



2024

**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

NH New Hampshire

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

NH New Hampshire Department of Health and Human Services

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

NH 1-877-310-9933

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

NH 24

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[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

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

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

Public reporting burden of this collection of information is estimated to average 24 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 STATE=NH INSERT: "May we proceed?"]

[IF SAMPTYPE=1 AND STATE NE NH INSERT "Is this \$N?"; IF SAMPTYPE=2 AND STATE NE NH 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) OR STATE = NH]
- 03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2) OR STATE = NH] [NON-CLEANING SKIP]
- 04 No [STATE GO TO REFUSAL SCREEN] [HIDE IF STATE NE NH] [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=01 AND SELFLAG NE 1) AND STATE =NH]

NH_INTRO.

[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)]

[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?”]

[IF SAMPTYPE=1 INSERT: “**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 AND STATE=NJ INSERT: “The project is called the New Jersey Behavioral Risk Factor Survey, or NJ BRFSS.”] [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 AND STATE NE NH INSERT “**INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, “Is this a safe time to talk with you?” If respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

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

[IF SAMPTYPE=2 AND STATE NE NH INSERT “Is this a safe time to talk with you?”] [IF SAMPTYPE=2 AND STATE=NH INSERT “May we proceed?”]

01 Selected on the line

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

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

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02]

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 OR (HS1=1 AND HS2=2 AND ADULTS=0)]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

1 Yes
2 No

[ASK IF ONEADULT=2]

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

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

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

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

1 Continue

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

ASKGENDR. Are you male, female, 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 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

[IF MOD23_1=WR AND ASKGENDR2=1 SET HGENDER=1 (Male); IF MOD23_1=WR AND ASKGENDR2 =2 SET HGENDER=2 (Female)]

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

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

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

1 Male
2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD23_1=WR AND SAB4=1 SET HGENDER=1 (Male); IF MOD23_1=WR AND SAB4 =2 SET HGENDER=2 (Female)]
[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB4=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

YOURTHE1. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

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

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

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

[ASK IF PHONE=2]

XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CELLFON2=2]

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

1 Continue [ASSIGN DISPO M2]

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

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes
2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male, female, 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

[IF MOD23_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD23_1=WR AND SEX2 =2 SET HGENDER=2 (Female)]

[ASK IF SEX2=3,7,9]

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

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

1 Male
2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD23_1=WR AND SAB3=1 SET HGENDER=1 (Male); IF MOD23_1=WR AND SAB3 =2 SET HGENDER=2 (Female)]
[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB3=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRESD2=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 PVTRESD2=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 PVTRESD2=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=NH AND RSPSTATE=NH)]

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=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 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. 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: 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

Module 3: Arthritis

[ASK IF S6Q11=1 AND CSTATE NE 2]

MOD3_1. Module 3: Arthritis

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

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

- 1 Yes
- 2 No

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

[ASK 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]

Module 1: Prediabetes

[ASK IF S6Q12 NE 1 AND CSTATE NE 2]

MOD1_1. Module 1: Prediabetes

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the last 2 years (1 year but less than 2 years ago)
- 3 Within the last 3 years (2 years but less than 3 years ago)
- 4 Within the last 5 years (3 to 4 years but less than 5 years ago)
- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more

8 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

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

MOD1_2. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

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

[ASK IF HGENDER=1 AND MOD1_2=2]

MOD1_2A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 Go Back [GO BACK TO MOD1_2]

[ASK IF 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

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 IF MOD7_2>S7Q1 AND S7Q1 NE 07,09 AND MOD7_2 NE 98,99]

S7Q1CHK2. You said you are [S7Q1] years of age and told you had cancer at age [MOD7_2]. 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]

[DATA PROCESSING NOTE: CDC lists this as one question, S7q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[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]

[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]

[ASK ALL]

S7Q4. Are you...?

PLEASE READ

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

DO NOT READ

- 9 REFUSED

[ASK ALL]

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

NH State-Added Section: County

[ASK IF STATE=NH AND CSTATE NE 2]

NH_CNTY. State-Added Section: County

In what county do you currently live?

001 Belknap
003 Carroll
005 Cheshire
007 Coos [PRONOUNCED Coh-ahs]
009 Grafton
011 Hillsborough
013 Merrimack
015 Rockingham
017 Strafford
019 Sullivan
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=NH AND CSTATE NE 2]

S7Q7. Aggregated state-specific county response

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

[ASK IF STATE= NH 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 NH_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]

NH State-Added Section 2: Town

[CATI NOTE: If county=777 or 999, use assigned county from sample to trigger list of towns, else use county to trigger list]

[IF NH_CNTY=001 OR (NH_CNTY=777,999 and ASGCNTY=001)]

NHTOWN1: State-Added Section 2: Town

What town do you live in?

