

2020 BRFSS Questionnaire



Maine

March 31, 2020

Paths A and B

(All questions to be asked of all respondents unless Path indicated)

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Interviewer's Script Landline –

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

CTELENM1

LL01 HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. 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.

Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF NO: 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. CATI NOTE: STOP OR REDIAL]

PVTRES1

LL02 Is this a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

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DO NOT READ: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO LL04]
2. No [GO TO LL03]
3. No, this is a business

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.

INTERVIEWER NOTE: Business numbers which are also used for personal communication ARE eligible]

COLGHOUS

LL03 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 [GO TO LL04]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

STATERE1

LL04. Do you currently live in _____ (state) _____?

1. Yes [GO TO LL05]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [STATE] AT THIS TIME. STOP]

CELPHONE

LL05 Is this a cell telephone?

DO NOT READ: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

READ ONLY IF NECESSARY: BY CELL TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.

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- 1 Yes, it is a cell phone **[TERMINATE]**
- 2 Not a cell phone **(GO TO LL06)**

[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

LADULT1

LL06 Are you 18 years of age or older?

- 1 Yes
- 2 No

[INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

[CATI NOTE: IF YES 18 YEARS OF AGE OR OLDER AND IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

COLGSEX

[CATI NOTE: ONLY FOR RESPONDENTS WHO ARE LL AND COLGHOUSE=1]

LL07 Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/not sure
- 9 Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

Adult Random Selection

NUMADULT

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?

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LL08 ___ Number of adults

If 1: Are you the adult?

- 1 Yes
- 2 No

[CATI/INTERVIEWER NOTE: IF YES: THEN YOU ARE THE PERSON I NEED TO SPEAK WITH. GO TO LL09.]

[CATI/INTERVIEWER NOTE: IF NO,: MAY I SPEAK WITH THE ADULT IN THE HOUSEHOLD]

CATI/INTERVIEWER NOTE; IF 1, GO TO LL09; IF 2-6 OR MORE GO TO LL12.

LANDSEX

LL09. Are you male or female?

- 1 Male
- 2 Female
- 7 Don't Know/Not Sure
- 9 Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1]

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RESPSLCT

LL12. The person in your household that I need to speak with is [**Oldest/Second Oldest/Youngest/Second Youngest/Adult.**] Are you the [**Oldest/Second Oldest/Youngest/Second Youngest/Adult**] in this household?

INTERVIEWER NOTE: If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12.

Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

[CATI/INTERVIEWER NOTE; IF 1 OR 2, GO TO TRANSITION SECTION 1]

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Interviewer's Script Cell Phone –

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HELLO, I am calling for the Maine Center for Disease Control and Prevention. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the U.S. 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.

SAFETIME

CP01 Is this a safe time to talk with you?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP02. IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

CTELNUM1

CP02 Is this (phone number) ?

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP03. IF NO: TERMINATE. 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. STOP]

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CELLFON5

CP03 Is this a cell telephone?

Read only if necessary: By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

- 1 Yes
- 2 No

[CATI/INTERVIEWER NOTE: IF YES, GO TO CADULT1; IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

CADULT1

CP04 Are you 18 years of age or older?

- 1. Yes
- 2. No

[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

CELLSEX

CP05. Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, is it possible to tell me what sex is listed on any of your identification, such as your birth certificate, driver's license or passport?]

[INTERVIEWER NOTE; IF STILL DK/NS OR REFUSED; THANK YOU FOR YOUR TIME, YOUR NUMBER MAY BE SELECTED FOR ANOTHER SURVEY IN THE FUTURE.]

PVTRES3

CP06 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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes

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2. No

CATI NOTE: IF YES GO TO CP08. IF NO, GO TO CP07.

CCLGHOUS

CP07 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

[CATI/INTERVIEWER NOTE: IF YES, GO TO CP08. IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

CSTATE1

CP08 Do you currently live in _____ (state) _____?

1. Yes **GO TO CP10**
2. No

RSPSTAT1

CP09 In what state do you currently live?

- _____ ENTER FIPS STATE
- 77 Live outside US and participating territories

TERMINATE

Thank you very much, but we are only interviewing persons who live in the US.

- 99 Refused

TERMINATE

Thank you very much, but we are only interviewing persons who live in the US.

LANDLINE

CP10 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

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9 Refused

HHADULT

CP11 How many members of your household, including yourself, are 18 years of age or older?

- Number of adults
- 77 Don't know/Not sure
- 99 Refused

[CATI/INTERVIEWER NOTE: IF CP07 COLLEGE HOUSING = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

TRANSITION TO SECTION 1

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

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Core 1: Health Status

GENHLTH

CHS.01 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Core 2: Healthy Days

PHYSHLTH

CHD.01 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?

- — Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MENTHLTH

CHD.02 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?

- — Number of days (01 – 30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: SKIP CHD.03 IF CHD.01, PHYSHLTH, IS 88 AND CHD.02, MENTHLTH, IS 88.

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POORHLTH

CHD.03

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?

- Number of days (01-30)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Core 03: Health Care Access

HLTHPLN1

CHCA.01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes **GO TO SAHCA.01**
- 2 No **GO TO CHCA.02**
- 7 Don't know / Not sure **GO TO CHCA.02**
- 9 Refused **GO TO CHCA.02**

HLTHCRV1

SAHCA.01

What is the primary source of your health care coverage? Is it...

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 04.

READ :

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare (**GO TO CHCA.02**)
- 04 Medicaid or other state program (MaineCare)
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services, OR
- 07 Some other source
- 08 None (No coverage) (**GO TO CHCA.02**)

DO NOT READ:

- 77 Don't Know/Not Sure
- 99 Refused

MEDICARE

SAHCA.02

Do you have Medicare?

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READ IF NECESSARY: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

PERSDOC2

CHCA.02

Do you have one person you think of as your personal doctor or 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?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST

CHCA.03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHECKUP1

CHCA.04

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

Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read if necessary:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

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DELAYME1

SAHCA.03

Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....

READ:

- 1 You couldn't get through on the telephone
- 2 You couldn't get an appointment soon enough
- 3 Once you got there, you had to wait too long to see the doctor
- 4 The clinic or doctor's office wasn't open when you got there
- 5 You didn't have transportation
- 6 Other

DO NOT READ:

- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: If CHCA.01 = 1 (Yes) continue, else go to SAHCA.04b

NOCOV121

SAHCA.04a

In the past 12 months was there any time when you did not have any health insurance or coverage?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If CHCA.01 = 2, 7, or 9 continue, else Go to SAHCA.05

LSTCOVRG

SAHCA.04b

About how long has it been since you last had health care coverage?

Read if necessary:

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never

Do not read:

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- 7 Don't know/Not sure
- 9 Refused

DRVISITS

SAHCA.05

How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- __ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know / Not sure
- 99 Refused

MEDSCOS1

SAHCA.06

Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No
- 3 No medication was prescribed
- 7 Don't know/ not sure
- 9 Refused

CARERCVD

SAHCA.07

In general, how satisfied are you with the health care you received? Would you say—

Read:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

MEDBILL1

SAHCA.08

Do you currently have any health care bills that are being paid off over time?

READ IF NECESSARY: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

READ IF NECESSARY: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Core 04: Exercise

CEX.01 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

EXERANY2

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

- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
-

Core 5: Inadequate Sleep

SLEPTIM1

CIS.01 On average, how many hours of sleep do you get in a 24-hour period?

DO NOT READ: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- __ Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

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Core Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following?
For each, tell me “Yes,” “No,” or you’re “Not sure.”

CVDINFR4

CCHC.01 (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

CVDCRHD4

CCHC.02 (Ever told) (you had) angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CVDSTRK3

CCHC.03 (Ever told) (you had) a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

ASTHMA3

CCHC.04 (Ever told) (you had) asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: IF 2, 7, OR 9 GO TO CCHC.06)

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ASTHNOW

CCHC.05

Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCSCNCR

CCHC.06

(Ever told) (you had) skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCOCNCR

CCHC.07

(Ever told) (you had) any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCCOPD2

CCHC.08

(Ever told) (you had) Chronic Obstructive Pulmonary Disease, C.O.P.D., emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

HAVARTH4

CCHC.09

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

DO NOT READ: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome,

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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

ADDEPEV3

CCHC.10

(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

CHCKDNY2

CCHC.11

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

DIABETE4

CCHC.12

(Ever told) (you had) diabetes?

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 **Go to CCHC.13**
- 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

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CATI NOTE: IF RESPONSE 2, 3, 4, 7 OR 9, go to Pre-Diabetes Optional Module 1 (MPDB.01)

DIABAGE3

CCHC.13 How old were you when you were told you had diabetes?

- __ Code age in years [**97 = 97 and older**]
- 9 8 Don't know / Not sure
- 9 9 Refused

Module 1: Pre-Diabetes

CATI NOTE: Skip if Section CCHC.12, DIABETE4, is coded 1

CATI NOTE: Only asked of those NOT responding "Yes" (code = 1) to Core CCHC.12 (Diabetes awareness question).

PDIABTST

MPDB.01 Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: Skip MPDB.02 if Core CCHC.12, DIABETE4 is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (Yes).

PREDIAB1

MPDB.02 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

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Module 2: Diabetes

CATI NOTE: To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1)

INSULIN1

MDIA.01 Are you now taking insulin?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

BLDSUGAR

MDIA.02 About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

DO NOT READ: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

FEETCHK3

MDIA.03 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

DOCTDIAB

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MDIA.04 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

__ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

CHKHEMO3

MDIA.05 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.

__ Number of times [76 = 76 or more]

88 None

98 Never heard of A-one-C test

77 Don't know / Not sure

99 Refused

CATI NOTE: If MDIA.03 = 555 (No feet), go to MDIA.07

FEETCHK

MDIA.06 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

__ Number of times [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

EYEEEXAM1

MDIA.07 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:

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- 7 Don't know / Not sure
- 8 Never
- 9 Refused

DIABEYE

MDIA.08

Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

DIABEDU

MDIA.09

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

Core 7: Oral Health

LASTDEN4

COH.01

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

READ IF NECESSARY:

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

DO NOT READ:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

RMVTETH4

COH.02

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

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

READ IF NECESSARY:

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

DO NOT READ:

- 7 Don't know / Not sure
- 9 Refused

Core 8: Demographics

AGE

CDEM.01 What is your age?

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

HISPANC3

CDEM.02 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

MRACE1

CDEM.03 Which one or more of the following would you say is your race?

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INTERVIEWER NOTE: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One of more categories may be selected.

Please read:

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

Do not read:

60 Other

88 No additional choices

77 Don't know / Not sure

99 Refused

CATI NOTE: IF MORE THAN ONE RESPONSE TO CDEM.03, CONTINUE. OTHERWISE GO TO CDEM.05

ORACE3

CDEM.04 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

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INTERVIEWER NOTE: IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE AS 'REFUSED'

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander**
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

STATE ADDED: GENDER IDENTITY AND SEXUAL ORIENTATION (ALL PATHS)

SAGISO.01 The next questions are about gender identity and sexual orientation.

What sex were you assigned at birth, on your original birth certificate?

IF NEEDED, SAY: "We ask these questions in order to better understand the health and health care needs of people with different sexual orientations and gender identities."

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- 1 Male
- 2 Female
- 7 Don't Know/ Not Sure
- 9 Refused

SAGISO.02 I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY:

"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."

- 1 Male
- 2 Female
- 3 Transgender
- 4 Do not Identify as female, male, or transgender
- 7 Don't Know/ Not Sure
- 9 Refused

SAGISO.03 Now I'll read a list of terms people sometimes use to describe themselves – heterosexual or straight; homosexual (gay or lesbian) and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

- 1 Heterosexual or straight
- 2 Homosexual (gay or lesbian)
- 3 Bisexual
- 4 Other
- 7 Don't Know/ Not Sure
- 9 Refused

MARITAL
CDEM.05

Are you...?

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Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

EDUCA

CDEM.06

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

RENTHOM1

CDEM.07

Do you own or rent your home?

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

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

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

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

CTYCODE2

CDEM.08 In what county do you currently live?

— — — ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

ZIPCODE1

CDEM.09 What is the ZIP Code where you currently live?

— — — — ZIP Code
7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 Refused

CATI NOTE: If cellular telephone interview, do not ask CDEM.10, go to CDEM.12

NUMHHOL3

CDEM.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

CATI NOTE: IF RESPONSE TO C08.10 IS 2, 7, OR 9, GO TO CDEM.12

NUMPHON3

CDEM.11 How many of these telephone numbers are residential numbers?

— Enter number[1-5]
6 **Six or more**
7 Don't know / Not sure
8 None
9 Refused

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CDEM.12 is last question needed for partial complete.

CPDEMO1B

CDEM.12 How many cell phones do you have for personal use?

Read if necessary: Include cell phones used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

VETERAN3

CDEM.13 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

READ IF NECESSARY: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

EMPLOY1

CDEM.14 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

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CHILDREN

- CDEM.15** How many children less than 18 years of age live in your household?
- — Number of children
 - 8 8 None
 - 9 9 Refused

INCOME2

- CDEM.16** Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If “no,” code 02
- 0 5 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: Skip if Male (SAGISO.01 is coded 1 OR if SAGISO.01=missing and (CP.05=1 or LL.12=1; or LL.09 = 1 or LL.07 =1) or if CDEM.01, AGE, is greater than 49

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PREGNANT

CDEM.17 To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

WEIGHT2

CDEM.18 About how much do you weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in first column

Round fractions UP

- __ __ __ __ Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

HEIGHT3

CDEM.19 About how tall are you without shoes?

NOTE: If respondent answers in metrics, put "9" in column XXX.

Round fractions DOWN

- __ / __ Height
(ft / inches/meters/centimeters)
- 7 7 / 7 7 Don't know / Not sure
- 9 9 / 9 9 Refused

Core 9: Disability

DEAF

CDIS.01 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

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BLIND

CDIS.02 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

DECIDE

CDIS.03 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

DIFFWALK

CDIS.04 Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFDRES

CDIS.05 Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFALON

CDIS.06 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

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Core Section 10: Tobacco Use

SMOKE100

CTOB.01 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: “Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: IF CTOB.01 RESPONSES 2, 7 OR 9 GO TO CTOB.05

SMOKDAY2

CTOB.02 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all (**GO TO CTOB.04**)
- 7 Don't know / Not sure (**GO TO CTOB.05**)
- 9 Refused (**GO TO CTOB.05**)

STOPSMK2

CTOB.03 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 (**GO TO CTOB.05**)
- 7 Don't know / Not sure (**GO TO CTOB.05**)
- 9 Refused (**GO TO CTOB.05**)

LASTSMK2

CTOB.04 How long has it been since you last smoked a cigarette, even one or two puffs?

Read if necessary:

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)

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- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more

Do not read:

- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

USENOW3

CTOB.05

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

Snus (rhymes with 'goose')

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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

STATE ADDED: OTHER TOBACCO PRODUCTS – PATH B

SAOTP.01

Now I would like to ask you some questions about using other kinds of tobacco.

Do you now smoke regular cigars, cigarillos or little cigars that look like cigarettes 'every day,' 'some days,' or 'not at all'?

Read if necessary

- 1 Every Day
- 2 Some days
- 3 Not at all
- 7 Don't Know/Not sure
- 9 Refused

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MODULE 8: E-Cigarettes – PATH A & B

ECIGARET

MECIG.01 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

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

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

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

CATI NOTE: If MECIG.01 = 2, 7 or 9, go to MMJU.01

ECIGNOW

MECIG.02 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

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

READ:

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

DO NOT READ:

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

STATE ADDED: E-CIGARETTES (SAECIG) – PATH B

CATI NOTE: ASK IF MECIG.01 = 1

SAECIG.01 Why did you start to use e-cigarettes or other electronic vaping products?

- 1 Try something new
- 2 As a way to reduce or quit smoking

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- 3 Friends (introduced, pressured, recommended)
- 4 Health Reasons (to improve health, perceived as less harmful)
- 8 Other
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF ((CTOB.01 > 0 AND CTOB.02 <3) OR SAOTP.01 <3 OR CTOB.05 <3) and MECIG.01 = 1

SAECIG.02 Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other tobacco products?

Read if necessary

- 1 Same
- 2 More
- 3 Less
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF MECIG.02 < 3

SAECIG.03 Have you stopped using other tobacco products completely?

- 1 Yes
- 2 No
- 3 Never use other tobacco products
- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: ASK IF MECIG.01 = 1

SAECIG.04 Will you continue to use e-cigarettes or other electronic vaping products or plan to use them in the future?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Module 9: Marijuana Use – ALL PATHS

MARIJAN1

MMJU.01 During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: Marijuana and cannabis include both CBD and THC products.

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__ __ 01-30 Number of days

88 None (GO TO SAECG.01)

77 Don't know/not sure (GO TO SAECG.01)

99 Refused (GO TO SAECG.01)

USEMRJN2

MMJU.02

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.

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

Do not read:

- 7 Don't know/not sure
- 9 Refused

RSNMRJN1

MJU.03

When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

Do not read:

- 7 Don't know/Not sure
- 9 Refused

STATE ADDED: ELECTRONIC VAPOR USE (SAECG) - PATH B

CATI NOTE: ASK IF MECIG.02 < 3 OR MMJU.02 = 4

SAECG.01

When you use e-cigarettes or other electronic vaping products what do you most often inhale? Would you say...

INTERVIEWER NOTE: Marijuana and cannabis include CBD and THC.

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- 1 Nicotine
- 2 Marijuana, cannabis or THC
- 3 Just flavoring
- 7 Don't Know/Not sure
- 9 Refused

Core Section 11: Alcohol Consumption

ALCDAYS

CALC.01

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1 __ Days per week
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

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

CATI NOTE: IF CALC.01 RESPONSE = 888, 777 OR 999, GO TO CIMM.01

AVEDRNK3

CALC.02

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

- __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI NOTE: For CALC.03, X = 5 for men, X = 4 for women, Use sex at birth to determine sex (SAGISO.01)

DRNK3GE5

CALC.03

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?

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- Number of times
- 77 Don't know / Not sure
- 99 Refused

MAXDRNKS

CALC.04 During the past 30 days, what is the largest number of drinks you had on any occasion?

- Number of drinks
- 77 Don't know / Not sure
- 99 Refused

Core Section 12: Immunization

FLUSHOT7

CIMM.01 During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: IF CIMM.01 RESPONSE = 2, 7, OR 9 GO TO CIMM.03

FLSHTMY3

CIMM.02 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?

- / -- -- -- Month / Year
- 77 / 7777 Don't know / Not sure
- 09 / 9999 Refused

If age <50 GOTO CIMM.04.

SHINGLE2

CIMM.03 Have you ever had the shingles or zoster vaccine?

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INTERVIEWER NOTE: 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

**PNEUVAC4
CIMM.04**

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

**READ IF NECESSARY: THERE ARE TWO TYPES OF PNEUMONIA SHOTS:
POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN
AS PREVVAR.**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CORE SECTION 13: Falls.

SKIP SECTION IF CDEM.01 AGE, CODED 18-44

FALL12MN

CFAL.01 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.

__ Number of times [76 = 76 or more]

88 None **Go to CSBD.01**

77 Don't know / Not sure **Go to CSBD.01**

99 Refused **Go to CSBD.01**

FALLINJ4

CFAL.02

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

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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.

__ Number of falls [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

CORE SECTION 14: Seat Belt Use and Drinking and Driving

SEATBELT

CSBD.01 How often do you use seat belts when you drive or ride in a car? Would you say—

READ:

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

Do not read:

7 Don't know / Not sure

8 Never drive or ride in a car **GO TO NEXT SECTION**

9 Refused

If CALC.01 = 888 (No drinks in the past 30 days); go to next section.

DRNKDRI2

CSBD.02 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

__ Number of times

88 None

77 Don't know / Not sure

99 Refused

Core 15: Breast and Cervical Cancer Screening

CATI NOTE: Skip if Male (SAGISO.01, is coded 1), or if SAGISO.01=missing and (CP.05=1 or LL.12=1; or LL.09 = 1 or LL.07 =1).

HADMAM

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CBCC.01 The next questions are about breast and cervical cancer. Have you ever had a mammogram?

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

- 1 Yes
- 2 No **GO TO CBCC.03**
- 7 Don't know / Not sure **GO TO CBCC.03**
- 9 Refused **GO TO CBCC.03**

HOWLONG

CBCC.02 How long has it been since you had your last mammogram?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

HADPAP2

CBCC.03 Have you ever had a Pap test?

INTERVIEWER NOTE: A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI: IF CBCC.03 = 2, 7 OR 9, GO TO CBCC.05

LASTPAP2

CBCC.04 How long has it been since you had your last Pap test?

Read if necessary:

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

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- 5 5 or more years ago
- DO NOT READ:
- 7 Don't know / Not sure
- 9 Refused

HPVTEST

CBCC.05

An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

INTERVIEWER NOTE: Human papillomavirus (pap-uh-loh-muh virus)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI: IF CBCC.05 = 2, 7, OR 9 GO TO CBCC.07

HPLSTTST

CBCC.06

How long has it been since you had your last H.P.V. test?

Read if necessary:

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

DO NOT READ:

- 7 Don't know / Not sure
- 9 Refused

CATI: If response to Core CDEM.17 = 1 (is pregnant); then go to next section.

HADHYST2

CBCC.07

Have you had a hysterectomy?

READ IF NECESSARY: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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Core 16: Prostate Cancer Screening

CATI NOTE: If respondent is <39 years of age, or is female (SAGISO.01 is coded 2), or if SAGISO.01=missing and (CP.05=2 or LL.12=2; or LL.09=2 or LL.07=2), go to next section

PCPSAAD3

CPCS.01 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

READ IF NECESSARY: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

PCPSADI1

CPCS.02 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

PCPSARE1

CPCS.03 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

PSATEST1

CPCS.04 Have you ever had a PSA test?

- 1 Yes
- 2 No **GO TO NEXT SECTION**
- 7 Don't know / Not sure **GO TO NEXT SECTION**
- 9 Refused **GO TO NEXT SECTION**

PSATIME

CPCS.05 How long has it been since you had your last PSA test?

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Read if necessary

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

PCPSARS1

CPCS.06

What was the main reason you had this PSA test – was it ...

READ:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

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CORE SECTION 17: Colorectal Cancer Screening

CATI NOTE: If respondent is < 45 years of age, go to next section.

The next questions are about the five different types of tests for colorectal cancer screening

COLNSCPY

CRC.01 A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

- 1 Yes
- 2 No **GO TO CRC.03**
- 7 Don't know / Not sure **GO TO CRC.03**
- 9 Refused **GO TO CRC.03**

INTERVIEWER NOTE: DO NOT INCLUDE A VIRTUAL COLONOSCOPY, WHERE YOUR COLON IS FILLED WITH AIR AND YOU ARE MOVED THROUGH A DONUT SHAPED X-RAY MACHINE AS YOU LIE ON YOUR BACK AND THEN ON YOUR STOMACH.

COLNTEST

CRC.02 How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

SIGMSCPY

CRC.03 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No **GO TO CRC.05**
- 7 Don't know / Not sure **GO TO CRC.05**
- 9 Refused **GO TO CRC.05**

SIGMTEST

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CRC.04 How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

BLDSTOL1

CRC.05 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

INTERVIEWER NOTE: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

- 1 Yes
- 2 No **GO TO CRC.07**
- 7 Don't know / Not sure **GO TO CRC.07**
- 9 Refused **GO TO CRC.07**

LSTBLDS4

CRC.06 How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

STOOLDNA

CRC.07 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

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INTERVIEWER NOTE: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

- 1 Yes
- 2 No **GO TO CRC.09**
- 7 Don't know / Not sure **GO TO CRC.09**
- 9 Refused **GO TO CRC.09**

SDNATEST

CRC.08 How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

VIRCOLON

CRC.09 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

INTERVIEWER NOTE: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

- 1 Yes
- 2 No **GO TO NEXT SECTION**
- 7 Don't know / Not sure **GO TO NEXT SECTION**
- 9 Refused **GO TO NEXT SECTION**

VCLNTEST

CRC.10 How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

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- 7 Don't know / Not sure
- 9 Refused

Core 18: H.I.V./AIDS

HIVTST7

CHIV.01 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.?

READ IF NECESSARY: 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

CATI NOTE: IF CHIV.01 RESPONSE = 2, 7, OR 9 GO TO CHIV.03

HIVTSTD3

CHIV.02 Not including blood donations, in what month and year was your last H.I.V. test?

NOTE: If response is before January 1985, code "777777"

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

- __ / ____ Code month and year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused / Not sure

HIVRISK5

CHIV.03 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MODULE 6: Cognitive Decline

CATI NOTE: If respondent is 45 years of age or older continue, else go to next module.

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is

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happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

CIMEMLOS

MCD.01 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes **GO TO MCD.02**
- 2 No **GO TO MLCS.01**
- 7 Don't know / Not sure **GO TO MCD.02**
- 9 Refused **GO TO MLCS.01**

CDHOUSE

MCD.02 During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is ...

PLEASE READ

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

CDASSIST

MCD.03 As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is ...

PLEASE READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **GO TO MCD.05**
- 5 Never **GO TO MCD.05**

DO NOT READ

- 7 Don't know / Not sure **GO TO MCD.05**
- 9 Refused **GO TO MCD.05**

CATI NOTE: If MCD.03 = 1, 2 or 3 continue. If MCD.03 = 4, 5, 7 or 9, go to MCD.05.

CDHELP

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MCD.04 When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is ...

PLEASE READ

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

CDSOCIAL

MCD.05 During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is ...

PLEASE READ

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

DO NOT READ

- 7 Don't know / Not sure
- 9 Refused

CDDISCUS

MCD.06 Have you or anyone else discussed your confusion or memory loss with a health care professional?

DO NOT READ

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MODULE 10: LUNG CANCER SCREENING

CATI NOTE: If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question MLCS.04.

LCSFIRST

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MLCS.01 You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

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

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

___ Age in Years (001 – 100)

777 Don't know/Not sure

999 Refused

888 Never smoked cigarettes regularly (**GO TO MLCS.04**)

CATI NOTE/INTERVIEWER NOTE: If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

LCSLAST

MLCS.02 How old were you when you last smoked cigarettes regularly?

___ Age in Years (001 – 100)

777 Don't know/Not sure

999 Refused

LCSNUMC

MLCS.03 On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

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

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes.

Below is a conversion table:

0.5 pack = 10 cigarettes

0.75 pack = 15 cigarettes

1 pack = 20 cigarettes

1.25 pack = 25 cigarettes

1.5 pack = 30 cigarettes

1.75 pack = 35 cigarettes

2 packs = 40 cigarettes

2.5 packs= 50 cigarettes

3 packs= 60 cigarettes

___ Number of cigarettes

777 Don't know/Not sure

999 Refused

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LCSTSCN

MLCS.04

The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

Read if necessary:

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

Do not read:

- 7 Don't know/not sure
- 9 Refused

STATE ADDED: LUNG CANCER SCREENING – PATHS A AND B

SALCS.01

Lung cancer screening occurs when someone who is healthy, without any symptoms or signs of lung cancer, is tested to see if lung cancer is present. The test that is used for lung cancer screening is called a CT or CAT scan. During this test, you lie flat on your back on a table, which moves through a donut-shaped x-ray machine that takes pictures of your lungs.

In the last 12 months, did any of your health care providers ask you whether you wanted to have a CT scan for lung cancer screening?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SALCS.02

In the last 12 months, did your health care providers talk to you about the possible benefits of the CT scan for lung cancer screening?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SALCS.03

In the last 12 months, did your health care providers talk to you about the possible harms of the CT scan for lung cancer screening?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SALCS.04

In the last 12 months, did you have a CT scan for lung cancer screening?

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INTERVIEWER NOTE: Confirm with respondent that the CT scan was performed for lung cancer screening, not for other reasons (such as evaluation of symptoms like cough, shortness of breath, etc.)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SALCS.05 How many parents, brothers, or sisters in your family have had lung cancer?

- 1 None
- 2 One
- 3 2 or more
- 1 Don't Know/Not Sure
- 9 Refused

SALCS.06 Have you been exposed to asbestos at work?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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MODULE 11: CANCER SURVIVORSHIP: TYPE OF CANCER – PATH A

CATI NOTE: If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

CNCRDIFF

MTOC.01

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 (**GO TO NEXT MODULE**)
- 9 Refused (**GO TO NEXT MODULE**)

CNCRAGE

MTOC.02

At what age were you told that you had cancer?

CATI NOTE: If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

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

- __ Age in Years (97 = 97 and older)
- 98 Don't know/Not sure
- 99 Refused

CNCRTP1

MTOC.03

What type of cancer was it?

CATI NOTE: If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one) ask:
Was it Melanoma or other skin cancer?
then code MTOC.03 as a response 21 if Melanoma or 22 if other skin cancer

CATI NOTE: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19."

READ IF respondent needs prompting for cancer type:

- 01 Breast cancer

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Female reproductive (Gynecologic)

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

Head/Neck

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

Gastrointestinal

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male reproductive

- 19 Prostate cancer
- 20 Testicular cancer

Skin

- 21 Melanoma
- 22 Other skin cancer

Thoracic

- 23 Heart
- 24 Lung

Urinary cancer

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma

30 Other

Do not read:

- 77 Don't know / Not sure
- 99 Refused

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MODULE 12; CANCER SURVIVORSHIP; COURSE OF TREATMENT – PATH A

CATI NOTE: If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

CSRVTRT3

MCOT.01 Are you currently receiving treatment for cancer?

READ 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 (**GO TO NEXT MODULE**)
- 4 No, I haven't started treatment (**GO TO NEXT MODULE**)
- 5 Treatment was not necessary (**GO TO NEXT MODULE**)
- 7 Don't know / Not sure (**GO TO NEXT MODULE**)
- 9 Refused (**GO TO NEXT MODULE**)

CSRVD0C1

MCOT.02 What type of doctor provides the majority of your health care? Is it a....

