

# 2018 BRFSS Questionnaire



**Final version with OM & SA 12/15/18**

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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2018</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		63
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to LL03		
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time.	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.		STATERE1	1 Yes	Go to LL05		66

	Do you currently live in__(state)___?		2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELLFON4	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT	1 Yes, male respondent 2 Yes, female respondent		Do not read: Sex will be asked again in demographics section.	68
			3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to Transition to Section 1.	Read: Are you that adult? Then you are the person I need to speak with.	69-70
			2-6 or more	Go to LL08.		
LL08.	How many of these adults are men?	NUMMEN	__ Number			71-72

			77 Don't know/ Not sure 99 Refused			
<b>LL09.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [XXX].	73-74
<b>Transition to Section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).		Do not read: Introductory text may be reread when selected respondent is reached.	



## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02	Thank you very much. We will call you back at a more convenient time.	75
			2 No	Go to CP02 ([set appointment if possible]) TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		76
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	77
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT	1 Yes	Go to CP05		78
			2 No	TERMINATE		
CP05.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP07	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	79
			2 No	Go to CP06	Read: Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
CP06.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP07	Read if necessary: By college housing we mean dormitory,	80

					graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP07.</b>	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP09		81
			2 No	Go to CP08		
<b>CP08.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi			82-83

			29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused			
<b>CP09.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones	84

					used for both business and personal use.	
<b>CP10.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP06 = yes then number of adults is automatically set to 1		85-86
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C01.01</b>	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			90

## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C02.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			91-92
<b>C02.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			93-94
<b>C02.03</b>	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96

## Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C03.01</b>	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Health Care Access (HCA) Module go to Module 03, M03.01, else continue		97
			2 No 7 Don't know/Not Sure 9 Refused			
<b>C03.02</b>	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	98
<b>C03.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, M03.03, else continue.		99
<b>C03.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year	If using HCA Module and C03.01 = 1 go to Module 03 M03.04 or if using HCA Module and C03,01 = 2, 7, or 9 go to Module 03,	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

			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	M03.04A, else go to next section.		
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## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C04.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	101

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C05.01</b>	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	102-103

## Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C06.01</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. Ever told) you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			104
<b>C06.02</b>	(Ever told) you had angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			105
<b>C06.03</b>	(Ever told) you had a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			106
<b>C06.04</b>	(Ever told) you had asthma?	ASTHMA3	1 Yes			107
			2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		
<b>C06.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No			108

			7 Don't know / Not sure 9 Refused			
<b>C06.06</b>	(Ever told) you had skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			109
<b>C06.07</b>	(Ever told) you had any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
<b>C06.08</b>	(Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
<b>C06.09</b>	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	112
<b>C06.10</b>	(Ever told) you have a depressive disorder (including depression,	ADDEPEV2	1 Yes 2 No			113

	major depression, dysthymia, or minor depression)?		7 Don't know / Not sure 9 Refused			
<b>C06.11</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	114
<b>C06.12</b>	(Ever told) you have diabetes?	DIABETE3	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	115
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>C06.13</b>	How old were you when you were told you have diabetes?	DIABAGE2	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		116-117

## Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C07.01</b>	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?	<b>LASTDEN4</b>	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			118
<b>C07.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	<b>RMVTETH4</b>	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read:		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.	119

			7 Don't know / Not sure 9 Refused			
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## Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C08.01</b>	Format 1: What is your sex? Format 2: What was your sex at birth? Was it...	<b>SEX1</b>	Read if format 2 is selected: 1 Male 2 Female Do not read: 7 Don't know / Not sure 9 Refused	States may adopt one of the two formats of the question. If second format is used, read options.	[NOTE DELETED HERE]	120
<b>C08.02</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			121-122
<b>C08.03</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	123-126
<b>C08.04</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino	If more than one response to C08.04; continue. Otherwise, go to C08.06.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	127-154



			44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
<b>C08.05</b>	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	155-156

			54 Other Pacific Islander Do not read: 60 Other  77 Don't know / Not sure 99 Refused			
<b>C08.06</b>	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			157
<b>C08.07</b>	What is the highest grade or year of school you completed?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			158
<b>C08.08</b>	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent		Other arrangement may include group home, staying	159

			3 Other arrangement 7 Don't know / Not sure 9 Refused		with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
<b>C08.09</b>	In what county do you currently live?	CTYCODE2	___ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused			160-162
<b>C08.10</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			163-167
<b>C08.11</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	<b>NUMHHOL3</b>	1 Yes	If cellular telephone interview skip to 8.14 (QSTVER GE 20)		168
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		
<b>C08.12</b>	How many of these telephone numbers are residential numbers?	<b>NUMPHON3</b>	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			169
<b>C08.13</b>	How many cell phones do you have for personal use?	<b>CPDEMO1B</b>	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	170

