Q5.** Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

**S9Q6.** 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

## Section 10: Falls

[ASK IF S8Q1>44 OR S8Q1=07, 09]

### S10Q1. Section 10: Falls

In the past 12 months, how many times have you fallen?

**READ IF NECESSARY:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

**Interviewer note:** Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

88 None  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S10Q1=1-76]

**S10Q2.** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

**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.

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

88 None  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S10Q2>S10Q1 AND S10Q2 NE 77,88,99]

**S10Q2CHK.** I'm sorry, you indicated you had [S10Q1] falls previously but just stated you had [S10Q2] falls that caused an injury that limited your regular activities. I must correct this inconsistency.

1 GO BACK [GO TO S10Q1]

## Section 11: Tobacco Use

[ASK ALL]

### S11Q1. Section 11: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

**INTERVIEWER NOTE:** Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

**INTERVIEWER NOTE:** 5 packs = 100 cigarettes

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q1=1]

S11Q2. 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

### NY State Added Section 7: Menthol Cigarette Use (Split 1, 2 and 3)

[ASK IF STATE=NY AND SPLIT = 1, 2, 3 AND CSTATE NE 2 AND S11Q2 =1,2]

#### NY7\_1: State Added Section 7: Menthol Cigarette Use (Split 1, 2 and 3)

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 15: Tobacco Cessation (Split 1, 2 and 3)

---

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]

**MOD15\_1. Module 15: Tobacco Cessation**

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

**DO NOT READ**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q2=1,2 AND CSTATE NE 2]

**MOD15\_2.** 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

[ASK ALL]

**S11Q3.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**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.

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S11Q4.** 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?

**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. 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.

**INTERVIEWER NOTE:** If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life"

- 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)

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 12: Alcohol Consumption

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[ASK ALL]

**S12Q1. Section 12: Alcohol Consumption**

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.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

**READ IF NECESSARY:** A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1\_\_ Days per week (RANGE 101-107)

2\_\_ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S12Q1 NE 888,777,999]

**S12Q2.** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**INTERVIEWER READ ONLY IF NECESSARY:** A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

88 None  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q2=88]

**S12Q2CHK.** I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S12Q1]

[ASK IF S12Q2=12-76]

**S12Q2A.** I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]

**S12Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

- 88 NO DAYS
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S12Q3=16-76]

**S12Q3A.** I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]

**S12Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S12Q4=16-76]

**S12Q4A.** I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

**S12Q4B.** I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=1-76 AND HGENDER=2 AND S12Q4=1-3) OR (S12Q3=1-76 AND HGENDER=1 AND S12Q4=1-4)]

**S12Q4C.** I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q3]

## Section 13: Immunization

[ASK ALL]

### **S13Q1. Section 13: Immunization**

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?

**READ ONLY 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.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q1=1]

**S13Q2M.** 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?

01 January  
02 February  
03 March  
04 April  
05 May  
06 June  
07 July  
08 August  
09 September  
10 October  
11 November  
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S13Q1=1]

**S13Q2Y.**

Code YEAR (RANGE 2022-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

**S13Q2CHK.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S13Q2M]  
2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

**S13Q2CHK2.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

[ASK ALL]

**S13Q3.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**INTERVIEWER NOTE:** Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S8Q1=50-99]

**S13Q4.** Have you ever had the shingles or zoster vaccine?

**READ ONLY IF NECESSARY:** Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix which requires 2 shots.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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[ASK ALL]

**S14Q1. Section 14: H.I.V./AIDS**

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.?

**INTERVIEWER NOTE:** 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.

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S14Q1=1]

**S14Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

**INTERVIEWER NOTE:** If response is before January 1985, code "Don't know."

**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.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=1]

**S14Q2Y.**

Code YEAR (RANGE 1985-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]

**S14Q2CHK.** I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

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

---

[ASK ALL]

### **S15Q1. Section 15: Seat Belt Use and Drinking and Driving**

How often do you use seat belts when you drive or ride in a car? Would you say -

#### **PLEASE READ**

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

#### **DO NOT READ**

- 8 Never drive or ride in a car
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S15Q1=1-5, 7,9 AND S12Q1 NE 888]

**S15Q2.** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 16: Long-term COVID Effects

---

[ASK ALL]

### **S16Q1. Section 16: Long-term COVID Effects**

Have you ever tested positive for COVID-19 (using a rapid point-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?

**READ IF NECESSARY:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing including home tests.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S16Q1=1]

**S16Q2.** Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

**INTERVIEWER NOTE:** 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 worse after physical or mental activities
- Loss of taste or smell

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S16Q2=1]

**S16Q3.** Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

**PLEASE READ**

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**Optional Modules**

[Module 29: Social Determinants and Health Equity \(Split 1 and 2\)](#)

[ASK IF CSTATE NE 2]

**MOD29\_1. Module 29: Social Determinants and Health Equity**

In general, how satisfied are you with your life? Are you...

**PLEASE READ**

- 1 Very Satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_2.** How often do you get the social and emotional support that you need? Is that...

**PLEASE READ**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_3.** How often do you feel lonely? Is it...

**PLEASE READ**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_4.** 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

[ASK IF CSTATE NE 2]

**MOD29\_5.** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_6.** 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...