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

Do not read:

- 77 Don't know / Not sure
- 99 Refused

CSRVSUM

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MCOT.03 Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

READ 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

CSRVRTRN

MCOT.04 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 **Go to MCOT.06**
- 7 Don't know/ not sure **Go to MCOT.06**
- 9 Refused **Go to MCOT.06**

CSRVINST

MCOT.05 Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

CSRVINSR

MCOT.06 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ IF NECESSARY: Health insurance also includes Medicare, Medicaid, or other types of state health programs.

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

CSRVDEIN

MCOT.07 Were you ever denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No

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- 7 Don't know/ not sure
- 9 Refused

CSRVCLIN

MCOT.08

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 13: CANCER SURVIVORSHIP: PAIN MANAGEMENT – PATH A

CATI NOTE: If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.

CSRVPAIN

MCPM.01

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

- 1 Yes
- 2 No **Go to next module**
- 7 Don't know/ not sure **Go to next module**
- 9 Refused **Go to next module**

CSRVCTL2

MCPM.02

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

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 22: RANDOM CHILD SELECTION

CATI NOTE: If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core CDEM.15 = 1 AND CDEM.15 DOES NOT EQUAL 88 or 99 Interviewer please read:
“Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” [Go to Q1]

If Core CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, Interviewer please read:
“Previously, you indicated there were [number] children age 17 or younger in your

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household. Think about those [number] 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.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

RCSBIRTH

MRCS.01. What is the birth month and year of the [Xth] child?

__ / __ __ __ Code month and year
7 7 / 7 7 7 7 Don’t know / Not sure
9 9 / 9 9 9 9 Refused

RCSGENDR

MRCS.02. Is the child a boy or a girl?

1 Boy
2 Girl
9 Refused

RCHISLA1

MRCS.03. Is the child Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are they...

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
- 7 Don’t know / Not sure
- 9 Refused

RCSRACE1

MRCS.04. Which one or more of the following would you say is the race of the child?

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(Select all that apply)

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 88 No additional choices
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE, GO TO MRCS.06.]

RCSBRAC2

MRCS.05 Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

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- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian

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

- 50 Pacific Islander

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

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

RCSRLTN2

MRC5.06

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

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MODULE 23: CHILDHOOD ASTHMA PREVALENCE:

CATI NOTE: If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.

CASTHDX2

MCAP.01 The next two questions are about the “Xth” [CATI: please fill in correct number] 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

CATI NOTE: IF 2, 7 OR 9, GO TO NEXT MODULE

CASTHNO2

MCAP.02 Does the child still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Asthma Call-Back Permission Script

CALLBACK

CB01.01 We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

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

- 1 Yes
- 2 No

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ADLTCHLD

CB01.02 Can I please have either (your/your child's) first name or initials so we will know who to ask for when we call back?

_____ Enter first name or initials

CATI NOTE: Enter code for person in the household selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

STATE ADDED CIGARETTE USE (SACIG) – PATH B

CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 1

SACIG.01 We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 2

SACIG.02 We have some additional questions on specific health issues we would like to ask you about.

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?

INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

___ Enter number of cigarettes

777 Don't Know/Not sure

999 Refused

CATI NOTE: Ask if CTOB.01 = 1

SAGIC.03 How old were you when you smoked your first cigarette?

___ Age in years

777 Don't Know/Not sure

999 Refused

STATE ADDED: CESSATION (SAQUIT) – PATH B

CATI NOTE for state added section SAQUIT: IF (CTOB.02 > 0 AND CTOB.02 < 3) OR SAOTP.01 < 3 OR CTOB.05 < 3 or MECIG.02 <3 continue, else go to Section SAETOB – Environmental Tobacco

SAQUIT.01 The next questions are about quitting tobacco use.

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Would you like to quit smoking or using other tobacco products?

- 1 Yes
- 2 No (**Go to SAQUIT.04**)
- 7 Don't Know/Not Sure (**Go to SAQUIT.04**)
- 9 Refused (**Go to SAQUIT.04**)

CATI NOTE: ASK IF SAQUIT.01 = 1

SAQUIT.02 Are you seriously considering quitting within the next 6 months?

- 1 Yes
- 2 No (**Go to SAQUIT.04**)
- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: ASK IF SAQUIT.01 = 1 AND (SAQUIT.02 > 0 AND SAQUIT.02 <> 2)

SAQUIT.03 Are you planning to stop within the next 30 days?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SAQUIT.04 Now I am going to read you a list of products and services that you might have used to help you quit smoking or using other tobacco products. In the last 12 months, have you used...Nicotine replacement medication such as nicotine patches, gum, inhaler or nasal spray?

- 1 Yes
- 2 No (**GO TO SAQUIT.06**)
- 3 I did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)
- 7 Don't Know/Not sure (**Go to SAQUIT.06**)
- 9 Refused (**Go to SAQUIT.06**)

CATI NOTE ASK IF SAQUIT.04 = 1

SAQUIT.05 How did you pay for it (nicotine replacement systems)? Would you say

- 1 You paid for it on your own
- 2 Insurance paid for some of it
- 3 Insurance paid for all of it
- 4 You were given the medication free of charge
- 7 Don't Know/Not sure

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9 Refused

CATI NOTE: ASK IF SAQUIT.04 > 0 AND SAQUIT.04 <> 3

SAQUIT.06 In the last 12 months, have you used...Non-nicotine medication such as Zyban, Wellbutrin, Chantix, varenicline or other medications?

1 Yes

2 No (**Go to SAQUIT.08**)

3 I Did not try to quit smoking or using tobacco products (**Go to SAQUIT.08**)

7 Don't Know/Not sure (**Go to SAQUIT.08**)

9 Refused (**Go to SAQUIT.08**)

CATI NOTE: ASK IF SAQUIT.06 = 1

SAQUIT.07 How did you pay for it (non-nicotine medication)? Would you say...

1 You paid for it on your own

2 Insurance paid for some of it

3 Insurance paid for all of it

4 You were given the medication free of charge

7 Don't Know/Not Sure

9 Refused

SAQUIT.08

In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?