<b>C08.14</b>	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	171
<b>C08.15</b>	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	172
<b>C08.16</b>	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			173-174
<b>C08.17</b>	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)		If respondent refuses at ANY income level, code '99' (Refused)	175-176

			02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
<b>C08.18</b>	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	177-180
<b>C08.19</b>	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	181-184
<b>C08.20</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49		185

<b>C08.21</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			186
<b>C08.22</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
<b>C08.23</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			188
<b>C08.24</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			189
<b>C08.25</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			190
<b>C08.26</b>	Because of a physical, mental, or emotional condition, do you	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			191

	have difficulty doing errands alone such as visiting a doctor's office or shopping?					
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## Core Section 9: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C09.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	192
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
<b>C09.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			193
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		
<b>C09.03</b>	During the past 12 months, have you stopped smoking for one day or longer because	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure	Go to C09.05		194

	you were trying to quit smoking?		9 Refused			
<b>C09.04</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure			195-196



			99 Refused			
<b>C09.05</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	197

## Core Section 10: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C10.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days			198-200
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
<b>C10.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK2	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	201-202
<b>C10.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		203-204
<b>C10.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure			205-206

			99 Refused		
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## Core Section 11: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C11.01</b>	During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	FLUSHOT6	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C11.04	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.	207
<b>C11.02</b>	During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?	FLSHTMY2	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			208-213
<b>C11.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	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)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	214-215

			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: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
<b>C11.04</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	<b>PNEUVAC4</b>	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.	216

Core Section 12: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C12.01</b>	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	Skip if Section 08.02, AGE, coded 18-44 Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	217-218
<b>C12.02</b>	Did this fall cause an injury that limited your regular activities for at least a day? How many of these falls caused an injury that limited your regular activities for at least a day?	FALLINJ3	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If C12.01=1 ask first version of question, if C12.01 > 1 ask second version. If only one fall from C12.01 and response is Yes (caused an injury); code 01. If response is No, code 88.	Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	219-220

Core Section 13: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			221
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
C13.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	If C10.01 = 888 (No drinks in the past 30 days); go to next section.		222-223

## Core Section 14: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C14.01</b>	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes	Skip if male.	A mammogram is an x-ray of each breast to look for breast cancer.	224
			2 No 7 Don't know/ not sure 9 Refused		Go to C14.03	
<b>C14.02</b>	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			225

			7 Don't know / Not sure 9 Refused			
<b>C14.03</b>	Have you ever had a Pap test?	HADPAP2	1 Yes			226
			2 No 7 Don't know / Not sure 9 Refused	Go to C14.05		
<b>C14.04</b>	How long has it been since you had your last Pap test?	LASTPAP2	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 7 Don't know / Not sure 9 Refused			227



<b>C14.05</b>	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes	Go to C14.07	Human papillomavirus (pap-uh-loh-muh virus)	228
			2 No 7 Don't know / Not sure 9 Refused			
<b>C14.06</b>	How long has it been since you had your last H.P.V. test?	HPLSTTST	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 7 Don't know / Not sure 9 Refused			229
<b>C14.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core Q8.20 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	230

## Core Section 15: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C15.01</b>	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is ≤39 years of age, or C08.01 is coded 2, female, go to next section.	Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	231
<b>C15.02</b>	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			232
<b>C15.03</b>	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			233
<b>C15.04</b>	Have you ever had a P.S.A. test?	PSATEST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		234

<b>C15.05</b>	How long has it been since you had your last P.S.A. test?	PSATIME	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			235
<b>C15.06</b>	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you had prostate cancer			236

			5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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## Core Section 16: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C16.01	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	BLDSTOOL	1 Yes	Skip if Section 08.02, AGE, is less than 50		237
			2 No 7 Don't know/ not sure 9 Refused	Go to C16.03		
C16.02	How long has it been since you had your last blood stool test using a home kit?	LSTBLDS3	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			238

<b>C16.03</b>	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to next section		239
			2 No 7 Don't know / Not sure 9 Refused			
<b>C16.04</b>	For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems. A colonoscopy is similar, but uses a longer tube, and 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. Was your most recent exam a sigmoidoscopy or a colonoscopy?	HADSGCO1	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused			240
<b>C16.05</b>	How long has it been since you had your last sigmoidoscopy or colonoscopy?	LASTSIG3	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			241

			but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 17: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C17.01	<p>The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. 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.</p> <p>Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>	HIVTST6	1 Yes			242
			2 No 7 Don't know/ not sure 9 Refused	Go to C17.03		
C17.02	Not including blood donations, in what month and year was your last H.I,V.test?	HIVTSTD3	__/_ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	243-248