**PLEASE READ**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_7.** 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

[ASK IF CSTATE NE 2]

**MOD29\_8.** 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

[ASK IF CSTATE NE 2]

**MOD29\_9.** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_10.** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it ...

**PLEASE READ**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[Module 8: Cancer Survivorship : Type of Cancer \(Split 1\)](#)

---

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

**MOD8\_1. Module 8: Type of Cancer**

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8\_1=1,2,3]

**MOD8\_2.** At what age were you [IF MOD8\_1=1 INSERT “told that you had cancer?”; IF MOD8\_1=2,3 INSERT “first diagnosed with cancer?”]

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD8\_2>S8Q1 AND S8Q1 NE 07,09 AND MOD8\_2 NE 98,99 AND CSTATE NE 2]

**MOD8\_2C.** You said you were [S8Q1] years of age and told that you had cancer at age [MOD8\_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD8\_2]

[ASK IF MOD8\_1=1,2,3]

**MOD8\_3.** [IF MOD8\_1=1 INSERT “What type of cancer is it?”; IF MOD8\_1=2,3 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

**INTERVIEWER NOTE:** Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix / Cervical
- 07 Colon
- 08 Esophagus / Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma

- 16 Melanoma
- 17 Mouth / tongue / lip
- 18 Ovary / Ovarian
- 19 Pancreas / Pancreatic
- 20 Prostate
- 21 Rectum / Rectal
- 22 Skin (Non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis / Testicular
- 27 Throat – pharynx
- 28 Thyroid
- 29 Uterus / Uterine
- 30 Other

77 DON'T KNOW / NOT SURE  
99 REFUSED

#### Module 6: Prostate Cancer Screening (Split 1)

[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

#### MOD6\_1. Module 6: Prostate Cancer Screening

Have you ever had a P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD6\_1=1]

MOD6\_2. About how long has it been since you had your most recent P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

**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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD6\_1=1]

**MOD6\_3.** What was the main reason you had this P.S.A. test – was it ...?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

**PLEASE READ**

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD6\_1=1]

**MOD6\_4.** Who first suggested this P.S.A. test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional
- 3 Someone else

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

**MOD6\_5.** When you met with a doctor, nurse, or other health professional, did they EVER talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

- 1 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

**DO NOT READ**

- 4 Neither
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 5: Breast and Cervical Cancer Screening (Split1)

---

[ASK IF HGENDER=2 AND CSTATE NE 2]

**MOD5\_1. Module 5: Breast and Cervical Cancer Screening**

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

**INTERVIEWER NOTE:** A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD5\_1=1]

**MOD5\_2.** How long has it been since you had your last mammogram?

**READ IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)

- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

**MOD5\_3.** Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD5\_3=1]

**MOD5\_4.** How long has it been since you had your last cervical cancer screening test?

**READ IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD5\_3=1]

**MOD5\_5.** At your most recent cervical cancer screening, did you have a Pap test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD5\_3=1]

**MOD5\_6.** At your most recent cervical cancer screening, did you have an H.P.V. test?

**INTERVIEWER:** H.P.V. stands for Human Papillomavirus (pap-uh-loh-muh virus)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 Refused

[ASK IF HGENDER=2 AND S8Q16 NE 1 AND CSTATE NE 2]

**MOD5\_7.** Have you had a hysterectomy?

**INTERVIEWER NOTE:** A hysterectomy is an operation to remove the uterus (womb).

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Module 7: Colorectal Cancer Screening (Split 1)

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09) AND CSTATE NE 2]

**MOD7\_1. Module 7: Colorectal Cancer Screening**

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

**Interviewer Note:** A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_1=1]

**MOD7\_2.** Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy

2 Sigmoidoscopy

3 Both

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_2=1,3]

**MOD7\_3.** How long has it been since your most recent colonoscopy?

**READ IF NECESSARY**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_2=2,3]

**MOD7\_4.** How long has it been since your most recent sigmoidoscopy?

**READ IF NECESSARY**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD7\_2=7]

**MOD7\_5.** How long has it been since your most recent colonoscopy or sigmoidoscopy?

**READ IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09) AND CSTATE NE 2]

**MOD7\_6.** Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD7\_6=1]

**MOD7\_7.** A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

**INTERVIEWER:** CT Colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped x-ray machine as you lie on your back and then your stomach.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_7=1]

**MOD7\_8.** When was your most recent CT colonography or virtual colonoscopy?

**READ IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD7\_6=1]

**MOD7\_9.** One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

**INTERVIEWER NOTE:** The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD7\_9=1]

**MOD7\_10.** How long has it been since you had this test?

**READ IF NECESSARY**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_6=1]

**MOD7\_11.** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

**INTERVIEWER NOTE:** Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_11=1]

**MOD7\_12.** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_11=1]

**MOD7\_13.** How long has it been since you had this test?

**READ IF NECESSARY**

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 3: Arthritis (Split 2)

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD3\_1. Module 3: Arthritis**

Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE:** If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD3\_2.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD3\_3.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD3\_4.** 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?