1 Yes

2 No

3 I have not seen a dentist in the last 12 months

7 Don't Know/Not Sure

9 Refused

SAQUIT.09

The next set of questions is about experiences you may have had during a visit to a doctor's office in the last 12 months.

During any such visit, did any health professional...

Advise you to stop smoking or using other tobacco products?

1 Yes

2 No

3 I have not visited a doctor's office in the last 12 months (**Go to SAQUIT.12**)

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7 Don't Know/Not Sure
9 Refused

CATI NOTE: IF SAQUIT.09 > 0 AND SAQUIT.09 <> 3 continue; else go to SAQUIT.12

SAQUIT.10 During any such visit, did any health professional...

Give you information about counseling classes or programs, such as the Maine Tobacco HelpLine to help you quit smoking or using other tobacco products?

1 Yes
2 No
7 Don't Know/Not sure
9 Refused

SAQUIT.11 During any such visit, did any health professional....

Talk with you about medications to help you stop smoking or using other tobacco products?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SAQUIT.12 During the past 30 days, have you seen any advertisements on television about help to quit smoking or using other tobacco products?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SAQUIT.13 During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, or YouTube about help to quit smoking or using other tobacco products?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SAQUIT.14 In the last 12 months, how many times have you called the Maine Tobacco Helpline?

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Would you say...

PLEASE READ

- 1 Zero Times
- 2 One Time
- 3 Two Times
- 4 Three or more times

DO NOT READ

- 7 Don't Know/Not sure
- 9 Refused

CATI NOTE: Ask if SAQUIT.14<6

SAQUIT.15 How were you referred to the Maine Tobacco Helpline?

PLEASE READ

- 1 Quitlink
- 2 From ads/materials promoting the Helpline
- 3 By a healthcare professional
- 4 By a family member or friend
- 5 I was not referred to the Maine Tobacco Helpline

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

STATE ADDED: ENVIRONMENTAL TOBACCO (SAETOB) – PATH B

SAETOB.01 These next questions ask about the type of building you live in and how long you have lived there.

In what type of living space do you currently reside?

PLEASE READ

- 1 Single family home
- 2 Duplex
- 3 Double or multi-family home
- 4 Condominium
- 5 Townhouse
- 6 Apartment building

DO NOT READ:

- 7 Don't Know/Not Sure
- 9 Refused

SAETOB.02 How long have you lived in your current residence?

CATI NOTE: 101 MIN 499 MAX

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101 – 199 Number of Days
201 – 299 Number of Weeks
301 – 399 Number of months
401 – 499 number of years

___ Enter amount of time
777 Don't Know/Not Sure
999 Refused

SAETOB.03 Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?

1 Yes
2 No
7 Don't Know/Not Sure
9 Refused

SAETOB.04 Now I am going to ask you some questions about second hand cigarette smoke.

Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say

PLEASE READ

1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree

DO NOT READ

7 Don't Know/Not Sure
9 Refused

SAETOB.05 On how many of the past 30 days has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?

CATI NOTE: 30. MAX

___ Days
88 None
77 Don't Know/Not Sure
99 Refused

SAETOB.06 Which of the following statements best describes the rules about smoking inside your home?

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Please read

- 1 No one is allowed to smoke anywhere inside your home
- 2 Smoking is not allowed if children are in the home
- 3 Smoking is allowed in some place or at some times
- 4 Smoking is permitted anywhere inside your home

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: ASK IF SAETOB.01 > 1 AND SAETOB.01 < 7

SAETOB.07 Which of the following statements best describes the official smoking policy in your building?

Please read

- 1 Smoking is not allowed in any areas of the building including living units
- 2 Smoking is not allowed in shared areas, but is allowed inside living units
- 3 Smoking is allowed anywhere

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

SAETOB.08 Which of the following statements best describes the rules about smoking inside your car?

Please read

- 1 No one is allowed to smoke inside your car
- 2 Smoking is not allowed if children are in your car
- 3 Smoking is permitted anytime inside your car
- 4 Don't own a car

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

CATI NOTE: Program {today's day of the week}

SAETOB.09 During the past 7 days, that is, since last {today's day of the week}, on how many days did you ride in a vehicle where someone other than you was smoking tobacco?

INTERVIEWER NOTE: 07 Max

__ Number of Days (01-07)
88 None

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77 Don't Know/Not Sure Refused

CATI NOTE: IF C08.14 = 1 OR C08.14 = 2 continue, else go to next section.

SAETOB.10 Which of these best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

SAETOB.11 Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

SAETOB.12 Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...

Please read:

- 1 Not allowed in any vehicles
- 2 Allowed in some vehicles
- 3 Allowed in all vehicles
- 4 My work does not involve the use of any vehicles at any time

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

SAETOB.13 The next question is about exposure to secondhand smoke.

Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?

CATI NOTE: Program {Today's day of the week}

CATI NOTE: 07 MAX

__ Number of Days (01-07)

88 None

77 Don't Know/Not sure

99 Refused

STATE ADDED: SMOKING BELIEFS (SASMB) – PATH B

SASMB.01 When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, other tobacco products or electronic vapor products? Would you say...

Please read

1 Frequently

2 Sometimes

3 Almost Never

4 I Don't go to convenience stores or gas stations

Do not read:

7 Don't know/Not sure

9 Refused

CATI NOTE: IF CDEM.15 < 88 continue, else go to SASMB.03

SASMB.02 Do you try to prevent the children in your household from using cigarettes, other tobacco products or electronic vapor products?

1 Yes

2 No

7 DON'T KNOW/NOT SURE

9 Refused

SASMB.03 Do you believe e-cigarettes or other electronic vaping products have the same, more or less nicotine than regular cigarettes?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes and other electronic 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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen and blu.

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- 1 Same
- 2 More
- 3 Less
- 7 Don't Know/Not Sure
- 9 Refused

STATE ADDED: PROOF OF AGE (SAPOA) – PATH B

SAPOA.01 During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco or electronic vapor products, in a store, were you asked to show proof of age?

- 1 Yes
- 2 No
- 3 I have not bought any tobacco products in a store in the past 30 days
- 7 Don't Know/Not Sure
- 9 Refused

STATE ADDED: T21 (SAT21) – PATH B

PLEASE READ:

As of July 1, 2018, the legal age to purchase tobacco products in Maine was raised to 21.