<b>C17.03</b>	<p>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.</p> <p><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p><b>Do any of these situations apply to you?</b></p> <p>Do any of these situations apply to you?</p>	<b>HIVRISK5</b>	1 Yes 2 No 7 Don't know / Not sure 9 Refused			249
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Closing Statement/ Transition to Modules

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

## Optional Modules

## Module 1ABC: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M01.01</b>	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.12, DIABETE3, is coded 1		250
<b>M01.02</b>	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.12, DIABETE3, is coded 1; If C06.12, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	251

## Module 4B: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note(s)	Column(s)
<b>M04.01</b>	<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>	CIMEMLOS	1 Yes	<p>If respondent is 45 years of age or older continue, else go to next module.</p> <p>Go to M04.02</p>		304
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M04.02		
			9 Refused	Go to next module		

<b>M04.02</b>	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			305
<b>M04.03</b>	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes			306
			4 Rarely 5 Never	Go to M04.05		
			Do not read: 7 Don't know/Not sure 9 Refused			
<b>M04.04</b>	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			307
<b>M04.05</b>	During the past 12 months, how often has confusion or memory loss interfered with your	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes			308

	ability to work, volunteer, or engage in social activities outside the home? Would you say it is...		4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
<b>M04.06</b>	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/not sure 9 Refused			309

## Module 5B: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M05.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	310
			2 No	Go to M05.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M05.09		
<b>M05.02</b>	What is his or her relationship to you?	CRGVREL2	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	311-312



<b>M05.03</b>	For how long have you provided care for that person? Would you say...	CRGVLNG1	Read: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			313
<b>M05.04</b>	In an average week, how many hours do you provide care or assistance? Would you say...	CRGVHRS1	Read: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			314
<b>M05.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB2	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD			315-316

			<p>05 Alzheimer's disease, dementia or other cognitive impairment disorder</p> <p>06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida</p> <p>07 Diabetes</p> <p>08 Heart disease, hypertension, stroke</p> <p>09 Human Immunodeficiency Virus Infection (H.I.V.)</p> <p>10 Mental illnesses, such as anxiety, depression, or schizophrenia</p> <p>11 Other organ failure or diseases such as kidney or liver problems</p> <p>12 Substance abuse or addiction disorders</p> <p>13 Injuries, including broken bones</p> <p>14 Old age/ infirmity/frailty</p> <p>15 Other</p>			
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			77 Don't know/Not sure 99 Refused			
<b>M05.06</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER5	1 Yes 2 No 7 Don't know/ not sure 9 Refused			317
<b>M05.07</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			318
<b>M05.08</b>	Of the following support services, which one do you, as a caregiver, most need that you are not currently getting?	<b>CRGVMST3</b>	Read: 1 Classes about giving care, such as giving medications 2 Help in getting access to services 3 Support groups 4 Individual counseling to help cope with giving care 5 Respite care, or 6 You don't need any of these support services Do not read: 7 Don't Know /Not Sure 9 Refused		If respondent asks what respite care is read: "Respite care means short-term breaks for people who provide care."	319

<b>M05.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If M05.01 = 1 or 8, go to next module		320
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## Module 6ABC: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M06.01</b>	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes	Go to next module	Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.  Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	321
			2 No 7 Don't know/Not sure 9 Refused			
<b>M06.02</b>	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		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.	322

Module 20A: Industry and Occupation

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M20.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer  99 Refused	If C08.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.  If C08.15 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."  Else go to next module	If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job?	389-488
<b>M20.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____Record answer  99 Refused	If Core Q8.15 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example,		489-588

				hospital, elementary school, clothing manufacturing, restaurant.”		
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## Module 21ABC: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses <b>(DO NOT READ UNLESS OTHERWISE NOTED)</b>	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M21.01</b>	<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be 1- Straight, 2-Lesbian or Gay, 3-Bisexual or 4- other orientation?</p>	SXORIENT	1 Straight 2 Lesbian or gay 3 Bisexual 4 Other 7 Don't know/Not sure 9 Refused		<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	589
<b>M21.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		<p>Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person</p>	590



					<p>may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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## Module 22A: Random Child Selection

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If C08.16 = 1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C0.16 is &gt;1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The</p>			<p>If C08.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions</p>		

	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.			about children will be about the Xth [CATI: please fill in] child.		
<b>M22.01</b>	What is the birth month and year of the [Xth] child?	RCSBIRTH	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			591-596
<b>M22.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			597
<b>M22.03</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	598-601
<b>M22.04</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native	[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE. OTHERWISE, GOTO Q6.]	Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and	602-629

			<b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		code subcategories underneath major heading.	
<b>M22.05</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	630-631

			52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
<b>M22.06</b>	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			632

Module 23A: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M23.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	If response to C08.16 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.  Go to next module		633
			2 No 7 Don't know/ not sure 9 Refused			
<b>M23.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			634