**INTERVIEWER NOTE:** If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is “yes” mark the overall response as yes.

**INTERVIEWER NOTE:** If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]

**MOD3\_5.** 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. 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.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

### Module 13: Cognitive Decline (Split 3)

---

[ASK IF (S8Q1>=45 OR S8Q1=07,09) AND CSTATE NE 2]

#### **MOD13\_1. Module 13: Cognitive Decline**

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.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD13\_1=1]

**MOD13\_2.** Are you worried about these difficulties with thinking or memory?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD13\_1=1]

**MOD13\_3.** 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

[ASK IF MOD13\_1=1]

**MOD13\_4.** 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

[ASK IF MOD13\_1=1,]

**MOD13\_5.** 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 (Split 3)

---

[ASK IF CSTATE NE 2]

**MOD14\_1. Module 14: Caregiver**

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?

**INTERVIEWER NOTE:** If caregiving recipient has died in the past 30 days, code 8 and say: "I'm so sorry to hear of your loss."

1 Yes

2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_2.** What is his or her relationship to you?

**INTERVIEWER NOTE:** If more than one person, say: Please refer to the person to whom you are giving the most care.

- 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

[ASK OF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_3.** 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
- 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

[ASK IF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_4.** In an average week, how many hours do you provide care or assistance?

**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

[ASK IF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_5.** What is the main health problem, long-term illness, or disability that the person you care for has?

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 Virus Infection (HIV)

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

ASK IF MOD14\_1=1 AND MOD14\_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]

**MOD14\_6.** 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

[ASK IF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_7.** 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

[ASK IF MOD14\_1=1 AND CSTATE NE 2]

**MOD14\_8.** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD14\_1=2,7,9 AND CSTATE NE 2]

**MOD14\_9.** 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 31: Random Child Selection (Split 1)

---

[ASK IF S8Q14=1 AND CSTATE NE 2]

#### **MOD31T1. Module 31: Random Child Selection**

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.

1 Continue

[ASK IF S8Q14=2-87 AND CSTATE NE 2]

[IF S8Q14=2-87, RANDOMLY SET RNDCHILD USING S8Q14 RESPONSE FOR RANDOMIZATION]

**RNDCHILD.** System Generated Variable: Randomly Selected Child

- 01 first
- 02 second
- 03 third
- 04 fourth
- 05 fifth
- 06 sixth
- 07 seventh
- 08 eighth
- 09 ninth
- 10 tenth
- 11 eleventh
- 12 twelfth
- 13 thirteenth
- 14 fourteenth
- 15 fifteenth
- 16 sixteenth
- 17 seventeenth
- 18 eighteenth
- 19 nineteenth
- 20 twentieth
- 21 twenty-first
- 22 twenty-second
- 23 twenty-third
- 24 twenty-fourth
- 25 twenty-fifth
- 26 twenty-sixth
- 27 twenty-seventh
- 28 twenty-eighth
- 29 twenty-ninth
- 30 thirtieth
- 31 thirty-first
- 32 thirty-second

33 thirty-third  
34 thirty-fourth  
35 thirty-fifth  
36 thirty-sixth  
37 thirty-seventh  
38 thirty-eighth  
39 thirty-ninth  
40 fortieth  
41 forty-first  
42 forty-second  
43 forty-third  
44 forty-fourth  
45 forty-fifth  
46 forty-sixth  
47 forty-seventh  
48 forty-eighth  
49 forty-ninth  
50 fiftieth  
51 fifty-first  
52 fifty-second  
53 fifty-third  
54 fifty-fourth  
55 fifty-fifth  
56 fifty-sixth  
57 fifty-seventh  
58 fifty-eighth  
59 fifty-ninth  
60 sixtieth  
61 sixty-first  
62 sixty-second  
63 sixty-third  
64 sixty-fourth  
65 sixty-fifth  
66 sixty-sixth  
67 sixty-seventh  
68 sixty-eighth  
69 sixty-ninth  
70 seventieth  
71 seventy-first  
72 seventy-second

- 73 seventy-third
- 74 seventy-fourth
- 75 seventy-fifth
- 76 seventy-sixth
- 77 seventy-seventh
- 78 seventy-eighth
- 79 seventy-ninth
- 80 eightieth
- 81 eighty-first
- 82 eighty-second
- 83 eighty-third
- 84 eighty-fourth
- 85 eighty-fifth
- 86 eighty-sixth
- 87 eighty-seventh

[ASK IF S8Q14=2-87 AND CSTATE NE 2]

**MOD31T2.** Previously, you indicated there were [S8Q14] children age 17 or younger in your household. Think about those [S8Q14] 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.

I have some additional questions about one specific child. The child I will be referring to is the [RNDCHILD] child in your household. All following questions about children will be about the [RNDCHILD] child.