001 Alton
002 Barnstead
003 Belmont
004 Center Harbor
005 Gilford
006 Gilmanton
007 Laconia
008 Meredith
009 New Hampton
010 Sanbornton
011 Tilton
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=003 OR (NH_CNTY=777,999 AND ASGCNTY=003)]

NHTOWN3: What town do you live in?

012 Albany
013 Bartlett
014 Brookfield
015 Chatham
016 Conway
017 Eaton
018 Effingham
019 Freedom
020 Harts Location
021 Jackson
022 Madison
023 Moultonborough
024 Ossipee
025 Sandwich
026 Tamworth
027 Tuftonboro
028 Wakefield
029 Wolfeboro
030 Hale's Location
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=005 OR (NH_CNTY=777,999 AND ASGCNTY=005)]

NHTOWN5: What town do you live in?

031 Alstead
032 Chesterfield
033 Dublin
034 Fitzwilliam
035 Gilsum
036 Harrisville
037 Hinsdale
038 Jaffrey
039 Keene
040 Marlborough
041 Marlow
042 Nelson

043 Richmond
044 Rindge
045 Roxbury
046 Stoddard
047 Sullivan
048 Surry
049 Swanzey
050 Troy
051 Walpole
052 Westmoreland
053 Winchester
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=007 OR (NH_CNTY=777,999 AND ASGCNTY=007)]

NHTOWN7: What town do you live in?

054 A & G Grant
055 Bean's Purchase
056 Berlin
057 Cambridge
058 Carroll
059 Clarksville
060 Colebrook
061 Columbia
062 Dalton
063 Dartmouth College Grant
064 Dix's Grant
065 Dixville
066 Dummer
067 Errol
068 Ervings Location
069 Gorham
070 Greens Grant
071 Jefferson
072 Kilkenny
073 Lancaster
074 Martins Location
075 Milan

076 Millsfield
077 Northumberland
078 Odell
079 Pinkhams Grant
080 Pittsburg
081 Randolph
082 Shelburne
083 Stark
084 Stewartstown
085 Stratford
086 Success
087 Sargent's Grant
088 Wentworth's Location
089 Whitefield
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=009 OR (NH_CNTY=777,999 AND ASGCNTY=009)]

NHTOWN9: What town do you live in?

090 Alexandria
091 Ashland
092 Bath
093 Benton
094 Bethlehem
095 Bridgewater
096 Bristol
097 Campton
098 Canaan
099 Dorchester
100 Easton
101 Ellsworth
102 Enfield
103 Franconia
104 Grafton
105 Groton
106 Hanover
107 Haverhill
108 Hebron

109 Holderness
110 Landaff
111 Lebanon
112 Lincoln
113 Lisbon
114 Littleton
115 Livermore
116 Lyman
117 Lyme
118 Monroe
119 Orange
120 Orford
121 Piermont
122 Plymouth
123 Rumney
124 Thornton
125 Warren
126 Waterville
127 Wentworth
128 Woodstock
129 Sugar Hill
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=011 OR (NH_CNTY=777,999 AND ASGCNTY=011)]

NHTOWN11: What town do you live in?

130 Amherst
131 Antrim
132 Bedford
133 Bennington
134 Brookline
135 Deering
136 Frankestown
137 Goffstown
138 Greenfield
139 Greenville
140 Hancock
141 Hillsborough

142 Hollis
143 Hudson
144 Litchfield
145 Lyndeborough
146 Manchester
147 Mason
148 Merrimack
149 Milford
150 Mont Vernon
151 Nashua
152 New Boston
153 New Ipswich
154 Pelham
155 Peterborough
156 Sharon
157 Temple
158 Weare
159 Wilton
160 Windsor
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=013 OR (NH_CNTY=777,999 AND ASGCNTY=013)]

NHTOWN13: What town do you live in?

161 Allenstown
162 Andover
163 Boscawen
164 Bow
165 Bradford
166 Canterbury
167 Chichester
168 Concord
169 Danbury
170 Dunbarton
171 Epsom
172 Franklin
173 Henniker
174 Hill

175 Hooksett
176 Hopkinton
177 Loudon
178 Newbury
179 New London
180 Northfield
181 Pembroke
182 Pittsfield
183 Salisbury
184 Sutton
185 Warner
186 Webster
187 Wilmot
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=015 OR (NH_CNTY=777,999 AND ASGCNTY=015)]

NHTOWN15: What town do you live in?