## Asthma Call-Back Permission Script

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

<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			635
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			636



## NY State-Added Modules

### NY State-Added Module 1A: Asthma Call-Back

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No (Go to next module)	If response to Core Q6.4=1 (Adult lifetime=yes) or M21Q01=1 (childhood lifetime=yes) then ask. Otherwise, skip to next module.		901-901
SA01.02	Can I please have your first name, initials or nickname so we will know who to ask for when we call back?	FNAME	_____ Enter name/initials/nickname	If Q01 = 1:		CATI Only
SA01.02a	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child	If Q01 = 1:		902-902
SA01.03	Can I please have the child's first name, initials or nickname so we will know which child to ask about when we call back?	CNAME	Enter name/initials/nickname	If Q01 = 1 and child selected:		CATI Only

<b>SA01.04</b>	Are you the parent or guardian in the household who knows the most about (child)'s asthma?	MOSTKNOW	1 Yes 2 No 7 Don't know/Not sure	(C06.04 ne 1 AND O21.01 ne 1) OR S01.01=2		903-903
<b>SA01.05</b>	You said someone else was more knowledgeable about the child's asthma  Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child.	OTHNAME	Enter name/initials/nickname 7 Don't know/Not sure 9 Refused	((C06.04 ne 1 AND O21.01 ne 1) OR S01.01=2) AND S01.02a=1 AND S01.04=1		CATI Only
<b>SA01.06</b>	IF Q04=1: What is a good time to call back and speak with (OthName)? For example, evenings, days or weekends?  IF Q04 = 2: What is a good time to call back and speak with (OthName)? For	CBTIME	Enter Time 7 Don't know/Not sure 9 Refused	(C06.04 ne 1 AND O21.01 ne 1) OR S01.01=2	For example, evenings days or weekends?	CATI Only

	example, evenings, days or weekends?					
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NY State-Added Module 2ABC: Healthcare Access (ask in core)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA02.01	Do you have Medicare?	MEDICARE	1 Yes 2 No 7 Don't know/Not sure 9 Refused"	C03.01 ne 1	"Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.  ASK IN CORE SECTION 3 AFTER Q1"	904-904
SA02.02	What is the primary source of your health care coverage?	HLTHCVR1	"01 A plan purchased through an employer or union (includes plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services		Is it...	905-906

			07 Some other source 08 None (no coverage) 77 Don't know/Not sure 99 Refused"			
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## NY State-Added Module 3ABC: Limitations Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA03.01	<p>The following questions are about health problems or impairments you may have.</p> <p>Are you limited in any way in any activities because of physical, mental, or emotional problems?</p>	QLACTLM2	1 = Yes   2 = No   7 = Don't know/Not Sure   9 = Refused			907-907
SA03.02	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?	USEEQUIP	1 = Yes   2 = No   7 = Don't know/Not Sure   9 = Refused		Note: Include occasional use or use in certain circumstances.	908-908

## NY State-Added Module 4ABC: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SA04.01</b>	<p>The next few questions are about marijuana use. Please remember that your answers are confidential and that you don't have to answer every question if you do not want to.</p> <p>During the past 30 days, on how many days did you use a marijuana-based product?</p>	MJUSE30	<p>__01-30 Number of Days                      77 Don't know/not sure                      88 None                      99 Refused</p>			909-910
<b>SA04.02</b>	<p>During the past 30 days, how did you use marijuana? Please tell me all that apply. Did you...</p>	MJHOWUSE	<p>1 Smoke it? (for example: in a joint, bong, pipe or blunt)                      2 Eat it? (for example: in brownies, cakes, cookies, or candy)                      3 Drink it? ( for example::in tea, cola, alcohol)                      4</p>	S04.01 in (77,88,99)	[INTERVIEWER NOTE: Use clarification in parentheses only if needed. Please slowly read all responses in succession]	911-911

			Vaporize it? (for example: in tea, cola, alcohol) 5 Dab it? (for example: using butane hash oil, wax or concentrates) 6 Was it used some other way? (Do not read) 7 Don't know/Not sure 9 Refused			
<b>SA04.03</b>	When you used marijuana during the last 30 days, was it primarily:	MJREASON	1. For medical reasons (to treat or decrease symptoms of a health condition) 2. For non-medical reasons (to have fun or fit in) 3. For both medical and non-medical reasons 7 Don't know/Not sure 9 Refused	S04.01 in (77,88,99)		912-912
<b>SA04.04</b>	During the past 30 days, did you use medical marijuana as recommended by a doctor or other health care provider for treatment of a medical condition?	MJHCPREC	1 Yes 2 No 7 Don't know/Not sure 9 Refused	S04.01 in (77,88,99)		913-913
<b>SA04.05a</b>	Which of the following medical condition(s) do you use marijuana to treat? You can say YES or NO as I read each.	MJALS	"1 Yes 2 No 7 Don't know/Not sure 9 Refused	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)	[INTERVIEWER NOTE: Please slowly read all responses in succession]	914-915