1 Continue

[ASK IF S8Q14=1-87AND CSTATE NE 2]

**MOD31\_1M.** What is the birth month and year of the [RNDCHILD] child?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August

09 September  
10 October  
11 November  
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

**MOD31\_1Y.**

Code YEAR (RANGE 2005-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD31\_1M>CMONTH and MOD31\_1Y=CYEAR AND MOD31\_1M NE 77,99]

**MOD31\_1CHK.** I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD31\_1M]

[ASK IF MOD31\_1Y<=2023]

**CHLDAGE1.** Calculate child's age in months.

[ASK IF MOD31\_1Y<=2023]

**CHLDAGE2.** Calculate child's age in years

[ASK IF CHLDAGE1>216]

**MOD31\_1CHK2.** I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD31\_1M]

[ASK IF S8Q14=1-87AND CSTATE NE 2]

**MOD31\_2.** Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary / other

9 REFUSED

[ASK IF MOD31\_2=3,9]

**MOD31\_3.** What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

9 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

**MOD31\_4.** Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD31\_4=2]

[MUL=4]

**MOD31\_4B.** Are they...

**INTERVIEWER NOTE:** One or more categories may be selected

**PLEASE READ:**

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

**DO NOT READ:**

- 5 No [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, MOD31\_3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

[MUL=6]

**MOD31\_5.** Which one or more of the following would you say is the race of the child?

**INTERVIEWER NOTE: SELECT ALL THAT APPLY**

**PLEASE READ:**

10 [IF MOD31\_4=2 INSERT "Hispanic"] White

20 [IF MOD31\_4=2 INSERT "Hispanic"] Black or African American

30 [IF MOD31\_4=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF MOD31\_4=2 INSERT "Hispanic"] Asian

50 [IF MOD31\_4=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ:**

60 Other

88 No additional choices

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF MOD31\_5=40]

[MUL=8]

**MOD31\_5A.** Is that...

**INTERVIEWER NOTE: Select all that apply.**

**PLEASE READ:**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**DO NOT READ:**

77 DON'T KNOW / NOT SURE [EXCLUSIVE]  
99 REFUSED [EXCLUSIVE]

[ASK IF MOD31\_5=50]

[MUL=4]

**MOD31\_5P.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

**PLEASE READ:**

51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander

**DO NOT READ:**

77 DON'T KNOW / NOT SURE [EXCLUSIVE]  
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

**MOD31\_6.** 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 (Split 1)**

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

### MOD32\_1. Module 32: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD32\_1=1]

### MOD32\_2. Does the child still have asthma?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### New York State Added Sections

#### NY State Added Section 8: Cardiac Rehab (Split 2)

[ASK IF STATE=NY AND SPLIT = 2 AND S7Q1=1 AND CSTATE NE 2]

### NY8\_1: State Added Section 8: Cardiac Rehab (Split 2)

Earlier in the survey you reported having a heart attack -

Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."?

- 1 Yes
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

#### NY State Added Section 9: Food Security (Split 3)

[ASK IF STATE=NY AND SPLIT = 3 AND CSTATE NE 2]

### NY9\_1: State Added Section 9: Food Security (Split 3)

How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say ---

**PLEASE READ:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

**DO NOT READ:**

- 8 Not Applicable
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

NY State Added Section 10: Cannabis Use (Split 3)

[ASK IF STATE=NY AND SPLIT = 3 AND CSTATE NE 2]

**NY10\_1. State Added Section 10: Cannabis Use (Split 3)**

The following question asks about CBD, which comes primarily from hemp, and is different from THC.

During the past 30 days, on how many days did you use CBD-only products in any form?

**INTERVIEWER:** If respondent asks what CBD is, please say "CBD is referring to cannabidiol (ca-nuh-bi-DYE-ol) products, which primarily come from hemp."

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=NY AND SPLIT = 3 AND CSTATE NE 2]

**NY10\_2.** The following questions ask about cannabis (also called marijuana). **Do not include CBD-only products in your responses.**

During the past 30 days, on how many days did you use marijuana or cannabis?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NY10\_2=1-30]

[MUL=6]

**NY10\_3:** During the past 30 days, how did you use cannabis? Please tell me **all that apply**. Did you ...

**INTERVIEWER NOTE:** Use clarification in parentheses only if needed. Please slowly read all responses in succession.

**PLEASE READ:**

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt).
- 2 **Eat it** (for example, in brownies, cookies, 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:**

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK IF NBR(NY10\_3)>1]

[HIDE RESPONSES NOT SELECTED IN NY10\_3 AND DISPLAY 7,9]

**NY10\_4:** During the past 30 days, which one of the following ways did you use cannabis the **most often**? Did you usually ...

**INTERVIEWER NOTE:** Use clarification in parentheses only if needed. Please slowly read all responses in succession. Select one. If respondent provides more than one say: Which way did you use it most often?