INTERVIEWER NOTE: Individuals who were 18 as of July 1, 2018 are still able to purchase tobacco products.

SAT21.01 Do you agree or disagree with the following statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."

PLEASE READ

- 1 Strongly agree
- 2 Somewhat agree
- 3 Neither agree nor disagree
- 4 Somewhat disagree
- 5 Strongly disagree

DO NOT READ

- 7 Don't Know/Not Sure
- 9 Refused

SAT21.02 During the past 30 days, have you seen any signage in retail stores, such as grocery or convenience stores, that the legal age for tobacco sales in Maine is 21?

- 1 Yes

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- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

STATE ADDED: SUICIDE (SASUICD) – BOTH PATHS A AND B

INTRODUCTION: The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings please write down the statewide crisis number 1-888-568-1112, so that you can call them if needed.

CMT_SUCD

SASUICD.01 During the last 12 months, did you ever seriously consider attempting suicide?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

ATM_SUCD

SASUICD.02 During the last 12 months, did you ever attempt suicide?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

CLOSING SUICIDE STATEMENT: Would you like me to repeat the statewide suicide number?

If yes say: The number is, 1-888-568-1112

STATE ADDED: SEXUAL VIOLENCE (SASV) – PATH A

SASV.01 Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

Are you in a safe place to answer these questions?

- 1. YES
- 2. NO

CATI NOTE: IF 2 (NO), END SECTION.

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CATI NOTE: ASK IF SASV.01=1

CATI NOTE: IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing) and (CP05=2 or LL12=2; or LL09=2 or LL07=2), then include "vagina" prior to anus.

SASV.02 Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your **{IF female (SAGISO.01, is coded 2 or if SAGISO.01= missing and (CP05=2 or LL12=2; or LL09=2 or LL07=2), vagina}**anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: IF 2, 7, OR 9, GO TO SASV.04

CATI NOTE: Ask if SASV.02 = 1

SASV.03 Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: ASK IF SASV.01 = 1

SASV.04 In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF SASV.01 = 1

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SASV.05 The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.

Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF SASV.01 = 1

SASV.06 In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, choked or otherwise physically hurt

1. YES
2. NO
7. DON'T KNOW/NOT SURE
9. REFUSED

CATI NOTE: ASK IF SASV.01 = 1

SASV.07 We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?

STATE ADDED: CO DETECTOR, AIR CONDITIONING, PRIVATE WELL WATER, RADON – PATH A

CMX_DET

SAENV.01 A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Some CO detectors are part of a combined alarm system that also includes a smoke detector. Do you have a carbon monoxide detector in your home?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

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AIR COND

SAENV.02 Any type of air conditioning means a central air conditioning system or window air conditioning units or a heat pump used to cool the air in your home. Do you have any type of air conditioning in your home?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.03 if SAENV.02=1 (Yes) else skip to SAENV.04

TYP COND

SAENV.03 Do you have central air conditioning, or a window air conditioner unit, or a heat pump?

- 1. Central air conditioning;
- 2. A window air conditioning unit;
- 4. Heat pump;
- 7. Don't know/not sure;
- 9. Refused

WAT WELL

SAENV.04 Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing. Do you get any of your water from a well?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.05 if SAENV.04=1 (Yes) else skip to SAENV.08

WAT TEST

SAENV.05 Have you ever had your current well water tested?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.06 if SAENV.05=1 (Yes), else skip to SAENV.08

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TST ARSN

SAENV.06

Arsenic is not included in all water tests. Have you tested your well water for arsenic?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.07 if SAENV.05=1 (Yes), else skip to SAENV.08

RDN WATR

SAENV.07 Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

RDN TEST

SAENV.08 Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.09 if SAENV.08 = 1(yes), else skip to next section.

RDN LEVEL

SAENV.09

Were the radon levels in your household above normal?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CATI NOTE: Ask SAENV.10 if SAENV.09=1 (Yes)

RDN FIXD

SAENV.10

Have the radon levels been reduced or fixed?

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- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

STATE ADDED: CHOLESTEROL – PATH A

TOLDHI2

SACHOL.02

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

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

- 1 Yes
- 2 No (**Go to next section**)
- 7 Don't Know/ Not Sure (**Go to next section**)
- 9 Refused (**Go to next section**)

CHOLME2

SACHOL.03

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

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

9 Refused

STATE ADDED: ASPIRIN FOR CVD PREVENTION – PATHS A AND B

ASPIRIN

SACVD.01

How often do you take an aspirin to prevent or control heart disease, heart attacks, or stroke? Would you say....

Read list:

- 1 Daily
- 2 Some days
- 3 Used to take it but had to stop due to side effects, OR
- 4 Do not take it

Do not read:

- 7 Don't know/Not sure
- 9 Refused

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STATE ADDED: SUBSTANCE USE – BOTH PATHS A AND B

SARXMU.01 Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?

- 1 NEVER USED
- 2 HAVE USED BUT NOT IN THE LAST 30 DAYS
- 3 1-2 DAYS
- 4 3-5 DAYS
- 5 6 OR MORE DAYS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

STATE ADDED: MENTAL HEALTH – BOTH PATHS A AND B

SAMH.01 Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

CATI NOTE: 14 DAY MAX

- __ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

SAMH.02 Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

CATI NOTE: 14 DAY MAX

- __ 01-14 Days
- 88 None
- 77 Don't Know/Not sure
- 99 Refused

SAMH.03 Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

SAMH.04 Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health condition or emotional problem?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure

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9 Refused

STATE ADDED: GAMBLING – BOTH PATHS A AND B

SAGAMB.01 In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?

- 1 0 times (**Go to CLOSING**)
- 2 1-2 times
- 3 3-9 times
- 4 10-19 times
- 5 20-39 times
- 6 40 or more times
- 7 Don't Know/Not Sure (**Go to CLOSING**)
- 9 Refused (**Go to CLOSING**)

SAGAMB.02 Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?

- 1 Yes
- 2 No
- 7 Don't Know/ Not Sure
- 9 Refused

CLOSING STATEMENT

Please read:

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