	ALS (Amyotrophic lateral sclerosis)?		"			
<b>SA04.05b</b>	Cachexia or wasting syndrome?	MJCACHEX	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		916-917
<b>SA04.05c</b>	Cancer?	MJCANCER	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		918-919
<b>SA04.05d</b>	Chronic or severe pain?	MJCHRPN	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		920-921
<b>SA04.05e</b>	Epilepsy?	MJEPILEP	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		922-923
<b>SA04.05f</b>	Inflammatory bowel disease?	MJIBD	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		924-925
<b>SA04.05g</b>	HIV or AIDS?	MJAIDS	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		926-927
<b>SA04.05h</b>	Huntington's disease?	MJHUNTIN	"1 Yes 2 No	(S04.01 in (77,88,99)) OR		928-929

			7 Don't know/Not sure 9 Refused"	(S04.03 ne 1 AND S04.04 ne 1)		
<b>SA04.05i</b>	Multiple sclerosis?	MJMLTSC	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		930-931
<b>SA04.05j</b>	Neuropathy?	MJNEURO	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		932-933
<b>SA04.05k</b>	Parkinson's disease?	MJPARKIN	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		934-935
<b>SA04.05l</b>	Seizures?	MJSEIZUR	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		936-937
<b>SA04.05m</b>	Severe nausea?	MJNAUSEA	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		938-939
<b>SA04.05n</b>	Severe or persistent muscle spasms?	MJSPASMS	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		940-941
<b>SA04.05o</b>	Spinal cord damage?	MJSPCRDDM	"1 Yes 2 No	(S04.01 in (77,88,99)) OR		942-943

			7 Don't know/Not sure 9 Refused"	(S04.03 ne 1 AND S04.04 ne 1)		
<b>SA04.05p</b>	Is there anything else we didn't cover?	MJNOTCVR	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	(S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)		944-945
<b>SA04.05q</b>	(specify)	MJSPECFY	"1 Yes 2 No 7 Don't know/Not sure 9 Refused"	((S04.01 in (77,88,99)) OR (S04.03 ne 1 AND S04.04 ne 1)) AND S04.05p ne 1		946-975
<b>SA04.06</b>	Do you participate in the New York State medical marijuana program?	MJNYSMMP	"1 Yes 2 No 7 Don't know/Not sure 9 Refused "			976-977

NY State-Added Module 5ABC: Colorectal Cancer Screening (ask in core)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA05.01	<p>There are several new colorectal cancer screening tests. One is a stool DNA test, which is sometimes called FIT-DNA. It is similar to a blood stool test and looks for blood in the stool and changes in DNA, which may be a sign of cancer. The other test is a CT or virtual colonography and uses a series of X-rays to take pictures of the inside of the colon.</p> <p>Have you ever had either of these exams?</p>	CRCFITCT	<p>1 Yes</p> <p>2 No [go to next module]</p> <p>7 Don't know / Not sure [go to next module]</p> <p>9 Refused [go to next module]</p>	CATI Note: ask after Core Section 16 (Colorectal Cancer Screening)		962-963
SA05.02	Was your most recent exam a stool DNA test or a CT colonography?	CRCWHICH	<p>1 Stool DNA test</p> <p>2 CT colonography</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	SO5.01 = 1		964-964

SA05.03	How long has it been since you had your last stool DNA test or CT colonography?	CRCWHEN	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 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago  7 Don't know / Not sure 9 Refused	SO5.01 = 1		965-965
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## NY State-Added Module 6A: Participation in Chronic Disease Self-Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA06.01	<p>You said that a medical professional has told you that you have or have had</p> <p>[CATI NOTE: fill in illnesses from previous questions – heart attack, diabetes, asthma, stroke...].</p> <p>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)?"</p>	HEALTHCL1	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>	<p>C06.01 ne 1 AND</p> <p>C06.02 ne 1 AND</p> <p>C06.03 ne 1 AND</p> <p>C06.04 ne 1 AND</p> <p>C06.07 ne 1 AND</p> <p>C06.08 ne 1 AND</p> <p>C06.09 ne 1 AND</p> <p>C06.11 ne 1 AND</p> <p>C06.12 ne 1</p>	<p>INTERVIEWER NOTE: IF RESPONDENT SAYS "YES", ASK: "Was this course or class 6 weeks or more (in person or online)?"</p> <p>INTERVIEWER NOTE: IF COURSE OR CLASS IS LESS THAN 6 WEEKS, SELECT NO</p>	966-966