**PLEASE READ:**

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt).
- 2 **Eat it** (for example, in brownies, cookies, 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:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NY10\_2=1-30]

**NY10\_5:** When you used cannabis during the past 30 days, was it usually:

**PLEASE READ:**

- 1 For medical reasons
- 2 For non-medical reasons
- 3 For both medical and non-medical reasons

**DO NOT READ:**

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND (NY10\_1=1-30 OR NY10\_2=1-30)]

**NY10\_6:** How do you usually get the cannabis you use?

**INTERVIEWER NOTE:** If asked, respondents may include CBD-only products in their response

**READ IF NECESSARY:**

- 01 Buy it from a retail marijuana store
- 02 Buy it from a medical dispensary
- 03 Buy it from a grocery store, gas station, mall, or other convenience store
- 04 Buy it from a dealer or friend
- 05 Get it for free or share someone else's
- 06 Grow it yourself at home or have someone grow it for you
- 07 Get it online
- 08 Or, get it somewhere else

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NY10\_2=1-30]

**NY10\_7:** During the past 30 days, did you drive a car or other vehicle within 3 hours after using cannabis?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NY10\_2=1-30]

**NY10\_8:** During the past 12 months, did you want to or try to cut down or quit using cannabis?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NY AND SPLIT = 3 AND CSTATE NE 2 AND NY10\_2 = 1-30 AND NY10\_8 =

1]

**NY10\_9:** During the past 12 months, were you able to cut down or stop using cannabis every time you wanted to or tried to?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=NY AND SPLIT = 3 AND CSTATE NE 2 AND (NY10\_2 = 1-30 OR NY10\_1 = 1-30)]

**NY10\_10:** During the past 30 days, how much of your cannabis use was from products that contained only CBD?

- 1 None of my use was CBD-only products
- 2 Less than half of my use was of CBD-only products
- 3 More than half of my use, but not all of my use was of CBD-only products
- 4 All of my use was of CBD-only products

7 DON'T KNOW / NOT SURE  
9 REFUSED

#### NY State Added Section 11: Opioid Use (Split 1,2,3)

[ASK IF STATE=NY AND SPLIT = 1,2,3 AND CSTATE NE 2]

#### **NY11\_1. State Added Section 11: Opioid Use (Split 1,2,3)**

The next health topic is about the use of prescription pain medicine and drugs. Your answers are strictly confidential, and you can skip any question you want to.

We are not interested in your use of “over-the-counter” pain relievers such as Tylenol or Advil that can be bought at the store without a doctor’s prescription.

In the past 12 months, have you used prescription pain medicine without a healthcare provider's prescription or differently than how the healthcare provider told you to use it?

**INTERVIEWER NOTE:** Count drugs such as hydrocodone (HI-DRO-KO-DOAN), oxycodone, (OX-E-KO-DOAN) and codeine (KO-DEEN).

**IF NEEDED SAY:** “morphine (MOR-FEEN), vicodin (VEYE-KAH-DIN), oxycontin (OX-E-CONTIN), Lortab (LORE-TAB), Percocet (PERK-KAH-SET), Tramadol (TRAM-UH-DOLL), Tylenol

#3, Demerol (DEM-ER-ALL), methadone (METH-UH-DOAN), buprenorphine (BYOO-PREN-NOR-FEEN) (Butrans, Belbuca, Buprenex) are considered prescription pain medicine.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=NY AND SPLIT=1,2,3 AND CSTATE NE 2]

**NY11\_2.** In the past 12 months, have you used any form of cocaine? (Different forms include powder, crack, free base, and coca paste.)

**INTERVIEWER NOTE: IF NEEDED SAY:** "Coke, blow, or snow are other common names for cocaine."

**IF NEEDED SAY:** Your answers are strictly confidential, and you can skip any question you want to.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=NY AND SPLIT=1,2,3 AND CSTATE NE 2]

**NY11\_3.** In the past 12 months, have you used heroin?

**INTERVIEWER NOTE: IF NEEDED SAY:** Your answers are strictly confidential, and you can skip any question you want to.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

NY State Added Section 12: Telehealth (Split 1)

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=1]

**NY12\_1. State Added Section 12: Telehealth (Split 1)**

The next questions ask about your experiences using virtual health services, also known as “telehealth”. Telehealth is the use of telecommunication services, including phone calls, text messages, and/or two-way video calls using a computer or app to receive care by health care professionals.

In the past 12 months, how often did you use telehealth services?

**INTERVIEWER NOTE: If needed, say:** Telehealth services can include assessment, diagnosis, consultation, treatment, education, care management, and/or self-management to meet your medical or mental health needs.

- 1 At least once a week
- 2 A few times a month
- 3 A few times a year
- 4 Used before, but not in past 12 months
- 5 Never
- 6 No health care in the past 12 months
  
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=1 AND NY12\_1 = (1,2,3)]

[MUL=6]

**NY12\_2.** When using telehealth within the past 12 months, which services did you use? Please tell me all that apply.

**INTERVIEWER NOTE: Only read parentheticals if necessary**

**PLEASE READ:**

- 1 **Primary care** (such as, virtual visits or services with your primary care doctor or staff)
- 2 **Specialized care** (such as, virtual visits or services with your specialists, such as eye or heart doctors)
- 3 **Self-management Support** (such as, virtual support from nurses or staff and/or tools to help monitor or manage your conditions from afar)

4 **Behavioral or mental health care** (such as, virtual care or services including therapy, counseling, or classes to help manage problems related to mental health, substance use or chronic conditions such as obesity or diabetes)

5 **Pharmaceutical care** (such as, virtual care or services with a pharmacist or doctor about your prescriptions or treatment)

6 **Other type of care** [TEXT BOX]

7 DON'T KNOW/NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

**[IF STATE=NY AND SPLIT = 1 GO TO MOD31T1]**

NY State Added Section 13: Active Transportation (Split 2)

**[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]**

### **NY13\_1. State Added Section 13: Active Transportation (Split 2)**

The next question is about walking for transportation. This is walking you might have done to travel to and from work, to do errands, or to get from place to place.