188 Atkinson
189 Auburn
190 Brentwood
191 Candia
192 Chester
193 Danville
194 Deerfield
195 Derry
196 East Kingston
197 Epping
198 Exeter
199 Fremont
200 Greenland
201 Hampstead
202 Hampton
203 Hampton Falls
204 Kensington
205 Kingston
206 Londonderry
207 New Castle

208 Newfields
209 Newington
210 Newmarket
211 Newton
212 North Hampton
213 Northwood
214 Nottingham
215 Plaistow
216 Portsmouth
217 Raymond
218 Rye
219 Salem
220 Sandown
221 Seabrook
222 South Hampton
223 Stratham
224 Windham
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[IF NH_CNTY=017 OR (NH_CNTY=777,999 AND ASGCNTY=017)]

NHTOWN17: What town do you live in?

225 Barrington
226 Dover
227 Durham
228 Farmington
229 Lee
230 Madbury
231 Middleton
232 Milton
233 New Durham
234 Rochester
235 Rollinsford
236 Somersworth
237 Strafford
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF NH_CNTY=019 OR (NH_CNTY=777,999 AND ASGCNTY=019)]

NHTOWN19: What town do you live in?

238 Acworth
239 Charlestown
240 Claremont
241 Cornish
242 Croydon
243 Goshen
244 Grantham
245 Langdon
246 Lempster
247 Newport
248 Plainfield
249 Springfield
250 Sunapee
251 Unity
252 Washington
888 Other Specify
777 DON'T KNOW / NOT SURE
999 REFUSED

[AGGREGATE NHTOWN1-NHTOWN19 IF ALL(NHTOWN1-NHTOWN19 NE 777,888,999)]

NHTOWN: Aggregate NHTOWN1-NHTOWN19 IF ALL(NHTOWN1-NHTOWN19 NE 777, 888, 999)

01 <NHTOWN1>
02 <NHTOWN3>
03 <NHTOWN5>
04 <NHTOWN7>
05 <NHTOWN9>
06 <NHTOWN11>
07 <NHTOWN13>
08 <NHTOWN15>
09 <NHTOWN17>
10 <NHTOWN19>

[ASK IF NHTOWN NE BLANK]

NHTOWNCK: I want to make sure that I got it right.
You said you live in the town of **[NHTOWN]**

Is that correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO NHTOWN1]

[ASK IF ANY(NHTOWN1-NHTOWN19=888)]

TOWNOTH: What town do you live in?

01 SPECIFY: [TEXT BOX]

[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

[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

[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]

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=3]

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, 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 that 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

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 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	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 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 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 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

[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

[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 through 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 11: Cognitive Decline](#)

[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

[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

[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 15: Marijuana Use

[ASK IF CSTATE NE 2]

MOD15_1. Module 15: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

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

INTERVIEWER NOTE: Do not include hemp-based CBD-only products

RANGE 1-30 [NUMBER BOX] Number of days

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

99 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_2. During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_3. Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_4. Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_5. Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

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

[ASK IF MOD15_1 =1-30]

MOD15_6. Did you use it in some other way?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

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

[ASK IF MORE THAN 1 OF MOD15_2-MOD15_6=1]

MOD15_7. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: Select one. If respondent provides more than one say: "Which way did you use it most often?"

INTERVIEWER: Do not include hemp-based CBD-only products

PLEASE READ:

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD15_2 NE 1]
- 2 **Eat it or drink it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD15_3 NE 1]
- 3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD15_4 NE 1]
- 4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD15_5 NE 1]
- 5 **Use it some other way.** [HIDE IF MOD15_6 NE 1]

DO NOT READ:

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

Module 21: Random Child Selection

[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-eight
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

[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

Asthma Call Back Permission

ACFLAG_SPLIT. Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S6Q5=1,2,7,9 AND MOD22_2=1,2,7,9 AND CSTATE NE 2 AND STATE= NH THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S6Q5=1,2,7,9 AND MOD22_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= NH THEN SET ACFLAG_SPLIT=1

IF S6Q5 NE 1,2,7,9 AND MOD22_2=1,2,7,9 AND CSTATE NE 2 AND STATE= NH THEN SET ACFLAG_SPLIT=2

- 1 adult
- 2 child

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

SET ACFLAG=01 IF ACFLAG_SPLIT=1 AND S6Q5=1
SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S6Q5=2,7,9
SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD22_2=1
SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD22_2=2,7,9

- 01 adult with asthma
- 02 adult had asthma
- 03 child with asthma
- 04 child had asthma

[ASK IF ACFLAG=01,02,03,04 AND STATE=NH]

AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT “your”; IF ACFLAG=03,04 INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. Would it be okay to continue with those questions now?