## NY State-Added Module 7C: HIV Pre-Exposure Prophylaxis (PrEP)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA07.01	In 2012, the FDA approved HIV Pre-Exposure Prophylaxis (PRO-FUH-LAK-SIS) or PrEP, sold under the name Truvada® (TRU-VAH-DUH), to prevent HIV. PrEP is a daily medicine taken by people who do not have HIV to prevent them from becoming infected if they are engaging in condomless sex or other risk behaviors for HIV.	PREPKNEW	<ol style="list-style-type: none"> <li>1. Yes, I have heard of PrEP but not sure what it is used for (Go to Q2)</li> <li>2. Yes, I have heard of PrEP and I know what it is used for (Go to Q2)</li> <li>3. No (Skip to the end)</li> <li>7. Don't know / Not sure</li> <li>9. Refused</li> </ol>	S07.01 = 3	NOTE; TRUVADA RHYMES WITH NEVADA INTERVIEWER NOTE: IF RESPONDENT SAYS "YES", READ OPTIONS 1 AND 2. IF RESPONDENT SAYS "NO", MARK OPTION 3.	967-967

	Before today, have you ever heard of PrEP and knew what it is used for?					
<b>SA07.02</b>	In the past 12 months, do you know a friend or someone close to you who has taken PrEP?	PREPFRND	1 Yes 2 No  7 Don't know / Not sure 9 Refused "	S07.01 = 3		968-968
<b>SA07.03</b>	Have you ever considered PrEP as a way of reducing your own chances of getting HIV?	PREPTKOT	1. Yes, I am taking PrEP now 2. Yes, I have and PrEP could be a good option for me 3. Yes, I have, but PrEP is not a good option for me 4. No, I have not considered using PrEP 5. No, I don't think I am at risk of getting HIV 7. Don't know / Not sure 9. Refused	S07.01 = 3	INTERVIEWER NOTE; IF RESPONDENT SAYS "YES", READ OPTIONS 1-3. IF RESPONDENT SAYS "NO". READ OPTIONS 4 AND 5.	969-969
<b>SA07.04</b>	"In the past 12 months, have you discussed with anyone about you using PrEP as a way of reducing your own chances of getting HIV? (Check all that apply)"	PREPTALK	1. Yes, I discussed PrEP with a doctor/medical service provider (for example, a Physician Assistant, Nurse Practitioner, Registered Nurse) 2. Yes, I discussed PrEP with a human/social service provider 3. Yes, I discussed PrEP with a personal friend or family member 4. Yes, I discussed PrEP with my partner 5. Yes, I discussed PrEP with someone other than the above (specify)  <hr/> 6. No	S07.01 = 3	INTERVIEWER NOTE; IF RESPONDENT SAYS "YES", READ OPTIONS 1-5 PAUSING FOR A YES OR NO RESPONSE ON EACH. IF RESPONDENT SAYS "NO", MARK OPTION 6. Read if necessary	970-970



			7. Don't know / Not sure 9. Refused			
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## NY State-Added Module 8ABC: Opioid Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA08.01	<p>The next health topic is about the use of prescription pain medicine and drugs. We are not interested in your use of “over-the-counter” pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor’s prescription. Please keep in mind that your answers are strictly confidential and you do not have to answer any question you do not want to.</p> <p>In the past 12 months, have you used prescription pain medicine without a healthcare provider's prescription or differently than how the healthcare</p>	USEPNMED	<p>"1 Yes 2 No  7 Don’t Know/Not Sure 9 Refused "</p>		<p>INTERVIEWER NOTE, IF NEEDED SAY: “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.</p>	971-971

	provider told you to use it? (Count drugs such as hydrocodone (HI-DRO-KO-DOAN), oxycodone, (OX-E-KO-DOAN) and codeine (KO-DEEN).)?					
<b>SA08.02</b>	1. In the past 12 months, have you used heroin?	USEHROIN	1 Yes 2 No  7 Don't Know/Not Sure 9 Refused			972-972

## NY State-Added Module 9C: Drug User Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SA09.01</b>	<p>Many communities are experiencing increased use of opioid and prescription drugs resulting in elevated reports of opioid overdose.</p> <p>Have you ever witnessed or encountered an opioid or prescription drug overdose?</p>	DRHEWDOD	<p>1 Yes 2 No</p> <p>7 Don't Know/Not Sure 9 Refused</p>			973-973
<b>SA09.02</b>	<p>Naloxone, also known as Narcan®, is an FDA-approved medication that reverses an opioid overdose.</p> <p>Have you attended any training to learn how to administer naloxone in the case of a suspected opioid overdose?</p>	DRUHENAR	<p>1. Yes (Go to Q3) 2. No (Go to Q4) 7. Don't know / Not sure (Go to Q4) 9. Refused (Go to Q4)</p>		INTERVIEWER NOTE: NALOXONE: NA-LOX-OWN	974-974