In the past 7 days, how many days did you spend more than 10 minutes walking for transportation?

**Read if necessary: Include walking to or from a bus, train, or rail stop.**

**Read if necessary: Do not include walking for other reasons, like for relaxation, exercise or walking the dog**

RANGE 1-7 [NUMBER BOX]

88 None

77 DON'T KNOW/NOT SURE

99 REFUSED

**[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]**

**NY13\_2.** Sometimes you may walk for fun, relaxation, exercise, or to walk the dog.

In the past 7 days, how many days did you spend more than 10 minutes walking for any of these reasons?

**Read if necessary: Include walking for fun, relaxation, exercise, or to walk the dog.**

**Read if necessary: Do not include walking for transportation. Do not include walking on the treadmill or other stationary exercise equipment.**

RANGE 1-7 [NUMBER BOX]

88 None  
77 DON'T KNOW/NOT SURE  
99 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]

**NY13\_3.** Now I am going to ask a question about riding a bicycle for any reason—including transportation, leisure, or exercise.

In the past 7 days, how many days did you spend more than 10 minutes riding a bicycle?

**Read if necessary: Do not include biking that occurred on stationary exercise equipment.**

RANGE 1-7 [NUMBER BOX]

88 None  
77 DON'T KNOW/NOT SURE  
99 REFUSED

NY State Added Section 14: Fruits and Vegetables (Consumption) (Split 2)

[ASK IF STATE=NY AND SPLIT = 2 AND CSTATE NE 2]

**NY14\_1. NY State Added Section 14: Fruits and Vegetables (Consumption)**

How often do you eat fruits, excluding juice?

1 Every day  
2 At least once a week  
3 Less than once a week  
4 Never  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]

**NY14\_2.** How often do you eat vegetables or salad (excluding juices and potatoes)?

- 1 Every day
- 2 At least once a week
- 3 Less than once a week
- 4 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

NY State Added Section 15: Sugar Sweetened Beverages (Split 2)

[ASK IF STATE=NY AND SPLIT = 2 AND CSTATE NE 2]

**NY15\_1: State Added Section 15: Sugar Sweetened Beverages (Split 2)**

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. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- \_\_ Times per day (RANGE 101-199)
- \_\_ Times per week (RANGE 201-299)
- \_\_ Times per month (RANGE 301-399) [NUMBER BOX]

**DO NOT READ:**

888 None

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]

**NY15\_2:** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as 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. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 \_\_ Times per day (RANGE 101-199)
- 2 \_\_ Times per week (RANGE 201-299)
- 3 \_\_ Times per month (RANGE 301-399) [NUMBER BOX]

**DO NOT READ:**

888 None

777 DON'T KNOW / NOT SURE

999 REFUSED

NY State Added Section 16: Access to Fruits and Vegetables (Split 2)

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=2]

**NY16\_1: State Added Section 16: Access to Fruits and Vegetables (Split 2)**

When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?

**READ ONLY IF NECESSARY:**

1 Yes, in my community or neighborhood

2 No, someplace else

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF NY16\_1 = 2 AND CSTATE NE 2 AND SPLIT=2]

**NY16\_2:** What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?

**READ ONLY IF NECESSARY:**

01 No stores in my community or neighborhood

02 Stores in my community or neighborhood have poor quality fruits and vegetables

03 Stores in my community or neighborhood are too expensive

04 Stores in my community or neighborhood have poor quality service

05 I feel uncomfortable in stores in my community or neighborhood

06 Don't cook

07 Don't eat fresh fruits or vegetables

08 Other (SPECIFY) [TEXT BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

NY State Added Section 17: UV Exposure (Split 3)

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=3]

**NY17\_1: State Added Section 17: UV Exposure (Split 3)**

During the past 12 months, how many times have you had a sunburn?

RANGE 1-365 [NUMBER BOX]

888 None/ Zero  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=3]

**NY17\_2:** When you go outside on a warm sunny day for more than an hour, how often do you protect yourself from the sun? Is that.....

**INTERVIEWER NOTE:** Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.

01 Always  
02 Most of the time  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**

06 Don't stay outside for more than one hour on warm sunny days  
08 Don't go outside at all on warm sunny days

77 DON'T KNOW / NOT SURE  
99 REFUSED

NY State Added Section 18: Hepatitis C Testing (Split 3)

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=3]

**NY18\_1: State Added Section 18: Hepatitis C Testing (Split 3)**

Now I would like to ask you some questions about hepatitis C. Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (HCV). It is spread by blood-to-blood contact. It should not be confused with hepatitis A or hepatitis B, both of which you can be vaccinated for. My questions will only be about hepatitis C. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you ever been tested for hepatitis C (HCV)? Do not count tests you may have had as part of a blood donation.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF NY18\_1=1]

**NY18\_2M.** Not including blood donations, in what month and year was your last hepatitis C test?

**INTERVIEWER NOTE:** If response is before January 1989, code "Don't know."

**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.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF NY18\_1=1]  
NY18\_2Y.

Code YEAR (RANGE 1989-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF NY18\_2Y=CYEAR AND NY18\_2M>CMONTH AND NOT(NY18\_2M=77,99)]  
NY18\_2CHK. I'm sorry, but you said you had a hepatitis C test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO NY18\_2M]

NY State Added Section 19: Family Planning Healthy Pregnancy (Split 3)

[ASK IF STATE=NY AND (HGENDER=2 AND S8Q1=18-49 AND S8Q16=2) AND SPLIT = 3 AND CSTATE NE 2]

**NY19\_1. State Added Section 19: Family Planning / Healthy Pregnancy (Split 3)**

The next question is about discussions that occurred as part of a routine health care visit. Do not include visits while pregnant, also called prenatal care visits.

Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

NY State Added Section 20: Family Planning - Females (Split 3)

[ASK IF STATE=NY AND SPLIT = 3 AND (HGENDER=2 AND S8Q1=18-49 AND S8Q16=2) AND CSTATE NE 2]

**NY20\_1. NY State Added Section 20: Family Planning - Females (Split 3)**

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No
- 3 No partner / not sexually active
- 4 Same sex partner
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF NY20\_1=1 AND CSTATE NE 2]

**NY20\_2.** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**INTERVIEWER NOTE:** If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

**INTERVIEWER NOTE:** If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

**INTERVIEWER NOTE:** If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)

- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception(morning after pill)
- 18 Other method

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF NY20\_1=2]

**NY20\_3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

**INTERVIEWER NOTE:** If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

NY State Added Section 21: Male Family Planning (Split 3)

[ASK IF STATE=NY AND HGENDER=1 AND CSTATE NE 2 AND SPLIT=3]

**NY21\_1. State Added Section 21: Male Family Planning (Split 3)**

The last time you had sex, did you or your partner do anything to prevent pregnancy?

1 Yes

2 No

3 No partner/not sexually active

4 Same sex partner

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF NY21\_1=1 AND CSTATE NE 2]

**NY21\_2.** The last time you had sex, what did you or your partner do to prevent pregnancy?

**INTERVIEWER NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**INTERVIEWER NOTE:** If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."

**INTERVIEWER NOTE:** If respondent reports using "IUD" probe to determine if "levonorgestrel iud" or "copper-bearing iud."

**INTERVIEWER NOTE:** If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

**DO NOT READ:**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NY21\_1=2 AND CSTATE NE 2]

**NY21\_3.** Some reasons for not doing anything to keep you or your partner from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that a pregnancy could happen.

What was your main reason for not doing anything the last time you had sex to prevent pregnancy?

**INTERVIEWER NOTE:** If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 You or your partner didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it

- 03 Don't care if pregnancy occurs
- 04 You or your partner want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 Unable to pay for birth control
- 08 Encountered a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You or your partner had tubes tied (sterilization)
- 13 You or your partner had a hysterectomy
- 14 You or your partner had a vasectomy (sterilization)
- 15 You or your partner are currently breast-feeding
- 16 You or your partner just had a baby/postpartum
- 17 You or your partner are pregnant now
- 18 Same sex partner
- 19 Other reasons

**DO NOT READ:**

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

NY State Added Section 22: Sexual Violence (Split 3)

[ASK IF STATE=NY AND S8Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=3]

**NY22\_1. State Added Section 22: Sexual Violence (Split 3)**

I would like to ask you some questions about sexual violence. This is a sensitive topic, and you may skip questions you do not want to answer.

Have you ever experienced rape or attempted rape? Rape is any completed or attempted unwanted vaginal, oral, or anal penetration using coercion, physical force or threats to physically harm.

**Interviewer Note: Physical force includes being pinned or held down, or the use of violence. Coercion includes intimidation, or manipulation when the victim was too drunk, high, drugged or passed out and unable to consent.**

**READ IF NECESSARY:**

- 1 Yes, but not in the last 12 months
- 2 Yes, in the last 12 months
- 3 Yes, both in the last 12 months and prior to the last 12 months

4 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NY AND S8Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=3]

**NY22\_2.** Have you ever experienced any other form of unwanted sexual contact, other than rape?

**Interviewer Note:** This includes unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way or having sexual body parts fondled, groped, or grabbed.

**READ IF NECESSARY:**

1 Yes, but not in the last 12 months

2 Yes, in the last 12 months

3 Yes, both in the last 12 months and prior to the last 12 months

4 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NY AND S8Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=3]

**NY22\_CLOSE.** If you or someone you know would like to talk to a trained counselor, the New York State Domestic and Sexual Violence Hotline is 1-800-342-9871.

