



2024

**New York 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

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

NY 26

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

001 001
003 003
005 005
007 007
009 009
011 011
013 013
015 015
017 017
019 019
021 021
023 023
025 025
027 027

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SAB2, SAB3, SAB4, SEX2, ASKGENDR, ASKGENDR2,MOD23_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

[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

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

Behavioral Risk Factor Surveillance System

2024 Questionnaire

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[Interviewer's Script Landline](#)

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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.

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

1 Hello, 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 1ST, 4TH, 9TH 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 in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed.

May I please speak to”] [IF INT02_CB = 01 AND SAMPTYPE=1 insert “[INT02_CB]?”; IF SAMPTYPE=1 AND INT02_CB NE 01 INSERT “them”] [IF SAMPTYPE=1 insert “to finish the survey now?”

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.”] [IF SAMPTYPE=1 INSERT: “When we last called, you were

selected to complete the interview and we would like to finish the survey now.”][IF SAMPTYPE=2 INSERT: “When we called previously we were unable to complete the interview. We would like to finish the survey with the same adult we spoke to previously. May I please speak to”] [IF SAMPTYPE=2 insert “them?”]

[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.

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** [GO BACK TO ADULTS] [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]

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 landline 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 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 AND ADULTS=0) 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 AND ADULT=1]

ONEADULT. Are you that adult?

1 Yes

2 No

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

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, transgender, non-binary, or another gender?

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

- 1 Male
- 2 Female
- 3 Transgender, non-binary, or another gender

- 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 OR (ADULT=2 AND ADULTS=2-18)) 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 U.S. 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, transgender, non-binary, or another gender?

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

1 Male

2 Female

3 Transgender, non-binary, or another gender

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

[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**
[GO BACK TO ADULTS] [HIDE IF COLLEGE=1]

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, transgender, non-binary, or another gender?

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

1 Male
2 Female
3 Transgender, non-binary, or another gender

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

[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=2,3,7,9 OR PVTRES2=7,9]

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=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.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE_CHK. Just to confirm, you said you currently live in [RSPSTATE], is that correct?

1 Yes, continue

2 No [GO BACK TO RSPSTATE]

[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 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

[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

DO NOT READ:

- 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] Number of days

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] Number of days

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] Number of days

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 primary source of your health care coverage?

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, read: "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 - but 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

7 DON'T KNOW/ NOT SURE

8 NEVER

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 DO NOT READ: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 5: Oral Health

[ASK ALL]

S5Q1. Section 5: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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 / NOT SURE
- 9 REFUSED

[ASK ALL]

S5Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

READ IF NECESSARY: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

READ IF NECESSARY:

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None

DO NOT READ

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

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: 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]

S6Q2. (Ever told) (you had) angina or coronary heart disease?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q3. (Ever told) (you had) a stroke?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q4. (Ever told) (you had) asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q4=1]

S6Q5. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q6. (Ever told) (you had) skin cancer that is not melanoma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q7. (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]

S6Q8. (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]

S6Q9. (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]

S6Q10. 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]

S6Q11. (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER DO NOT READ: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S6Q12. (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 S6Q12=2]

S6Q12A. 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 S6Q12]

NY State Added Section 1: Prediabetes (Split 1, 2, 3)

[ASK IF S6Q12 NE 1 AND CSTATE NE 2 AND STATE = NY]

NY1_1. State Added Section 1: Prediabetes

Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No

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

[ASK IF S6Q12 NE 1,4 AND CSTATE NE 2 AND STATE = NY]

NY1_2. Have you ever been told by a doctor or other health professional that you have pre-diabetes 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 NY1_2=2 AND CSTATE NE 2 AND STATE=NY]

NY1_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 NY1_2]

[ASK IF S6Q12=1]

S6Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX] Code age in years

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

NY State Added Section 2: Chronic Disease Self - Management (Split 1, 2, 3)

[ASK IF STATE=NY AND (S6Q1=1 OR S6Q2=1 OR S6Q3=1 OR S6Q4=1 OR S6Q6=1 OR S6Q7=1 OR S6Q8=1 OR S6Q10=1 OR S6Q11=1 OR S6Q12=1) AND CSTATE NE 2]