<b>SA09.03</b>	Have you ever used naloxone (Narcan®) on anyone in the case of a suspected opioid overdose?	DRHEODNA	1. Yes, just once 2. Yes, a couple of times 3. Yes, more than a couple of times 4. No 7. Don't know / Not sure 9. Refused	S09.02 ne 1	"Interviewer note: If respondent says Yes, read options 1-3. If respondent says "no", Mark option 4. Read if necessary"	975-975
<b>SA09.04</b>	Buprenorphine, also known as Suboxone®, is an FDA-approved medication-assisted treatment to help people reduce or quit their use of heroin or other opiates, such as pain relievers like morphine.  Have you ever used buprenorphine (Suboxone®)?	DRHEUBUP	"1. Yes, I have used buprenorphine prescribed to me (Go to Q5) 2. Yes, I have used buprenorphine prescribed to someone else (Go to Q5) 3. No, I have had difficulties getting on buprenorphine (Go to Q5) 4. No, I have not used buprenorphine (Skip Q5 and go to the next module) 5. Never heard of Buprenorphine (Skip Q5 and go to the next module) 7. Don't know / Not sure 9. Refused "		"Interviewer note: Byou-pre-NOR-feen, sub-ox-own INTERVIEWER NOTE: IF RESPONDENT SAYS "YES", READ OPTIONS 1 AND 2. IF RESPONDENT SAYS "NO" READ OPTIONS 3 AND 4."	
<b>SA09.05</b>	What barrier did you experience when you tried to get on buprenorphine (Suboxone®)?	DRGUPBUP	1. I had no problem getting on it 2. I haven't been able to find a provider to prescribe it 3. I didn't have the money/insurance to cover payment of it 4. I was told I had to stop using other drugs I was taking before getting on it 5. I was told I had to attend groups and/or counseling 6. I worried how people would think of me if I used it	S09.04 in (4,5,7,9)	(Check all that apply.)	

			7. I was unable to get transport to get to provider 8. Other. Please specify _____ 77. Don't know / Not sure 99. Refused			
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NY State-Added Module 10ABC: Active Transportation (Walking/Biking)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA010.01	Active transportation includes such activities as walking or biking for at least ten minutes to get from one place to another.  In a typical month, do you walk to get from one place to another?	EVERWALK	1 Yes 2 No  7 Don't know/Not sure 9 Refused			979-979
SA10.02	In a typical month, do you ride a bike to get from one place to another place?	EVERBIKE	1 Yes 2 No  7 Don't know/Not sure 9 Refused 980-980			980-980

## NY State-Added Module 11ABC: Preconception Health/Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA11.01	<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all your answers will be kept confidential.</p> <p>Did you or your partner do anything the last time you had sex to prevent pregnancy?</p>	BRTHCNTL4	<p>1 Yes</p> <p>2 No [GO TO Q3]</p> <p>3 No partner/not sexually active [GO TO NEXT MODULE]</p> <p>4 Same sex partner [GO TO NEXT MODULE]</p> <p>5 Have you or your partner had a Hysterectomy [GO TO NEXT MODULE]</p> <p>7 Don't know/Not sure [GO TO Q3]</p> <p>9 Refused [GO TO Q3].</p>	[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, OR IS PREGNANT, GO TO THE NEXT MODULE.]		981-981
SA11.02	What did you or your partner do the last time you had sex to prevent pregnancy?	TYPCNTRL3	<p>Read only if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]</p> <p>02 Male sterilization (vasectomy) [GO TO NEXT MODULE]</p> <p>03 Contraceptive</p>		<p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE</p>	982-983



			<p>implant (ex. Implanon) [GO TO NEXT MODULE]</p> <p>04 Levonorgestrel (LEE-voe-nor-JES-trel) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]</p> <p>05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]</p> <p>06 IUD, type unknown [GO TO NEXT MODULE]</p> <p>07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]</p> <p>08 Birth control pills, any kind [GO TO NEXT MODULE]</p> <p>09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]</p> <p>10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]</p> <p>11 Male condoms [GO TO NEXT MODULE]</p> <p>12 Diaphragm, cervical cap, sponge [GO TO NEXT</p>	<p>CONDOMS" OR MALE CONDOMS."</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."</p> <p>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.</p>	
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			<p>MODULE]  13 Female condoms  [GO TO NEXT  MODULE]  14 Not having sex at  certain times  (rhythm or natural  family planning) [GO  TO NEXT MODULE]  15 Withdrawal (or  pulling out) [GO TO  NEXT MODULE]  16 Foam, jelly, film,  or cream [GO TO  NEXT MODULE]  17 Emergency  contraception  (morning after pill)  [GO TO NEXT  MODULE]  18 Other method  [GO TO NEXT  MODULE]</p> <p>DO NOT READ:  77 Don't know/Not  sure  99 Refused</p>			
<b>SA11.03</b>	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,	<b>NOBCUSE2</b>	<p>Read only if necessary:</p> <p>01 You or your partner didn't think you were going to have sex/no regular</p>		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	984-985