01 Continue

**NY State Added Section 23: Gun Violence Exposure (Split 3)**

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=3]

**NY23\_1. State Added Section 23: Gun Violence Exposure (Split 3)**

In your life, have you ever seen someone threaten another with a gun, or hurt another person with a gun on purpose? This doesn't include being shot with a BB gun or any type of toy gun, like a paint ball gun or air rifle.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT=3]

**NY23\_2.** In your life, have you ever been threatened with a gun, robbed with a gun, shot, or shot at? This doesn't include being shot with a BB gun or any type of toy gun, like a paint ball gun or air rifle.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

### Asthma Call Back Permission (Split 1)

**ACFLAG\_SPLIT.** Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S7Q5=1,2,7,9 AND MOD32\_2=1,2,7,9 AND CSTATE NE 2 THEN SET ACFLAG\_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S7Q5=1,2,7,9 AND MOD32\_2 NE 1,2,7,9 AND CSTATE NE 2 THEN SET ACFLAG\_SPLIT=1

IF S7Q5 NE 1,2,7,9 AND MOD32\_2=1,2,7,9 AND CSTATE NE 2 THEN SET ACFLAG\_SPLIT=2

1 adult

2 child

**ACFLAG.** Which person in the household was selected as the focus of the asthma call-back?

SET ACFLAG=01 IF ACFLAG\_SPLIT=1 AND ACFLAG\_OH NE 0 AND S7Q5=1

SET ACFLAG=02 IF ACFLAG\_SPLIT=1 AND ACFLAG\_OH NE 0 AND S7Q5=2,7,9

SET ACFLAG=03 IF ACFLAG\_SPLIT=2 AND MOD32\_2=1

SET ACFLAG=04 IF ACFLAG\_SPLIT=2 AND MOD32\_2=2,7,9

01 adult with asthma  
02 adult had asthma  
03 child with asthma  
04 child had asthma

[ASK IF ACFLAG=01,02,03,04]

**AST1a. Asthma Call Back Permission**

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "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. Would it be okay to continue with those questions now?

1 Yes  
2 No

[ASK IF AST1a=2]

**AST1b.** Would it be okay if we called you back to ask additional asthma-related questions at a later time?

1 Yes  
2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

**MKP1.** Are you the parent or guardian in the household who knows the most about the child's asthma?

1 Yes  
2 No  
  
7 DON'T KNOW  
9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

**MKP.** Are you the parent or guardian in the household who knows the most about the child's asthma?

1 Yes  
2 No

7 DON'T KNOW  
9 REFUSED

[ASK IF MKP1=2,7,9]

**ATP1.** Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Yes  
2 No

7 DON'T KNOW  
9 REFUSED

[ASK IF MKP=2,7,9 OR ATP1=2,7,9]

**ATP.** Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

[ASK IF ACFLAG=03,04 AND (AST1=1 OR AST1A=1 OR AST1B=1) AND NOT ATP=2,7,9]

**CNAME.** Can I please have either your child's first name or initials, so we will know who to ask about during the survey?

1 Gave Response [TEXT BOX]

7 DON'T KNOW  
9 REFUSED

**ASTHMA\_FLAG** Hidden variable for redirecting asthma follow-up respondents. To be used after COMPLETE disposition is assigned.

SET ASTHMA\_FLAG=1 IF AST1A=1 AND ACFLAG=01,02

SET ASTHMA\_FLAG=2 IF AST1A = 1 and (MKP1 = 1 or ATP1 = 1 or ATP = 1)

SET ASTHMA\_FLAG=3 IF ACFLAG=01,02,03,04 AND (AST1B=1 OR AST1=1) AND NOT(ATP=7,9)

1 continue to adult asthma

2 continue to child asthma  
3 schedule callback for asthma follow-up

### Asthma Suspends in Main BRFSS

[ASK IF ASTHMA\_FLAG=1,2,3 AND BRFSS\_FLAG=1]

**ASTHMA\_END**. INTERVIEWER: Enter the reason for ending the call.

**INTERVIEWER:** If no specific call back date and time are given, schedule a call back two weeks from today.

1 Callback  
2 Refusal

[ASK IF ASTHMA\_END=1 AND ((MKP1=1 OR MKP=1) OR (ACFLAG=01,02 AND (AST1B=1 OR AST1=1 OR AST1A=1)))]

**AST2A\_CB**. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW  
99 REFUSED

[ASK IF ASTHMA\_END=1 AND ATP1=2,7,9]

**ATP2**. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Continue

7 DON'T KNOW  
9 REFUSED

[ASK IF ASTHMA\_END=1]

**ASTHMA\_CB**. Interviewer: Enter time to call back.

[ASK IF ASTHMA\_END=1,2]

**ASTHMA\_CLOSE.** Thank you very much for your time and cooperation, [IF ASTHMA\_END=1 INSERT: “we will callback at the previous stated time to continue with the Asthma survey.”] [IF ASTHMA\_END=2 INSERT: “we will callback at a later time.”]

1 Continue

Cell Suspends in Main BRFSS

[ASK IF SAMPTYPE=2 AND BRFSS\_FLAG=1]

**CBTIME:** Would you like to schedule a call back for today or at a later time?

- 1 Today
- 2 Later time

[ASK IF CBTIME = 2]

**TEXTCB:** Can we send you a reminder text message with your scheduled call back date and time?

- 1 Yes
- 2 No
- 3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

**TEXTTY:** Great. You will receive a reminder text message with your scheduled call back appointment.

01 Continue

**LANG.** INTERVIEWER: Select Language

EN ENGLISH  
ES SPANISH

[ASK IF ASTHMA\_FLAG NE 1,2,3]

**CLOSE.** 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.

1 Continue