NY2_1: State Added Section 2: Participation in Chronic Disease Self-Management

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 S6Q1=1 INSERT "a myocardial infarction";
IF S6Q2=1 INSERT "angina or coronary heart disease";
IF S6Q3=1 INSERT "a stroke";

IF S6Q4=1 INSERT "asthma";
IF S6Q6=1 INSERT "skin cancer that is not melanoma";
IF S6Q7=1 INSERT "melanoma or any other type of cancer";
IF S6Q8=1 INSERT "chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis";
IF S6Q10=1 INSERT "kidney disease";
IF S6Q11=1 INSERT "arthritis";
IF S6Q12=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 7: Demographics

[ASK ALL]

S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX] Code age in years

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

[ASK IF S6Q13>S7Q1 AND S7Q1 NE 07,09 AND S6Q13 NE 98,99]

S7Q1CHK. You said you are [S7Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

- 1 GO BACK [GO TO S7Q1]

[ASK ALL]

S7Q2. Are you Hispanic, Latino/a, or Spanish origin?

- 1 No
- 2 Yes

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

[ASK IF S7Q2=2]

[MUL=4]

S7Q2B. 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]

S7Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

- 10 [IF S7Q2=2 INSERT "Hispanic"] White
- 20 [IF S7Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S7Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S7Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S7Q2=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ

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

[ASK IF S7Q3=40]

[MUL=8]

S7Q3A. 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 3: Asian Subgroups (Split 1, 2, 3)

[ASK IF STATE=NY AND S7Q3A=47 AND CSTATE NE 2]

NY3_1: State Added Section 3: AAPI Legislation – Asian Subgroups

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

DO NOT READ

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q3=50]

[MUL=4]

S7Q3PI. 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]

Module 23: Sex at Birth – Split 1,2,3

[ASK IF CSTATE NE 2 AND SAB2 NE 1,2 AND SAB3 NE 1,2 AND SAB4 NE 1,2]

MOD23_1. Module 23: Sex at Birth

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

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

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

NY State Added Section 4: Sex Characteristics (Split 1, 2, 3)

[ASK IF STATE=NY AND CSTATE NE 2]

NY4_1: State Added Section 4: Sex Characteristics

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.”

INTERVIEWER DO NOT READ: 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 5: Sexual Orientation and Gender Identity (Split 1, 2, 3)

[ASK IF STATE=NY AND CSTATE NE 2]

NY5_1: State Added Section 5: Sexual Orientation and Gender Identity (SOGI)

The next questions are about gender identity and sexual orientation.

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

INTERVIEWER 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, gender fluid, 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]

DO NOT READ:

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

[ASK IF STATE=NY 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.

Interviewer Note: 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
- 07 7 - Queer or
- 08 8 - Sexual orientation not listed, please specify: [TEXT BOX]

DO NOT READ:

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

[ASK ALL]

S7Q4. Are you...?

PLEASE READ

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married or
- 6 A member of an unmarried

DO NOT READ

- 9 REFUSED

[ASK ALL]

S7Q5. 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]

S7Q6. 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 STATE= NY AND CSTATE NE 2]

S7Q7. Aggregated state-specific county response

NY [NY_CNTY]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE= NY AND S7Q7 NE 77,99 AND CSTATE NE 2]

S7Q7C. I just want to confirm, you said you live in the county of [S7Q7]. Is that correct?

- 1 Yes, correct county
- 2 No, incorrect county [GO BACK TO NY_cnty]

[ASK ALL]

S7Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

- 77777 DON'T KNOW / NOT SURE
- 99999 REFUSED

[ASK IF S7Q8 NE 77777,99999]

S7Q8C. I just want to confirm, you said your zip code is [S7Q8]. Is that correct?

- 1 Yes, correct zip code
- 2 No, incorrect zip code [GO BACK TO S7Q8]

[ASK IF SAMPTYPE=1]

S7Q9. 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 S7Q9=1]

S7Q10. 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]

S7Q11. How many cell phones do you have for your 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]

S7Q12. 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?