	<p>not being able to pay for birth control, or not thinking that a pregnancy could happen.</p> <p>What was your main reason for not doing anything the last time you had sex to prevent pregnancy?</p>		<p>partner</p> <p>02 You just didn't think about it</p> <p>03 Don't care if pregnancy occurs</p> <p>04 You or your partner want a pregnancy</p> <p>05 You or your partner don't want to use birth control</p> <p>06 You or your partner don't like birth control/side effects</p> <p>07 Unable to pay for birth control</p> <p>08 Encountered a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 You or your partner had tubes tied (sterilization)</p> <p>13 You or your partner had a hysterectomy</p> <p>14 You or your partner had a</p>		<p>FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p>	
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			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  77 Don't know/Not sure 99 Refused			
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## NY State-Added Module 12ABC: Sugar Sweetened Beverages

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA12.01	<p>Now I would like to ask you some questions about sugary beverages</p> <p>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.</p>	SSBSUGR1	<p>1 __ Times per day 2 __ Times per week 3 __ Times per month</p> <p>Do not read:</p> <p>888 None 777 Don't know / Not sure 999 Refused</p>		<b>Please read:</b> You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	986-986
SA12.02	<p>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.</p>	SSBFRUT2	<p>1 __ Times per day 2 __ Times per week 3 __ Times per month</p> <p>Do not read:</p> <p>888 None 777 Don't know / Not sure 999 Refused</p>		<b>Please read:</b> You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	989-991

NY State-Added Module 13ABC: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA13.01	How often do you eat fruits, excluding juice?	EATFRUIT	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			992-992
SA13.02	How often do you eat vegetables or salad (excluding juices and potatoes)?	EATVEGET	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			993-993


SA14.01NY State-Added Module 14C: Access to Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
SA14.01	When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?	FRUITVEG	1 Yes, in my community or neighborhood [Go to next module] 2 No, someplace else  7 Don't know/Not sure [Go to next module] 9 Refused [Go to next module]			994-994
SA14.02	What is the main reason you or someone in your	NOVEGFRU	01 No stores in my community or neighborhood 02 Stores in my community or			995-995

	household does not buy fresh fruits and vegetables in your community or neighborhood?		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) _____ 77 Don't know/Not sure 99 Refused			
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NY State-Added Module 15C: Food Security

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA15.01	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 ---	STRSMEAL	1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never  Do not read:  8 Not applicable 7 Don't know/Not sure 9 Refused			997-997

NY State-Added Module 16C: Air Conditioning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA16.01	The next question is about air conditioning use.  Do you have air conditioning?	AIRCONDI	1 Yes, a central air conditioning system [Go to next question] 2 Yes, 1 individual room unit [Go to next question] 3 Yes, 2 or more types of cooling systems[Go to next question] 4 No  7 Don't know 9 Refused		INTERVIEWER NOTE: if yes, probe for which answer	998-998
SA16.02	If you have air conditioning but did not use it all or most of the time during , what were your most important reasons for not using it?	AIRCONDUSE	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:			999-999

			7 Don't know/Not sure 9 Refused			
<b>SA16.02a</b>	(Other reason)	ACOTHER	After \$___			

## NY State-Added Module 17C: Renewable Energy

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA17.01	Do you have any following renewable energy system installed in your home?	RENEWINS	1 Wind turbine [Go to next question] 2 Solar water heater [Go to next question] 3 Solar electricity generator [Go to next question] 4 Biomass boiler [Go to next question] 5 Ground source heat pump [Go to next question] 6 Other [Go to next question] 8 No  7 Don't know 9 Refused			130-130
SA17.02a	What is your average monthly utility bill before and after using a renewable energy?	REBILBEF	Before \$____			

<b>SA07.02b</b>		REBILAFt	After \$__			

NY State-Added Module 18B: Nearest Intersestion

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA18.01	<p>To help us learn more about health in your community, we'd like to know what the nearest corner to your home is. This information will not be used to identify you or to determine your address. It will be grouped with other responses from your community to investigate local health issues. Please remember that you do not have to answer this question if you do not want to.</p> <p>What street do you live on?</p>	STREETON	<p>77777=Don't Know/Not Sure [SKIP 18.2] 99999=Refused [SKIP 18.2]</p>			1039-1088
SA18.02	<p>What is the cross street at the nearest corner to your house/apartment?</p>	STREETCR	<p>77777=Don't Know/Not Sure 99999=Refused</p>			1089-1138


Closing Statement

**Read**  
**That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.**