- 1 Yes
- 2 No

[ASK IF AST1a=2]

AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF ACFLAG=01,02 INSERT “your”; IF ACFLAG=03,04 INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. 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. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

MKP1. Are you the parent or guardian in the household who knows the most about the child’s asthma?

- 1 Yes
- 2 No

- 7 DON’T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

MKP. Are you the parent or guardian in the household who knows the most about the child’s asthma?

- 1 Yes
- 2 No

- 7 DON’T KNOW
- 9 REFUSED

[ASK IF MKP1=2,7,9]

ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child’s asthma?

- 1 Yes
- 2 No

7 DON'T KNOW
9 REFUSED

[ASK IF MKP=2,7,9 OR ATP1=2,7,9]

ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

1 Gave Response [TEXT BOX]
7 DON'T KNOW
9 REFUSED

[ASK IF ACFLAG=03,04 AND (AST1=1 OR AST1A=1 OR AST1B=1) AND NOT ATP=7,9]

CNAME. Can I please have either your child's first name or initials, so we will know who to ask about during the survey?

1 Gave Response [TEXT BOX]
7 DON'T KNOW
9 REFUSED

ASTHMA_FLAG Hidden variable for redirecting asthma follow-up respondents. To be used after COMPLETE disposition is assigned.

SET ASTHMA_FLAG=1 IF AST1A=1 AND ACFLAG=01,02

SET ASTHMA_FLAG=2 IF AST1A = 1 and (MKP1 = 1 or ATP1 = 1 or ATP = 1)

SET ASTHMA_FLAG=3 IF ACFLAG=01,02,03,04 AND (AST1B=1 OR AST1=1) AND NOT(ATP=7,9)

1 continue to adult asthma

2 continue to child asthma

3 schedule callback for asthma follow-up

[ASK IF ASTHMA_FLAG NE 1,2,3]

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

1 Continue

New Hampshire State Added Questions

NH State-Added Section 1: Well Water Testing

[ASK IF STATE=NH AND S7Q6=1,2 AND CSTATE NE 2]

NH1_1: State Added Section 6: Well Water Testing

What is your main source of drinking water at home?

PLEASE READ:

- 1 A public water system (for example, city or town water system or a system shared by many homes or apartments)
- 2 A private well that serves only your home or a few homes
- 3 Commercially available bottled water
- 4 Other source

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF NH1_1=2 AND CSTATE NE 2]

NH1_2: When was the last time the well water was tested for arsenic?

READ ONLY IF NECESSARY:

- 1 Within the past three years
- 2 More than three years ago
- 3 It has never been tested for arsenic as far as I know

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF NH1_1=2 AND CSTATE NE 2]

NH1_3: What are you doing to avoid getting too much arsenic in the water you drink at home?

PLEASE READ:

- 01 Nothing; my well water has been tested and it is safe to drink without treatment.
- 02 Nothing; my well water has arsenic but I am not concerned about it.
- 03 Nothing; my well water has arsenic but I haven't decided what to do about it.
- 04 Nothing; my well water has arsenic but a treatment system is too expensive.

05 Nothing; my well water has arsenic, but I am not sure how to choose a treatment system.

06 The tap water is filtered or treated to remove arsenic and the filter or treatment system is regularly maintained.

07 The water is filtered or treated to remove arsenic, although I am not keeping the filter or treatment system maintained.

08 I drink bottled water at home to avoid drinking tap water.

READ ONLY IF NECESSARY:

88 Something else (Specify): [TEXT BOX]

DO NOT READ:

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF NH1_1=2 AND CSTATE NE 2]

NH1_4: Where do you get guidance or information about testing and or treating your well water?

READ ONLY IF NECESSARY:

1 New Hampshire Department of Environmental Services

2 The United States Environmental Protection Agency (EPA)

3 The United States Centers for Disease Control and Prevention (CDC)

4 Medical Provider

5 Realtor

6 Online through another source

8 Other (specify): [TEXT BOX]

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED