BRFSS

2023

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]
SAMPTYPE. Imported Sample Variable: Sample Type

> 1 Landline
> 2 Cell Phone

[ASK ALL]
STATE. Imported Sample Variable: State

> IN Indiana

[SET HEALTHDEPT = STATE]
HEALTHDEPT. Hidden Variable for Piping: Health Department Name

> IN Indiana Department of Health

[SET DEPTPHONE = STATE]
DEPTPHONE. Hidden Variable for Piping: Department Phone Number

> IN 1-855-276-3506

[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,MOD21_1

> 1 male
> 2 female

[ASK ALL]
ORIG_GENDER. Hidden question for piping him/her into resume intro

IF SAB2=1 OR SAB3=1 OR SAB4=1 OR SEX2=1 OR ASKGENDR=1 OR ASKGENDR2=1 SET ORIG_GENDER=1

IF SAB2=2 OR SAB3=2 OR SAB4=2 OR SEX2=2 OR ASKGENDR=2 OR ASKGENDR2=2 SET ORIG_GENDER=2

> 1   him

> 2   her

LENGTH. Hidden Variable for Piping: Interview Length

> IN 27

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

CWEEKDAY. System variable - Current weekday

> 1   Sunday
> 2   Monday
> 3   Tuesday
> 4   Wednesday
> 5   Thursday
> 6   Friday
> 7   Saturday

CMONTH. System variable - Current month

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

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

[ASK ALL]
BRFSS_FLAG. Imported Sample Variable for routing.

DATA PROCESSING NOTE: If BRFSS_FLAG=3, CLEAR SELFLAG BEFORE TRANSFERRING

1 BRFSS respondent
2 Asthma respondent who started Asthma survey in main BRFSS

3 Asthma respondent who did not start Asthma survey in main BRFSS

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

Behavioral Risk Factor Surveillance System
2023 Questionnaire

Table of Contents

Interviewer's Script Landline

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

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. SET AM_TEXT=1;

     1 Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:
PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

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

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

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

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

01 Yes – Continue
02 No [HIDE IF (NOT SAMPTYPE=1)]
03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)] [NON-CLEANING SKIP]
10 Callback [NON-CLEANING SKIP]
20 Refusal [NON-CLEANING SKIP]
D3 Answering Machine [NON-CLEANING SKIP]
B2 Busy [NON-CLEANING SKIP]
DA Dead Air [NON-CLEANING SKIP]
HU Hang Up [NON-CLEANING SKIP]
NA No Answer [NON-CLEANING SKIP]
NW Non-Working Number [NON-CLEANING SKIP]

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

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: "When we called previously the person with the most recent birthday was selected to be interviewed. I am calling back to finish the survey now.

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

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey."] [IF SAMPTYPE=1 INSERT: "When we last called, you were selected to complete the interview and we would like to finish the survey now."]

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

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone

and then proceed to ask, "Is this a safe time to talk with you?" If respondent is the previously selected respondent then proceed to ask, "Is this a safe time to talk with you?"

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

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

       01 Selected on the line
       04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]
       03 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO PW] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]
       10 Callback [NON-CLEANING SKIP]
       20 Refusal [NON-CLEANING SKIP]
       D3 Answering Machine [NON-CLEANING SKIP]
       B2 Busy [NON-CLEANING SKIP]
       DA Dead Air [NON-CLEANING SKIP]
       HU Hang Up [NON-CLEANING SKIP]
       NA No Answer [NON-CLEANING SKIP]
       NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02]
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.

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?

1 Yes
2 No – Business
3 No – Group Home

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF COLLEGE=2,3,7,9]
X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]
STRES. Do you currently live in [STATE]?

```
        1 Yes
        2 No

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

[ASK IF STRES=2,7,9]
X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

```
        1 Continue [ASSIGN DISPO M7]
```

[ASK IF HS1=1 or COLLEGE=1]
HS2. Is this a cell phone?

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

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

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

[ASK IF HS2=1]
HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

```
        1 Continue [ASSIGN DISPO M3]
```

[ASK IF HS2=2]
ADULT. Are you 18 years of age or older?

```
        1 Yes
        2 No
```

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

INTERVIEWER: If the respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULT=2 OR (HS1=1 AND HS2=2 AND ADULTS=0)]
XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

        1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]
ONEADULT. Are you the adult?

        1 Yes
        2 No

[ASK IF ONEADULT=2]
GETADULT. May I speak with the adult in the household that is 18 years of age or older?

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

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND ADULT=1)]
YOU. Then you are the person I need to speak with.

        1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]
ASKGENDR. Are you male, female, unspecified or another gender identity?

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

1   Male
2   Female
3   Unspecified or another gender identity

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD21_1=WR AND ASKGENDR=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND ASKGENDR =2 SET HGENDER=2 (Female)]

[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

[IF MOD21_1=WR AND SAB2=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND SAB2 =2 SET HGENDER=2 (Female)]
[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB2=7,9]
XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]
RESPSLCT. The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

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

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

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

    1 Yes

    4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
    5 No, adult refused [GO TO INT20 TERM]
    6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]
ASKGENDR2. Are you male, female, unspecified or another gender identity?

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

    1   Male
    2   Female
    3   Unspecified or another gender identity

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[IF MOD21_1=WR AND ASKGENDR2=1 SET HGENDER=1 (Male); IF MOD21_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 MOD21_1=WR AND SAB4=1 SET HGENDER=1 (Male); IF MOD21_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, unspecified or another gender identity?

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

     1 Male
     2 Female
     3 Unspecified or another gender identity

     7 DON'T KNOW / NOT SURE
     9 REFUSED
[IF MOD21_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD21_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 MOD21_1=WR AND SAB3=1 SET HGENDER=1 (Male); IF MOD21_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]
PVTRESD2. 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.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF COLLEGE2=2,3]
NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=7,9 OR COLLEGE2=7,9]
X4. Thank you very much for your 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=IN AND RSPSTATE=IN)]
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 and Territories.

    1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]
LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

    1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRESD2=1]
NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE
99 REFUSED

[ASK IF SAMPTYPE=2]
SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information that you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

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

9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]
S1Q1. Section 1: Health Status

Would you say that in general your health is —

PLEASE READ:

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 2: Healthy Days

[ASK ALL]
S2Q1. **Section 2: Healthy Days**

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

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

INTERVIEWER: 88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

[ASK ALL]
S3Q1. Section 3: Healthcare Access

What is the current source of your primary health insurance?

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

Interviewer: If respondents give the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:
01 A plan purchased through an employer or union (including plans purchased through another person's employer)
02 A private nongovernmental plan that you or another family member buys on your own
03 Medicare
04 Medigap
05 Medicaid

06 Children's Health Insurance Program (CHIP)
07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08 Indian Health Service
09 State sponsored health plan
10 Other government program
88 No coverage of any type

DO NOT READ

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

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

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

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

1 Yes, only one
2 More than one
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

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

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

DO NOT READ
      8 NEVER
      7 DON'T KNOW
      9 REFUSED

Section 4: Exercise

[ASK ALL]
S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER NOTE: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

Physical activity done at a work gym during the workday would count

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF S4Q1=1]
S4Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

01 Walking
02 Running or jogging
03 Gardening or yard work
04 Bicycling or bicycling machine exercise
05 Aerobics video or class
06 Calisthenics
07 Elliptical/EFX machine exercise
08 Household activities
09 Weight lifting
10 Yoga, Pilates, or Tai Chi
11 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S4Q2 =01-11,]
S4Q3. How many times per week or per month did you take part in this activity during the past month?

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

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

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S4Q2=01-11]
S4Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

      777 DON'T KNOW / NOT SURE
      999 REFUSED

[ASK IF S4Q1=1 AND S4Q2 NE 77,99]
S4Q5. What other type of physical activity gave you the next most exercise during the past month?

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

      01 Walking
      02 Running or jogging
      03 Gardening or yard work
      04 Bicycling or bicycling machine exercise
      05 Aerobics video or class
      06 Calisthenics
      07 Elliptical/EFX machine exercise
      08 Household activities
      09 Weight lifting
      10 Yoga, Pilates, or Tai Chi
      11 Other

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

[ASK IF S4Q5=01-11]
S4Q6. How many times per week or per month did you take part in this activity during the past month?

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

      777 DON'T KNOW / NOT SURE
      999 REFUSED

[ASK IF S4Q5=01-11]
S4Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

      777 DON'T KNOW / NOT SURE
      999 REFUSED

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

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

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

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

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

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

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

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

    1 Yes
    2 Yes, but female told only during pregnancy
    3 No
    4 Told borderline high or pre-hypertensive or elevated blood pressure

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

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

You have to go back and correct this INCONSISTENCY ERROR.

    1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

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

    1 Yes
    2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

IN State Added Section 1: Home / Self-measured Blood Pressure
[ASK IF STATE=IN AND CSTATE NE 2]
IN1_1. IN State Added Section 1: Home / Self-measured Blood Pressure

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2]
IN1_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 6: Cholesterol Awareness

[ASK ALL]
S6Q1. Section 6: Cholesterol Awareness

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

    1 Never
    2 Within the past year (anytime less than one year ago)
    3 Within the past 2 years (1 year but less than 2 years ago)
    4 Within the past 3 years (2 years but less than 3 years ago)
    5 Within the past 4 years (3 years but less than 4 years ago)
    6 Within the past 5 years (4 years but less than 5 years ago)
    8 5 or more years ago

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]
S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

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

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]
S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk."

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]
S7Q1. Section 7: Chronic Health Conditions

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

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

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q2. (Ever told you had) angina or coronary heart disease?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q3. (Ever told you had) a stroke?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q4. (Ever told you had) asthma?

    1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q8. (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S7Q9. (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q12. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.

1 Yes
2 Yes, but female told only during pregnancy
3 No
4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND S7Q12=2]
S7Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q12]

[ASK IF S7Q12=1]
S7Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

Module 2: Diabetes

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_1. Module 2: Diabetes

According to your doctor or other health professional, what type of diabetes do you have?

    1 Type 1
    2 Type 2

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_2. Insulin can be taken by shot or pump. Are you now taking insulin?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_3. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A-one-C measures the average level of blood sugar over the past three months.

INTERVIEWER: 76 = 76 or more

RANGE 1-76 [NUMBER BOX]

    88 None
    98 Never heard of A-one-C test
    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_4. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

READ IF NECESSARY

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

DO NOT READ
8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_5. When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

READ IF NECESSARY
1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago

DO NOT READ
8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_6. When was the last time you took a course or class in how to manage your diabetes yourself?
READ IF NECESSARY
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

DO NOT READ
8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]
MOD2_7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

Section 8: Demographics

[ASK ALL]
S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

    07 DON'T KNOW / NOT SURE
    09 REFUSED

[ASK IF S7Q13>S8Q1 AND S8Q1 NE 07,09 AND S7Q13 NE 98,99]
S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

    1 GO BACK [GO TO S8Q1]

 [ASK ALL]
S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]
S8Q2B. Are you…

INTERVIEWER NOTE: One or more categories may be selected.

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

DO NOT READ
     7 DON'T KNOW / NOT SURE [EXCLUSIVE]
     9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, S8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]
[MUL=6]
S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ
     10 [IF S8Q2=2 INSERT "Hispanic"] White
     20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American
     30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
     40 [IF S8Q2=2 INSERT "Hispanic"] Asian
     50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

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

[ASK IF S8Q3=40]
[MUL=8]
S8Q3A. Is that …

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 S8Q3=50]
[MUL=4]
S8Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

Module 21: Sex at Birth
[ASK IF CSTATE NE 2 AND SAB2 NE 1,2 AND SAB3 NE 1,2 AND SAB4 NE 1,2]
MOD21_1. Module 21: Sex at Birth

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

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

[IF MOD21_1=1 SET HGENDER=1 (MALE); IF MOD21_1=2 SET HGENDER=2 (FEMALE)]

Module 22: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]
MOD22_1A. Module 22: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

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

> **PLEASE READ:**
> 1 1- Gay
> 2 2- Straight, that is, not gay
> 3 3- Bisexual
> 4 4- Something else
>
> **DO NOT READ:**
> 7 I don't know the answer
> 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]
MOD22_1B. The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

PLEASE READ:
1 1- Lesbian or Gay
2 2- Straight, that is, not gay
3 3- Bisexual
4 4- Something else

DO NOT READ:
7 I don't know the answer
9 REFUSED

[ASK IF CSTATE NE 2]

MOD22_2. Do you consider yourself to be transgender?

If yes, ask: "Do you consider yourself to be **1.** Male-to-female, **2.** Female-to-male, or **3.** Gender non-conforming?"

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

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

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

1 1 – Yes, Transgender, male-to-female
2 2 – Yes, Transgender, female to male
3 3 – Yes, Transgender, gender nonconforming

4 4 – No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q4. Are you…?

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

DO NOT READ
9 REFUSED

S8Q5. What is the highest grade or year of school you completed?

READ IF NECESSARY
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)

DO NOT READ
9 REFUSED

S8Q6. Do you own or rent your home?

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

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

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

1 Own
2 Rent
3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

IN State-Added Section: County
[ASK IF STATE=IN AND CSTATE NE 2]
IN_CNTY. State-Added Section: County

In what county do you currently live?

001	Adams
003	Allen
005	Bartholomew
007	Benton
009	Blackford
011	Boone
013	Brown
015	Carroll
017	Cass
019	Clark
021	Clay

023	Clinton
025	Crawford
027	Daviess
029	Dearborn
031	Decatur
033	DeKalb
035	Delaware
037	Dubois
039	Elkhart
041	Fayette
043	Floyd
045	Fountain
047	Franklin
049	Fulton
051	Gibson
053	Grant
055	Greene
057	Hamilton
059	Hancock
061	Harrison
063	Hendricks
065	Henry
067	Howard
069	Huntington
071	Jackson
073	Jasper
075	Jay
077	Jefferson
079	Jennings
081	Johnson
083	Knox
085	Kosciusko
087	LaGrange
089	Lake
091	LaPorte
093	Lawrence
095	Madison
097	Marion
099	Marshall
101	Martin

103	Miami
105	Monroe
107	Montgomery
109	Morgan
111	Newton
113	Noble
115	Ohio
117	Orange
119	Owen
121	Parke
123	Perry
125	Pike
127	Porter
129	Posey
131	Pulaski
133	Putnam
135	Randolph
137	Ripley
139	Rush
141	St. Joseph
143	Scott
145	Shelby
147	Spencer
149	Starke
151	Steuben
153	Sullivan
155	Switzerland
157	Tippecanoe
159	Tipton
161	Union
163	Vanderburgh
165	Vermillion
167	Vigo
169	Wabash
171	Warren
173	Warrick
175	Washington
177	Wayne
179	Wells
181	White

183   Whitley
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= IN AND CSTATE NE 2]
S8Q7. Aggregated state-specific county response

IN   [IN_CNTY]

77   DON'T KNOW / NOT SURE
99   REFUSED

[ASK IF STATE= IN AND S8Q7 NE 77,99 AND CSTATE NE 2]
S8Q7C. I just want to confirm, you said you live in the county of [S8Q7]. Is that correct?

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

[ASK ALL]
S8Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q8 NE 77777,99999]

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

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

[ASK IF SAMPTYPE=1]
S8Q9. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S8Q9=1]
S8Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

    6 Six or more
    7 DON'T KNOW / NOT SURE
    8 None
    9 REFUSED

[ASK ALL]
S8Q11. How many cell phones do you have for personal use?

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

RANGE 1-5 [NUMBER BOX]

    6 Six or more

    7 DON'T KNOW / NOT SURE
    8 NONE
    9 REFUSED

[ASK ALL]
S8Q12. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

[ASK ALL]
S8Q13. Are you currently…?

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

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

DO NOT READ
> 9 REFUSED

[ASK ALL]
S8Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

> 88 NONE
> 99 REFUSED

[ASK IF S8Q14=1-87]

S8Q14CHK. INTERVIEWER DO NOT READ: you entered the respondent has [S8Q14] [IF S8Q14=1 INSERT "child"; IF S8Q14=2-87 INSERT "children"] under 18 living in their household. Is that correct?

    1 Yes
    2 No [GO BACK TO S8Q14]

    9 REFUSED

Module 31: Random Child Selection

[ASK IF S8Q14=1 AND CSTATE NE 2]
MOD31T1. Module 31: Random Child Selection

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

    1 Continue

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

RNDCHILD. System Generated Variable: Randomly Selected Child

    01 first
    02 second
    03 third
    04 fourth
    05 fifth
    06 sixth
    07 seventh
    08 eighth
    09 ninth
    10 tenth
    11 eleventh
    12 twelfth
    13 thirteenth
    14 fourteenth
    15 fifteenth

16 sixteenth
17 seventeenth
18 eighteenth
19 nineteenth
20 twentieth
21 twenty-first
22 twenty-second
23 twenty-third
24 twenty-fourth
25 twenty-fifth
26 twenty-sixth
27 twenty-seventh
28 twenty-eighth
29 twenty-ninth
30 thirtieth
31 thirty-first
32 thirty-second
33 thirty-third
34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth

56 fifty-sixth
57 fifty-seventh
58 fifty-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 S8Q14=2-87 AND CSTATE NE 2]
MOD31T2. Previously, you indicated there were [S8Q14] children age 17 or younger in your household. Think about those [S8Q14] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

1 Continue

[ASK IF S8Q14=1-87AND CSTATE NE 2]
MOD31_1M. What is the birth month and year of the [RNDCHILD] child?

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]
MOD31_1Y.
Code YEAR (RANGE 2005-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD31_1M>CMONTH and MOD31_1Y=CYEAR AND MOD31_1M NE 77,99]
MOD31_1CHK. I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD31_1M]

[ASK IF MOD31_1Y<=2023]
CHLDAGE1. Calculate child's age in months.

[ASK IF MOD31_1Y<=2023]
CHLDAGE2. Calculate child's age in years

[ASK IF CHLDAGE1>216]
MOD31_1CHK2. I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

    1 Continue [GO BACK TO MOD31_1M]

[ASK IF S8Q14=1-87AND CSTATE NE 2]
MOD31_2. Is the child a boy or a girl?

    1 Boy
    2 Girl
    3 Nonbinary / other

    9 REFUSED

[ASK IF MOD31_2=3,9]
MOD31_3. What was the child's sex on their original birth certificate?

    1 Boy
    2 Girl

    9 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]
MOD31_4. Is the child Hispanic, Latino/a, or Spanish origin?

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

    7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD31_4=2]
[MUL=4]
MOD31_4B. Are they…
INTERVIEWER NOTE: One or more categories may be selected

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

DO NOT READ:
5 No [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, MOD31_3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S8Q14=1-87 AND CSTATE NE 2]
[MUL=6]
MOD31_5. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:
10 [IF MOD31_4=2 INSERT "Hispanic"] White
20 [IF MOD31_4=2 INSERT "Hispanic"] Black or African American
30 [IF MOD31_4=2 INSERT "Hispanic"] American Indian or Alaska Native
40 [IF MOD31_4=2 INSERT "Hispanic"] Asian
50 [IF MOD31_4=2 INSERT "Hispanic"] Pacific Islander

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

[ASK IF MOD31_5=40]
[MUL=8]
MOD31_5A. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

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

[ASK IF MOD31_5=50]
[MUL=4]
MOD31_5P. Is that…

INTERVIEWER NOTE: Select all that apply.

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

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

[ASK IF S8Q14=1-87 AND CSTATE NE 2]
MOD31_6. How are you related to the child? Are you a…

PLEASE READ:
1 Parent (include biologic, step, or adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and adoptive sibling)
5 Other relative
6 Not related in any way

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 32: Childhood Asthma Prevalence

[ASK IF S8Q14=1-87 AND CSTATE NE 2]
MOD32_1. Module 32: Childhood Asthma Prevalence

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD32_1=1]
MOD32_2. Does the child still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S8Q15A. Is your annual household income from all sources –

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

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

> 01 Yes
> 02 No
>
> 77 DON'T KNOW / NOT SURE
> 99 REFUSED

[ASK IF S8Q15A=01]
S8Q15B. Less than $25,000 ($20,000 to less than $25,000)?

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

> 01 Yes
> 02 No
>
> 77 DON'T KNOW / NOT SURE
> 99 REFUSED

[ASK IF S8Q15B=01]
S8Q15C. Less than $20,000 ($15,000 to less than $20,000)?

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

> 01 Yes
> 02 No
>
> 77 DON'T KNOW / NOT SURE
> 99 REFUSED

[ASK IF S8Q15C=01]
S8Q15D. Less than $15,000 ($10,000 to less than $15,000)?

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

> 01 Yes
> 02 No
>
> 77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15D=01]
S8Q15E. Less than $10,000?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15A=02]
S8Q15F. Less than $50,000 ($35,000 to less than $50,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15F=02]
S8Q15G. Less than $75,000 ($50,000 to less than $75,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15G=02]
S8Q15H. Less than $100,000 ($75,000 to less than $100,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15H=02]
S8Q15I. Less than $150,000 ($100,000 to less than $150,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15I=02]
S8Q15J. Less than $200,000 ($150,000 to less than $200,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15J=02]
S8Q15K. $200,000 or more?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

SET S8Q15=01 IF S8Q15E=01
SET S8Q15=02 IF S8Q15E=02
SET S8Q15=03 IF S8Q15D=02
SET S8Q15=04 IF S8Q15C=02
SET S8Q15=05 IF S8Q15B=02
SET S8Q15=06 IF S8Q15F=01
SET S8Q15=07 IF S8Q15G=01
SET S8Q15=08 IF S8Q15H=01
SET S8Q15=09 IF S8Q15I=01
SET S8Q15=10 IF S8Q15J=01 OR IF S8Q15K=02
SET S8Q15=11 IF S8Q15K=01
SET S8Q15=77 IF ANY S8Q15A-S8Q15K=77
SET S8Q15=99 IF ANY S8Q15A-S8Q15K=99

[ASK ALL]
S8Q15. Aggregated response to income question

05 Less than $35,000 ($25,000 to less than $35,000)
04 Less than $25,000 ($20,000 to less than $25,000)
03 Less than $20,000 ($15,000 to less than $20,000)
02 Less than $15,000 ($10,000 to less than $15,000)
01 Less than $10,000
06 Less than $50,000 ($35,000 to less than $50,000)
07 Less than $75,000 ($50,000 to less than $75,000)
08 Less than $100,000 ($75,000 to less than $100,000)
09 Less than $150,000 ($100,000 to less than $150,000)
10 Less than $200,000 ($150,000 to less than $200,000)
11 $200,000 or more

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15 NE 77,99]
S8Q15AA. Your Annual Household Income is [S8Q15]. Is This Correct?

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

[ASK IF HGENDER=2 AND S8Q1=18-49]
S8Q16. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
PS8Q17. About how much do you weigh without shoes?

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

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q17=P]
S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q17=50-79 OR S8Q17=351-776]
S8Q17_A. INTERVIEWER DO NOT READ: You entered [S8Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

      7777 DON'T KNOW / NOT SURE
      9999 REFUSED

[ASK IF S8Q17M=23-352 AND PS8Q17=K]
S8Q17AM. INTERVIEWER DO NOT READ: You entered [S8Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

      1 Yes
      2 No   [GO BACK TO S8Q17M]

[ASK ALL]
PS8Q18. About how tall are you without shoes?

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

      F Feet
      M Centimeters

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF PS8Q18=F]
S8Q18. About how tall are you without shoes?

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

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

      7777 DON'T KNOW / NOT SURE
      9999 REFUSED

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

S8Q18A. INTERVIEWER DO NOT READ: You entered [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

    1 Yes
    2 No   [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]
S8Q18M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF S8Q18M=90-254 AND PS8Q18=M]
S8Q18AM. INTERVIEWER DO NOT READ: You entered [S8Q18M] centimeters tall. IS THIS CORRECT?

    1 Yes
    2 No   [GO BACK TO S8Q18M]

Section 9: Disability

[ASK ALL]
S9Q1. Section 9: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S9Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

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

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK ALL]
S9Q4. Do you have serious difficulty walking or climbing stairs?

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK ALL]
S9Q5. Do you have difficulty dressing or bathing?

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK ALL]
S9Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 10: Falls
[ASK IF S8Q1>44 OR S8Q1=07, 09]
S10Q1. Section 10: Falls

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

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

Interviewer note: Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S10Q1=1-76]
S10Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

READ IF NECESSARY: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

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

> 1 GO BACK [GO TO S10Q1]

Section 11: Tobacco Use

[ASK ALL]
S11Q1. Section 11: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

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

[ASK IF S11Q1=1]
S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

> 1 Every day
> 2 Some days
> 3 Not at all
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

Module 15: Tobacco Cessation

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

MOD15_1. Module 15: Tobacco Cessation

How long has it been since you last smoked a cigarette, even one or two puffs?

READ IF NECESSARY
      01 Within the past month (less than 1 month ago)
      02 Within the past 3 months (1 month but less than 3 months ago)
      03 Within the past 6 months (3 months but less than 6 months ago)
      04 Within the past year (6 months but less than 1 year ago)
      05 Within the past 5 years (1 year but less than 5 years ago)
      06 Within the past 10 years (5 years but less than 10 years ago)
      07 10 years or more
      08 Never smoked regularly

DO NOT READ
      77 DON'T KNOW / NOT SURE
      99 REFUSED

[ASK IF S11Q2=1,2 AND CSTATE NE 2]
MOD15_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

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

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

      1 Every day
      2 Some days
      3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

S11Q4. Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

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

1 Never used e-cigarettes in your entire life
2 Use them every day
3 Use them some days
4 Not at all (right now)

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 16: Other Tobacco Use

MOD16_1. Module 16: Other Tobacco Use

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q4=2,3 AND CSTATE NE 2]
MOD16_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

[ASK IF CSTATE NE 2]
MOD16_3. The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

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

Section 12: Alcohol Consumption

[ASK ALL]
S12Q1. Section 12: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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

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

1_ _ Days per week (RANGE 101-107)
2_ _ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

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

[ASK IF S12Q1 NE 888,777,999]
S12Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q2=88]
S12Q2CHK. I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S12Q1]

[ASK IF S12Q2=12-76]
S12Q2A **INTERVIEWER DO NOT READ:** You entered that the respondent consumes [S12Q2] drinks per day. Is that correct?

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

[ASK IF S12Q1 NE 888,777,999]
S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q3=16-76]
S12Q3A. **INTERVIEWER DO NOT READ:** You entered that in the past month there were [S12Q3] 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 S12Q3]

[ASK IF S12Q1 NE 888,777,999]
S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q4=16-76]
S12Q4A. **INTERVIEWER DO NOT READ:** You entered that in the past 30 days the respondent had [S12Q4] drinks on one occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]
S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1 Correct as is
2 No, Re-ask question [GO BACK TO S12Q4]

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

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

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

Section 13: Immunization

[ASK ALL]
S13Q1. Section 13: Immunization

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

READ ONLY IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S13Q1=1]
S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

12 December

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

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S13Q1=1]
S13Q2Y.
Code YEAR (RANGE 2022-2023) [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]
S13Q2CHK. 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 S13Q2M]
    2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]
S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

    1 CONTINUE [GO BACK TO S13Q2M]

[ASK ALL]
S13Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

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

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

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

Section 14: H.I.V./AIDS

[ASK ALL]
S14Q1. Section 14: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF S14Q1=1]
S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

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

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

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

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S14Q1=1]
S14Q2Y.
Code YEAR (RANGE 1985-2023) [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]
S14Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

    1 CONTINUE [GO BACK TO S14Q2M]

Section 15: Seat Belt Use and Drinking and Driving

[ASK ALL]
S15Q1. Section 15: Seat Belt Use and Drinking and Driving

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

PLEASE READ
1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never

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

[ASK IF S15Q1=1-5, 7,9 AND S12Q1 NE 888]
S15Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

Section 16: Long-term COVID Effects

[ASK ALL]
S16Q1. Section 16: Long-term COVID Effects

Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

INTERVIEWER NOTE: Interviewer please read information in parenthesis as well.

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

1   Yes
2   No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S16Q1=1]
S16Q2. Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

INTERVIEWER NOTE: Long term conditions may be an indirect effect of COVID-19.

Read if necessary:
- Tiredness or fatigue
- Difficulty thinking or concentrating or forgetfulness / memory problems (sometimes referred to as "brain fog")
- Difficulty breathing or shortness of breath
- Joint or muscle pain
- Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- Dizziness on standing
- menstrual changes
- Symptoms that get worse after physical or mental activities
- Loss of taste or smell

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S16Q2=1]
S16Q3. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

PLEASE READ

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 6: Prostate Cancer Screening

[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]
MOD6_1. Module 6: Prostate Cancer Screening

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

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

        1 Yes
        2 No

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF MOD6_1=1]
MOD6_2. About how long has it been since you had your most recent P.S.A. test?

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

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

DO NOT READ
        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF MOD6_1=1]
MOD6_3. What was the main reason you had this P.S.A. test – was it …?

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

DO NOT READ
    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF MOD6_1=1]
MOD6_4. Who first suggested this P.S.A. test: you, your doctor, or someone else?

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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]
MOD6_5. When you met with a doctor, nurse, or other health professional, did they EVER talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. test?

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

    1 Advantages
    2 Disadvantages
    3 Both advantages and disadvantages

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

Indiana State Added Sections and Modules
IN State Added Section 2: Breast and Cervical Cancer Screening

[ASK IF STATE = IN AND HGENDER=2 AND CSTATE NE 2]
IN2_1. IN State Added Section 2: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

In the past year, did you have 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 STATE = IN AND HGENDER=2 AND CSTATE NE 2]
IN2_2. In the past year, did you have a Pap test?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF STATE = IN AND HGENDER=2 AND CSTATE NE 2]
IN2_3. In the past year, 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

Module 8: Cancer Survivorship : Type of Cancer

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]
MOD8_1. Module 8: Type of Cancer

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

How many different types of cancer have you had?

    1 Only one
    2 Two
    3 Three or more

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF MOD8_1=1,2,3]
MOD8_2. At what age were you [IF MOD8_1=1 INSERT "told that you had cancer?"; IF MOD8_1=2,3 INSERT "first diagnosed with cancer?"]
INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

    98 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF MOD8_2>S8Q1 AND S8Q1 NE 07,09 AND MOD8_2 NE 98,99 AND CSTATE NE 2]
MOD8_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD8_2]. I must correct this inconsistency.

    1 Continue [GO BACK TO MOD8_2]

[ASK IF MOD8_1=1,2,3]
MOD8_3. [IF MOD8_1=1 INSERT "What type of cancer is it?"; IF MOD8_1=2,3 INSERT "With your most recent diagnoses of cancer, what type of cancer was it?"]

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

01   Bladder
02   Blood
03   Bone
04   Brain
05   Breast
06   Cervix / Cervical
07   Colon
08   Esophagus / Esophageal
09   Gallbladder
10   Kidney
11   Larynx-trachea
12   Leukemia
13   Liver
14   Lung
15   Lymphoma
16   Melanoma
17   Mouth / tongue / lip
18   Ovary / Ovarian
19   Pancreas / Pancreatic
20   Prostate
21   Rectum / Rectal
22   Skin (Non-melanoma)
23   Skin (don't know what kind)
24   Soft tissue (muscle or fat)
25   Stomach
26   Testis / Testicular
27   Throat – pharynx
28   Thyroid
29   Uterus / Uterine
30   Other

77 DON'T KNOW / NOT SURE
99 REFUSED

IN State Added Section 3: Cancer Survivorship Course of Treatment

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

IN3_1. State Added Section 3: Cancer Survivorship Course of Treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ IF NECESSARY
1 Yes
2 No, I've completed treatment
3 No, I've refused treatment
4 No, I haven't started treatment
5 Treatment was not necessary

DO NOT READ
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2 AND IN3_1=2]

IN3_2. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2 AND IN3_1=2]

IN3_3. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

IN3_4. Were these instructions written down or printed on paper for you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

IN3_5. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 10: Cancer Survivorship: Pain Management

MOD10_1. Module 10: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD10_2. Would you say your pain is currently under control …?

PLEASE READ:
1 With medication (or treatment)
2 Without medication (or treatment)
3 Not under control, with medication (or treatment)
4 Not under control, without medication (or treatment)

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 13: Cognitive Decline

MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?
1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD13_2. Are you worried about these difficulties with thinking or memory?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1]
MOD13_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1]
MOD13_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1,]
MOD13_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 23: Marijuana Use

[ASK IF CSTATE NE 2]
MOD23_1. Module 23: 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]

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

[ASK IF MOD23_1 =1-30]
MOD23_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 MOD23_1 =1-30]
MOD23_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 MOD23_1 =1-30]

MOD23_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 MOD23_1 =1-30]

MOD23_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 MOD23_1 =1-30]

MOD23_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 MOD23_2-MOD23_6=1]

MOD23_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?"

PLEASE READ:
1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD23_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 MOD23_3 NE 1]
3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD23_4 NE 1]
4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD23_5 NE 1]
5 **Use it some other way. [**HIDE IF MOD23_6 NE 1]

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

Module 29: Social Determinants and Health Equity

[ASK IF CSTATE NE 2]
MOD29_1. Module 29: Social Determinants and Health Equity

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

PLEASE READ
1 Very Satisfied
2 Satisfied
3 Dissatisfied
4 Very dissatisfied

DO NOT READ
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_2. How often do you get the social and emotional support that you need? Is that…

PLEASE READ
1 Always
2 Usually
3 Sometimes

4 Rarely
5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_3. How often do you feel lonely? Is it…

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_4. In the past 12 months have you lost employment or had hours reduced?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_5. During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_6. During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that…

PLEASE READ
    1 Always
    2 Usually
    3 Sometimes
      4 Rarely
      5 Never

DO NOT READ
    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_7. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_8. During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF CSTATE NE 2]

MOD29_9. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF CSTATE NE 2]
MOD29_10. Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it …

PLEASE READ
    1 Always
    2 Usually
    3 Sometimes
        4 Rarely
        5 Never

DO NOT READ
    7 DON'T KNOW / NOT SURE
    9 REFUSED

Module 30: Reactions to Race

[ASK IF CSTATE NE 2]
MOD30_1. Module 30: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

INTERVIEWER: If respondent requests clarification of this question say "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

INTERVIEWER: Do not offer "Mixed Race" as a category but use as a code if respondent offers it.

01 White
02 Black or African American
03 Hispanic or Latino
04 Asian
05 Native Hawaiian or Other Pacific Islander
06 American Indian or Alaska Native
08 Some other group

07 Mixed Race
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 2]

MOD30_2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

INTERVIEWER: The responses can be interpreted as mean "at least" the indicated time frequency. If a respondent cannot decide between two categories, choose the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, choose "once a month" as the response.

1 Never
2 Once a year
3 Once a month
4 Once a week
5 Once a day
6 Once an hour
8 Constantly

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD30_3. Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

> 1 Worse than other races
> 2 The same as other races
> 3 Better than other races
> 4 Worse than some races, better than others
> 5 Only encountered people of the same race
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]
MOD30_4. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

> 1 Worse than other races
> 2 The same as other races
> 3 Better than other races
> 4 Worse than some races, better than others
> 5 Only encountered people of the same race
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

[ASK IF CSTATE NE 2]
MOD30_5. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than people of other races?

INTERVIEWER: If the respondent indicates that they do not know about other people's experiences when seeking health care, say "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

> 1 Worse than other races
> 2 The same as other races
> 3 Better than other races
> 4 Worse than some races, better than others
> 5 Only encountered people of the same race

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD30_6. Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

IN State Added Section 4: Fruits and Vegetables

IN4_1. **State Added Section 4: Fruits and Vegetables**

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

During the past 30 days, how often did you eat fruit or drink 100% fruit juice such as apple or orange juice, including both meals and snacks? You can tell me times per day, times per week, or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': "Include fresh, frozen or canned fruit. Do not include dried fruits."

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

1_ _   Day (RANGE 101-199)

2_ _   Week (RANGE 201-299)

3_ _   Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month

555 Never

777 DON'T KNOW / NOT SURE

999 REFUSED

IN4_2. During the past 30 days, how often did you eat any vegetables, not including fried potatoes? You can tell me times per day, times per week, or times per month.

READ IF RESPONDENT ASKS ABOUT SALADS: "Include salads."

READ IF RESPONDENT ASKS ABOUT FRIED POTATOES: "Do not include French fries, home fries, hash browns, or potato chips."

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS '"I DON'T KNOW": "Include raw, cooked, canned, or frozen vegetables. Do not include rice."

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _ Day (RANGE 101-199)

2_ _ Week (RANGE 201-299)

3_ _ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month

555 Never

777 DON'T KNOW / NOT SURE

999 REFUSED

IN State Added Section 5: Oral Health

[ASK IF STATE=IN AND CSTATE NE 2]

IN5_1. State Added Section 5: Oral Health

When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?

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

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

3 2 or more years ago

4 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

IN State Added Section 6: Trust in Research & Science

IN6_1. State Added Section 6: Trust in Research & Science

How much confidence, if any, do you have in medical scientists to act in the best interest of the public?

1 A great deal

2 A fair amount

3 Not too much

2   No confidence at all

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 17: Firearm Safety

MOD17_1. Module 17: Firearm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms now kept in or around your home?

INTERVIEWER: Do not include guns that cannot fire; include those kept in cars or outdoor storage.

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

[ASK IF MOD17_1=1]
MOD17_2. Are any of these firearms now loaded?

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

[ASK IF MOD17_2=1]
MOD17_3. Are any of these loaded firearms also unlocked?

INTERVIEWER: By unlocked we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock

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

IN State Added Section 7: Opioid Use
[ASK IF STATE=IN AND CSTATE NE 2]
IN7_1. State Added Section 7: Opioid Use

In the past year, did you use any illicit drugs? This can include, but is not limited to, substances such as cocaine/crack, heroin/fentanyl/other synthetic opioids, hallucinogens, inhalants, marijuana/synthetic cannabinoids, and methamphetamines.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[MUL=7]
IN7_2. Which illicit drugs did you consume?

INTERVIEWER: Select all that apply

DO NOT READ:
    1 Cocaine / Crack (also called coke, crank, rock, snow)
    2 Heroin / Fentanyl / Other Synthetic Opioids
    3 Hallucinogens (including, but not limited to, acid, LSD, mushrooms, ecstasy. Ecstasy is also called molly or MDMA)
    4 Inhalants (including but not limited to aerosol spray cans, paints, glue, lighter fluid, and cleaning fluids)
    5 Marijuana / Synthetic cannabinoids (also called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk) (also called pot, weed, or cannabis)
    6 Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
    8 Other

    7 DON'T KNOW / NOT SURE [EXCLUSIVE]
    9 REFUSED [EXCLUSIVE]

IN7_CLOSE. Would you like a phone number for an organization that can provide information and referral for this issue?

    1 Yes
    2 No

IN7_HOT. You can contact the Indiana Addiction Hotline at 1-800-662-HELP (4357)

1 Continue

IN State Added Section 8: Recovery

[ASK IF STATE=IN AND CSTATE NE 2]
IN8_1. State Added Section 8: Recovery

Has your use of drugs or alcohol negatively impacted your daily life in the past but not anymore?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2 AND IN8_1=1]
IN8_2. Do you consider yourself to be a person in recovery?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2 AND IN8_1=1]
[MUL=10]
IN8_3. What recovery supports, or resources, have you ever (including currently) engaged with?

    01 Sober living environment (e.g., halfway house, Oxford house, sober dorm, etc.)
    02 Recovery high schools or College recovery programs/communities
    03 Recovery community centers / State or local recovery community organization (RCO)
    04 Faith-based recovery services (e.g., an addiction recovery support group provided by a church, synagogue, mosque, etc.)
    05 12-step based recovery meetings (e.g., AA, NA, CA, etc.)
    06 Professional Treatment / Services (detoxification, inpatient, residential, or intensive outpatient)

07 Medications to support your recovery (e.g., Suboxone, Methadone, Vivitrol, etc.)
08 Peer-based recovery coaching or support services or non-12-step based recovery meetings (SMART Recovery, Refuge Recovery, etc.)
09 Pre-arrest diversion program / Drug Court / Recovery Court diversion program
10 Other (Specify) [TEXT BOX]
11 None of the above [EXCLUSIVE]

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

[IF STATE=IN GO TO ACFLAG_SPLIT]

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 S7Q5=1,2,7,9 AND MOD32_2=1,2,7,9 AND CSTATE NE 2 AND STATE= IN THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)
IF S7Q5=1,2,7,9 AND MOD32_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= IN THEN SET ACFLAG_SPLIT=1

IF S7Q5 NE 1,2,7,9 AND MOD32_2=1,2,7,9 AND CSTATE NE 2 AND STATE= IN 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 S7Q5=1
SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S7Q5=2,7,9
SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD32_2=1
SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD32_2=2,7,9
01 adult with asthma
02 adult had asthma

03 child with asthma
04 child had asthma

[ASK IF (ACFLAG=01,02,03,04 AND STATE= IN)]
AST1a. Asthma Call Back Permission

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

        1 Yes
        2 No

[ASK IF AST1a=2]
AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

        1 Yes
        2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]
MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

        1 Yes
        2 No

        7 DON'T KNOW
        9 REFUSED

[ASK IF (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

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

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

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 [GO TO INT61]

Cell Suspends in Main BRFSS

[PROGRAMMER: PUT ALL THESE QUESTIONS ON 1 SCREEN: CB,CBTIME, INT02_CB, TEXTCB,TEXTTY]

[ASK IF BRFSS_FLAG=1]
CBTIME: Would you like to schedule a call back for today or at a later time?
    1 Today
    2 Later time

[ASK IF CBTIME = 1,2 AND SAMPTYPE=1 AND (YOU=1 OR RESPSLCT=1)]
INT02_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

    01 Gave Response [TEXT BOX]

    97 DON'T KNOW
    99 REFUSED

[ASK IF SAMPTYPE=2 AND CBTIME = 2]
TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?
    1 Yes
    2 No
    3 Unknown – respondent hung up

[ASK IF TEXTCB=1]
TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

01 Continue

LANG. INTERVIEWER: Select Language

EN ENGLISH
ES SPANISH