Read if Necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q13. 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 20: Industry and Occupation – Split 1

[ASK IF S7Q13=1,2,4 AND CSTATE NE 2]

MOD20_1. Module 20: Industry and Occupation

What kind of work [IF S7Q13=1,2 INSERT “do”; IF S7Q13=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 S7Q13=1,2,4 AND CSTATE NE 2]

MOD20_2. What kind of business or industry [IF S7Q13=1,2 INSERT “do”; IF S7Q13=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?”

INTERVIEWER NOTE: Please do not include punctuation or abbreviations. If the respondent provides an abbreviation, please ask what the abbreviation stands for.

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

S7Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX] Number of children

88 NONE
99 REFUSED

[ASK IF S7Q14=1-87]

S7Q14CHK. INTERVIEWER DO NOT READ: you entered the respondent has [S7Q14] [IF S7Q14=1 INSERT "child"; IF S7Q14=2-87 INSERT "children"] under 18 living in their household. Is that correct?

1 Yes
2 No [GO BACK TO S7Q14]

9 REFUSED

[ASK ALL]

S7Q15A. Is your annual household income from all sources –

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

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 S7Q15A=01]

S7Q15B. Less than \$25,000 (\$20,000 to less than \$25,000)?

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 S7Q15B=01]

S7Q15C. 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 S7Q15C=01]

S7Q15D. 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 S7Q15D=01]

S7Q15E. 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 S7Q15A=02]

S7Q15F. 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 S7Q15F=02]

S7Q15G. 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 S7Q15G=02]

S7Q15H. 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 S7Q15H=02]

S7Q15I. 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 S7Q15I=02]

S7Q15J. 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 S7Q15J=02]

S7Q15K. \$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 S7Q15=01 IF S7Q15E=01
SET S7Q15=02 IF S7Q15E=02
SET S7Q15=03 IF S7Q15D=02
SET S7Q15=04 IF S7Q15C=02
SET S7Q15=05 IF S7Q15B=02
SET S7Q15=06 IF S7Q15F=01
SET S7Q15=07 IF S7Q15G=01
SET S7Q15=08 IF S7Q15H=01
SET S7Q15=09 IF S7Q15I=01
SET S7Q15=10 IF S7Q15J=01 OR IF S7Q15K=02
SET S7Q15=11 IF S7Q15K=01
SET S7Q15=77 IF ANY S7Q15A-S7Q15K=77
SET S7Q15=99 IF ANY S7Q15A-S7Q15K=99

[ASK ALL]

S7Q15. 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

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

[ASK IF S7Q15 NE 77,99]

S7Q15AA. Your Annual Household Income is [S7Q15]. Is this Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S7Q15A]

[ASK IF HGENDER=2 AND S7Q1=18-49]

S7Q16. To your knowledge, are you now pregnant?

- 1 Yes
- 2 No

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

[ASK ALL]

PS7Q17. 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 PS7Q17=P]

S7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17=50-79 OR S7Q17=351-776]

S7Q17_A. INTERVIEWER DO NOT READ: You entered [S7Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17]

[ASK IF PS7Q17=K]

S7Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17M=23-352 AND PS7Q17=K]

S7Q17AM. INTERVIEWER DO NOT READ: You entered [S7Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17M]

[ASK ALL]

PS7Q18. 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 PS7Q18=F]

S7Q18. 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] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18=300-407 OR S7Q18=609-711]

S7Q18A. INTERVIEWER DO NOT READ: You entered [S7Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q18]

[ASK IF PS7Q18=M]

S7Q18M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18M=90-254 AND PS7Q18=M]

S7Q18AM. INTERVIEWER DO NOT READ: You entered [S7Q18M] centimeters tall. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S7Q18M]

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

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

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

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

NY6_1a: State Added Section 6: Primary Language (Split 1, 2 and 3)

What is the preferred 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

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

NY6_1b: State Added Section 6: Primary Language (Split 1, 2 and 3)

In what language do you feel most comfortable talking with others?

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 8: Disability

[ASK ALL]

S8Q1. Section 8: 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]

S8Q2. 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]

S8Q3. 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]

S8Q4. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

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

[ASK ALL]

S8Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

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

[ASK ALL]

S8Q6. 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 9: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]

S9Q1. Section 9: 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 S9Q1=1]

S9Q2. 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]

S9Q3. There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

- 1 Yes
- 2 No

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

[ASK IF S9Q3=1]

S9Q4. 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 S9Q3=1]

S9Q5. 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 S9Q3=1]

S9Q6. 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 S7Q16 NE 1]

S9Q7. Have you had a hysterectomy?

Read if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No

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

Section 10: Colorectal Cancer Screening

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S10Q1. Section 10: 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 S10Q1=1]

S10Q2. 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 S10Q2=1,3]

S10Q3. 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 S10Q2=2,3]

S10Q4. 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 S10Q2=7]

S10Q5. 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 (S7Q1=45-99 OR S7Q1=07, 09)]

S10Q6. 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 S10Q6=1]

S10Q7. 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 S10Q7=1]

S10Q8. 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 S10Q6=1]

S10Q9. 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 S10Q9=1]

S10Q10. 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 S10Q6=1]

S10Q11. 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: The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.

- 1 Yes
- 2 No

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

[ASK IF S10Q11=1]

S10Q12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard 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 S10Q11=1]

S10Q13. 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

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

[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?

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.

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: If respondent says “Not at all” ask if they 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 Used them in the past but do not currently use them at all
- 7 DON'T KNOW / NOT SURE
9 REFUSED

Module 17: Other Tobacco Use – Split 1,2,3

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

MOD17_1. Module 17: Other Tobacco Use

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

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

[ASK IF S11Q4=2,3 AND CSTATE NE 2]

MOD17_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

MOD17_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

- 1 Yes
- 2 No

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

Module 16: Tobacco Cessation – Split 1,2,3

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

MOD16_1. Module 16: 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]

MOD16_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

Section 12: Lung Cancer Screening

[ASK IF S11Q1=1 AND S11Q2=1,2,3]

S12Q1. Section 12: Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

RANGE 1-100 [NUMBER BOX] Age in Years

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

[ASK IF S7Q1<S12Q1 AND S7Q1 NE 07,09 AND S12Q1 NE 888,777,999]

S12Q1C. Previously you indicated you were [S7Q1] years old, but stated you were [S12Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q1]

[ASK IF S11Q1=1 AND S11Q2=2,3 AND S12Q1 NE 888]

S12Q2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX] Age in Years

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S12Q2=1-100 AND S7Q1=18-99 AND S7Q1<S12Q2 AND S7Q1 NE 07,09 AND S12Q2 NE 777,999]

S12Q2C. Previously you indicated you were [S7Q1] years old, but stated you were [S12Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q2]

[ASK IF S12Q2=1-100 AND S12Q1=1-100 AND S12Q2<S12Q1 AND S12Q1 NE 777,888,999 AND S12Q2 NE 777,999]

S12Q2_CHK. Previously you indicated you were [S12Q1] years old when you first started smoking, but stated you were [S12Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND S12Q1 NE 888]

S12Q3. On average, when you [IF S11Q2=1,2 INSERT "smoke"; IF S11Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT "do"; IF S11Q2=3 INSERT "did"] you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES

1.25 PACK = 25 CIGARETTES
1.5 PACK = 30 CIGARETTES

3 PACKS= 60 CIGARETTES

RANGE 1-300 [NUMBER BOX] Number of cigarettes

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q4. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q4=1]

S12Q5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q5=1]

S12Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months)
- 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 Within the past 10 years (5 years but less than 10 years)

6 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 13: Alcohol Consumption

[ASK ALL]

S13Q1. Section 13: 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 S13Q1 NE 888,777,999]

S13Q2. 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] Number of drinks

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q2=88]

S13Q3CHK. 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 S13Q1]

[ASK IF S13Q2=12-76]

S13Q2A INTERVIEWER DO NOT READ: You entered that the respondent consumes [S13Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q2]

[ASK IF S13Q1 NE 888,777,999]

S13Q3. 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] Number of times

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

[ASK IF S13Q3=16-76]

S13Q3A. INTERVIEWER DO NOT READ: You entered that in the past month there were [S13Q3] occasions when the respondent 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 S13Q3]

[ASK IF S13Q1 NE 888,777,999]

S13Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX] Number of drinks

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

[ASK IF S13Q4=16-76]

S13Q4A. INTERVIEWER DO NOT READ: You entered that in the past 30 days the respondent had [S13Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q4]

[ASK IF (S13Q3=88 AND HGENDER=2 AND S13Q4=4-76) OR (S13Q3=88 AND HGENDER=1 AND S13Q4=5-76)]

S13Q4B. 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 S13Q4]

[ASK IF (S13Q3=1-76 AND HGENDER=2 AND S13Q4=1-3) OR (S13Q3=1-76 AND HGENDER=1 AND S13Q4=1-4)]

S13Q4C. 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 [S13Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q3]

Section 14: Immunization

[ASK ALL]

S14Q1. Section 14: 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 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S14Q1=1]

S14Q2M. 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 S14Q1=1]

S14Q2Y.

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

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S14Q1=1 AND ((S14Q2M<CMONTH AND S14Q2Y<CYEAR) OR (CYEAR-S14Q2Y>=2))]

S14Q2CHK. Previously 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 S14Q2M]
2 No

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

S14Q2CHK2. 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 S14Q2M]

[ASK IF S14Q1=1]

S14Q3. At what kind of place did you get your last flu shot or vaccine?

Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?

If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"

READ IF NECESSARY:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

DO NOT READ:

- 12 A drive though location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S14Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

Section 15: H.I.V./AIDS

[ASK ALL]

S15Q1. Section 15: 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S15Q1=1]

S15Q2M. 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 S15Q1=1]

S15Q2Y.

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

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]

S15Q2CHK. 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 S15Q2M]

[ASK ALL]

S15Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Optional Modules

Module 7: Cancer Survivorship : Type of Cancer – Split 2

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]

MOD7_1. Module 7: 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 MOD7_1=1,2,3]

MOD7_2. At what age were you [IF MOD7_1=1 INSERT "told that you had cancer?"; IF MOD7_1=2,3 INSERT "first diagnosed with cancer?"]

READ IF NECESSARY: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX] Age in Years

98 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD7_2>S7Q1 AND S7Q1>17 AND MOD7_2 NE 98,99 AND CSTATE NE 2]

MOD7_2C. You said you were [S7Q1] years of age and told that you had cancer at age [MOD7_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD7_2]

[ASK IF S6Q6=1 AND MOD7_1=1 AND CSTATE NE 2]

MOD7_3A. Was it “Melanoma” or “other skin cancer”?

16 Melanoma
22 Other Skin Cancer

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD7_1=2,3 OR (MOD7_1=1 AND S6Q6 NE 1)]

MOD7_3. [IF MOD7_1=1 INSERT “What type of cancer is it?”; IF MOD7_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)

READ IF NECESSARY

- 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

DO NOT READ

77 DON'T KNOW / NOT SURE

99 REFUSED

NY State Added Section 7: Hepatitis C Testing (Split 2)

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

NY7_1: State Added Section 7: Hepatitis C Testing

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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF NY7_1=1 AND STATE=NY AND CSTATE NE 2 AND SPLIT=2]

NY7_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 NY7_1=1 AND STATE=NY AND CSTATE NE 2 AND SPLIT=2]

NY7_2Y. Code YEAR (RANGE 1989-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF NY7_2Y=CYEAR AND NY7_2M>CMONTH AND NOT(NY7_2M=77,99) AND STATE=NY AND CSTATE NE 2 AND SPLIT=2]

NY7_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 NY7_2M]

Module 11: Cognitive Decline – Split 2

[ASK IF (S7Q1>=45 OR S7Q1=07,09) AND CSTATE NE 2]

MOD11_1. Module 11: 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 MOD11_1=1]

MOD11_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 MOD11_1=1]

MOD11_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 MOD11_1=1]

MOD11_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 MOD11_1=1]

MOD11_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

Interviewer note: If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 12: Caregiver – Split 2

[ASK IF CSTATE NE 2]

MOD12_1. Module 12: 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, say: I'm so sorry for your loss and code 8

1 Yes
2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_2. What is their relationship to you?

INTERVIEWER NOTE: If respondent provides care for more than one person, say: “Please refer to the person whom you are providing the most care.” Read selections if necessary or unable to code.

- 01 Parent, stepparent, or parent-in-law
- 02 Grandparent, step grandparent or grandparent-in-law
- 03 Spouse or partner
- 04 Child or stepchild
- 05 Grandchild or step grandchild
- 06 Sibling, stepsibling, or sibling-in-law
- 07 Other relative
- 08 Friend or non-relative

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

[ASK OF MOD12_1=1 AND CSTATE NE 2]

MOD12_3. What is the main health problem or disability that the person you care for has?

- 01 Alzheimer’s disease, dementia, or other cognitive impairment
- 02 Heart disease, hypertension, or stroke
- 03 Cancer
- 04 Diabetes
- 05 Injuries including broken bones or traumatic brain injury
- 06 Mental illness such as depression, anxiety, or schizophrenia
- 07 Developmental disorders such as autism, Down syndrome, or spina bifida
- 08 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
- 09 Arthritis/rheumatism
- 10 Hearing or vision loss
- 11 Movement disorders such as Parkinson’s, spinal cord injury, multiple sclerosis or cerebral palsy
- 12 Old age, infirmity, or frailty

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

[ASK IF MOD12_1=1 AND MOD12_3 NE 01 AND CSTATE NE 2]

MOD12_4. 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 MOD12_1=1 AND CSTATE NE 2]

MOD12_5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_8. In an average week, how many hours do you provide regular care or assistance?
Would you say...

PLEASE READ

- 1 Less than 20 hours per week (19 hours or less)
- 2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3 40 hours or more per week

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

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_9. For how long have you provided regular care to this person?

READ IF NECESSARY:

- 1 Within the past 30 days (anytime less than 30 days ago)
- 2 Within the past 2 years (more than 30 days but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 5 years or more

DO NOT READ:

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

Module 14: Social Determinants of Health and Health Equity – Split 2

[ASK IF CSTATE NE 2]

MOD14_1. Module 14: Social Determinants of Health 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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_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]

MOD14_10. How safe from crime do you consider your neighborhood to be? Would you say...

PLEASE READ

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

DO NOT READ

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

Module 18: Sugar Sweetened Beverages – Split 1,2,3

[ASK IF CSTATE NE 2]

MOD18_1: Module 18: Sugar Sweetened Beverages

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.

- 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

[ASK IF CSTATE NE 2]

MOD18_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

[Module 21: Random Child Selection – Split 1](#)

[ASK IF S7Q14=1 AND CSTATE NE 2]

MOD21T1. Module 21: 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 S7Q14=2-87 AND CSTATE NE 2]

[IF S7Q14=2-87, RANDOMLY SET RNDCHILD USING S7Q14 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 S7Q14=2-87 AND CSTATE NE 2]

MOD21T2. Previously, you indicated there were [S7Q14] children age 17 or younger in your household. Think about those [S7Q14] 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

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_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 S7Q14=1-87 AND CSTATE NE 2]

MOD21_1Y.

Code YEAR (RANGE 2006-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD21_1M>CMONTH and MOD21_1Y=CYEAR AND MOD21_1M NE 77,99]

MOD21_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 MOD21_1M]

[ASK IF MOD21_1Y<=CYEAR]

CHLDAGE1. Calculate child's age in months.

[ASK IF MOD21_1Y<=CYEAR]

CHLDAGE2. Calculate child's age in years

[ASK IF CHLDAGE1>216]

MOD21_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 MOD21_1M]

[ASK IF S7Q14=1-87AND CSTATE NE 2]

MOD21_2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary / other

9 REFUSED

[ASK IF MOD21_2=3,9]

MOD21_3. What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

9 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_4. Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No
- 2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD21_4=2]

[MUL=4]

MOD21_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]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

[MUL=6]

MOD21_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 MOD21_4=2 INSERT "Hispanic"] White
- 20 [IF MOD21_4=2 INSERT "Hispanic"] Black or African American
- 30 [IF MOD21_4=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF MOD21_4=2 INSERT "Hispanic"] Asian
- 50 [IF MOD21_4=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ:

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

[ASK IF MOD21_5=40]

[MUL=8]

MOD21_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 MOD21_5=50]

[MUL=4]

MOD21_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 S7Q14=1-87 AND CSTATE NE 2]

MOD21_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 22: Childhood Asthma Prevalence – Split 1

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD22_1. Module 22: 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 MOD22_1=1]

MOD22_2. Does the child still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 25: Family Planning – Split 3

[ASK IF HGENDER=2 AND S7Q1<50 AND S7Q16=2,7,9 AND S9Q7=2,7,9 AND CSTATE NE 2]

MOD25_1. Module 25: Family Planning

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

In the past 12 months, did you have sexual intercourse?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD25_1=1]

MOD25_2. Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD25_2=1]

MOD25_3. The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: If respondent reports using two methods, please code the method that occurs first on the list.

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 IF NECESSARY:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

DO NOT READ:

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD25_2=2]

MOD25_4. Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

INTERVIEWER: 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 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 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or “pulling out”
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

DO NOT READ:

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

New York State Added Questions

NY State Added Section 8: Hypertension Awareness (Split 1, 2, 3)

[ASK IF STATE = NY AND CSTATE NE 2]

NY8_1. State Added Section 8: Hypertension Awareness

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

INTERVIEWER NOTE: 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 NY8_1=2 AND HGENDER=1]

NY8_1A. 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 NY8_1]

[ASK IF NY8_1=1]

NY8_2. Are you currently taking prescription medicine for your high blood pressure?

- 1 Yes
- 2 No

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

NY State Added Section 9: Fruits and Vegetables (Consumption) (Split 1,3)

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

NY9_1. NY State Added Section 9: 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=1,3]

NY9_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 10: Access to Fruits and Vegetables (Split 3)

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

NY10_1: State Added Section 10: Access to Fruits and Vegetables (Split 3)

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

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF NY10_1 = 2]

NY10_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]

DO NOT READ:

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

NY State Added Section 11: Food Security (Split 1,2,3)

[ASK IF STATE=NY AND CSTATE NE 2]

NY11_1: State Added Section 11: Food Security

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 12: Water Supply (Split 1)

[ASK IF STATE=NY AND CSTATE NE 2 AND SPLIT = 1 AND NY_CNTY NE 061,047,005,085,081]

NY12_1. State Added Section 12: Water Supply

What is your home water source?

READ IF NECESSARY

1 Public Water Supply
2 Private Well

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF NY12_1=2]

NY12_2. Has your well water been tested for coliform bacteria in the last two years?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

NY State Added Section 13: Active Transportation (Split 1,3)

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

NY13_1. State Added Section 13: Active Transportation

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=1,3]

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=1,3]

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: Air Conditioning (Split 1)

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

NY14_1. State Added Section 14: Air Conditioning

The next question is about air conditioning use.

Do you have air conditioning?

INTERVIEWER NOTE: If yes, probe for which answer

Read if necessary:

- 1 Yes, a central air conditioning system
- 2 Yes, one individual room unit
- 3 Yes, two or more types of cooling systems
- 4 No

DO NOT READ:

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

[ASK IF NY14_1 = 1,2,3]

NY14_2. If you have air conditioning but did not use it all or most of the time, what were your most important reasons for not using it?

Read if necessary:

- 1 I did not feel hot
- 2 The electricity bill would be too high
- 3 I want to conserve energy
- 4 I don't like air conditioning
- 5 I used air conditioning sometimes
- 6 I prefer to use a fan
- 8 Other [TEXT BOX]

DO NOT READ:

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

NY State Added Section 15: Cannabis Use (Split 3)

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

NY15_1. State Added Section 15: 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]

NY15_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 NY15_2=1-30]

[MUL=6]

NY15_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 STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NBR(NY15_3)>1]

NY15_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). [HIDE IF NY15_3 NE 1]
- 2 **Eat it** (for example, in brownies, cookies, candy) [HIDE IF NY15_3 NE 2]
- 3 **Drink it** (for example, in tea, cola or alcohol) [HIDE IF NY15_3 NE 3]
- 4 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF NY15_3 NE 4]
- 5 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF NY15_3 NE 5]
- 6 **Use it some other way** [HIDE IF NY15_3 NE 6]

DO NOT READ:

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

[ASK IF STATE=NY AND SPLIT=3 AND CSTATE NE 2 AND NY15_2=1-30]

NY15_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 NY15_2=1-30]

NY15_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 NY15_2=1-30]

NY15_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 NY15_2=1-30]

NY15_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 NY15_2 = 1-30 AND NY15_8 = 1]

NY15_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 (NY15_2 = 1-30 OR NY15_1 = 1-30)]

NY15_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 16: Opioid Use (Split 1,2,3)

[ASK IF STATE=NY AND CSTATE NE 2]

NY16_1. State Added Section 16: Opioid Use

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).

INTERVIEWER READ IF NECESSARY: morphine (MOR-FEEN), Vicodin (VEYE-KAH-DIN), oxycontin (OX-E-CON-TIN), 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 CSTATE NE 2]

NY16_2. In the past 12 months, have you used any form of cocaine? (Different forms include powder, crack, free base, and coca paste.)

INTERVIEWER READ IF NECESSARY: Coke, blow, or snow are other common names for cocaine.

INTERVIEWER READ IF NECESSARY: 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 CSTATE NE 2]

NY16_3. In the past 12 months, have you used heroin?

INTERVIEWER READ IF NECESSARY: 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 17: Family Planning Healthy Pregnancy (Split 1,2,3)

[ASK IF STATE=NY AND (HGENDER=2 AND S7Q1=18-49 AND S7Q16=2) AND CSTATE NE 2]

NY17_1. State Added Section 17: Family Planning / Healthy Pregnancy

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 18: Family Planning – Females (Split 1, 2)

[ASK IF STATE=NY AND SPLIT = 1,2 AND (HGENDER=2 AND S7Q1=18-49 AND S7Q16=2) AND CSTATE NE 2]

NY18_1. NY State Added Section 18: Family Planning – Females

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 NY18_1=1 AND CSTATE NE 2 AND SPLIT= 1,2]

NY18_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 NY18_1=2 AND CSTATE NE 2 AND SPLIT= 1,2]

NY18_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 19: Male Family Planning (Split 1)

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

NY19_1. State Added Section 19: Male Family Planning

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 NY19_1=1 AND CSTATE NE 2 AND SPLIT=1]

NY19_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, Kylenea)
- 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 NY19_1=2 AND CSTATE NE 2 AND SPLIT=1]

NY19_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 20: Sexual Violence (Split 1)

[ASK IF STATE=NY AND S7Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=1]

NY20_1. State Added Section 20: Sexual Violence

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

DO NOT READ:

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

[ASK IF STATE=NY AND S7Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=1]

NY20_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

DO NOT READ:

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

[ASK IF STATE=NY AND S7Q1 = 18-64 AND CSTATE NE 2 AND SPLIT=1]

NY20_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 21: Suicide (Split 1)

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

NY21_1. NY State Added Section 21: Suicide

The next few questions relate to suicide. If these questions create a need for additional information, please call the National Suicide Prevention Lifeline (NSPL) at 988.

During the past 12 months, have you thought seriously about killing yourself?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

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

NY21_2. During the past 12 months, did you try to kill yourself?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

NY State Added Section 22: Gun Violence Exposure (Split 3)

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

NY22_1. State Added Section 22: Gun Violence Exposure

Next, I would like to ask you some questions about gun violence. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer.

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]

NY22_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

[ASK ALL]

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