



2023

**Maryland Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

MD Maryland

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

MD Maryland Department of Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

MD 844-403-3933

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SAB2, SAB3, SAB4, SEX2, ASKGENDR. ASKGENDR2, MOD21_1

1 male
2 female

[ASK ALL]

ORIG_GENDER. Hidden question for piping him/her into resume intro

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

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

- 1 him
- 2 her

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

MD 28

[ASK IF STATE=MD]

SPLIT. Imported Sample Variable: Split

- 1 Split 1
- 2 Split 2
- 3 Split 3

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

CWEEKDAY. System variable - Current weekday

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

CMONTH. System variable - Current month

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

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

[ASK ALL]

BRFSS_FLAG. Imported Sample Variable for routing.

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

1 BRFSS respondent

2 Asthma respondent who started Asthma survey in main BRFSS

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

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

Behavioral Risk Factor Surveillance System

2023 Questionnaire

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Interviewer’s Script Landline

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

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

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

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

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

PRIVACY MANAGER MESSAGE TEXT:

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

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

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

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

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

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

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

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

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT]. We recently talked to someone in your household about an important health survey we are conducting in [STATE].

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed, but they didn’t have time to finish it. I am calling back to see if they had time to finish the survey now.”]

May I please speak to [ORIG_GENDER]?

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

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey we are conducting in [STATE].” [IF SAMPTYPE=1 INSERT: “When we last called, you were selected to complete the interview. We were unable to complete the interview at that time and your opinions are very important to [HEALTHDEPT]. We would like to finish the survey now.”]

[IF SAMPTYPE=2 INSERT: “When we last called, we were unable to complete the interview and your opinions are very important to [HEALTHDEPT]. We would like to finish the survey now with [ORIG_GENDER]. May I please speak to [ORIG_GENDER]?”]

[IF SAMPTYPE=2 INSERT **“INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, “Is this a safe time to talk with you?” If respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

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

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

01 Selected on the line

02 No [HIDE IF NOT(SAMPTYPE=1)]

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

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

- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[ASK IF INT01=02 OR INT02=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

1 Continue [ASSIGN DISPO U1]

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

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

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

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

- 1 Yes
- 2 No
- 3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

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

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

- 1 Yes
- 2 No

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

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

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

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

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

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

ADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF HS1=1 AND HS2=2]

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

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

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

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

- 1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

- 1 Yes
- 2 No

[ASK IF ONEADULT=2]

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

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

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

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

- 1 Continue

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

ASKGENDR. Are you male or female?

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity

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

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

[ASK IF ASKGENDR=3,7,9 AND (ONEADULT=1 OR (HS2=2 AND ADULT=1))]

SAB2. What was your sex at birth? Was it male or female?

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

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

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

[ASK IF SAB2=7,9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

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

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

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

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

1 Yes

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

[ASK IF RESP SLCT=1]

ASKGENDR2. Are you male or female?

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity

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

[IF MOD21_1=WR AND ASKGENDR2=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND ASKGENDR2 =2 SET HGENDER=2 (Female)]

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

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

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

- 1 Male
- 2 Female

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

[IF MOD21_1=WR AND SAB4=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND SAB4 =2 SET HGENDER=2 (Female)]

[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB4=7,9]

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

- 1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

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

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

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

1 Yes

2 No

3 Not a safe time/driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PHONE=2]

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

1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

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

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

[ASK IF CELLFON2=2]

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

- 1 Continue [ASSIGN DISPO M2]

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

NOTCELL2. Thank you for your time.

- 1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF CADULT=2]

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

- 1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male or female?

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

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD21_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND SEX2 =2 SET HGENDER=2 (Female)]

[ASK IF SEX2=3,7,9]

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

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

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD21_1=WR AND SAB3=1 SET HGENDER=1 (Male); IF MOD21_1=WR AND SAB3 =2 SET HGENDER=2 (Female)]

[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB3=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

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

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

- 1 Yes
- 2 No

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

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

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

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

[ASK IF COLLEGE2=2,3]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

X4. Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

1 Yes
2 No
3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan

MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF CSTATE=2 AND (STATE=MD AND RSPSTATE=MD)]

STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the

interview at any time. Any information that you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

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

- 9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

PLEASE READ:

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

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

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current source of your primary health insurance?

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

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

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

DO NOT READ

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

[ASK ALL]

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

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

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

- 1 Yes, only one
- 2 More than one
- 3 No

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

[ASK ALL]

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

- 1 Yes
- 2 No

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

[ASK ALL]

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

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

READ IF NECESSARY

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

DO NOT READ

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

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

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S4Q1=1]

S4Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

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

01 Walking

02 Running or jogging

03 Gardening or yard work

04 Bicycling or bicycling machine exercise

05 Aerobics video or class

06 Calisthenics

07 Elliptical/EFX machine exercise

08 Household activities

09 Weight lifting

10 Yoga, Pilates, or Tai Chi

11 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S4Q2 =01-11,]

S4Q3. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-150)
2__ Times per month
(RANGE 201-250) [NUMBER BOX]

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

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S4Q2=01-11]

S4Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S4Q1=1]

S4Q5. What other type of physical activity gave you the next most exercise during the past month?

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

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

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

[ASK IF S4Q5=01-11]

S4Q6. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-150)

2__ Times per month

(RANGE 201-250) [NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S4Q5=01-11]

S4Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30

60 minutes is coded as 100

1 hour is coded as 100

2 hours and 30 minutes is coded as 230

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

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

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

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

1__ Times per week (RANGE 101-150)
2__ Times per month
(RANGE 201-250) [NUMBER BOX]

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

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

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

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

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

1 Yes
2 Yes, but female told only during pregnancy
3 No

4 Told borderline high or pre-hypertensive or elevated blood pressure

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

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

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 1: Home/ Self-measured Blood Pressure (Split 1)

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND S5Q1 = 1]

MD1_1. State Added Section 1: Home/ Self-measured Blood Pressure

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

Interviewer Note: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND S5Q1 = 1]

MD1_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

- 1 Yes
- 2 No

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

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND S5Q1 = 1]

MD1_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery, or similar location
- 3 Do not check it

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

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND S5Q1 = 1]

MD1_4. How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

- 1 Telephone
- 2 Other methods such as email, internet portal or fax
- 3 In person
- 4 DO NOT SHARE INFORMATION

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

Section 6: Cholesterol Awareness

[ASK ALL]

S6Q1. Section 6: Cholesterol Awareness

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

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)

- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

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

[ASK IF S6Q1=2,3,4,5,6,8]

S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

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

- 1 Yes
- 2 No

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

[ASK IF S6Q1=2,3,4,5,6,8]

S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

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

- 1 Yes
- 2 No

- 7 DON'T KNOW
- 9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]

S7Q1. Section 7: Chronic Health Conditions

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

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

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q2. (Ever told you had) angina or coronary heart disease?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q3. (Ever told you had) a stroke?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q4. (Ever told you had) asthma?

- 1 Yes
- 2 No

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

[ASK IF S7Q4=1]

S7Q5. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q12. (Ever told you had) diabetes?

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

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

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

[ASK IF HGENDER=1 AND S7Q12=2]

S7Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q12]

[ASK IF S7Q12=1]

S7Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

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

Section 8: Demographics

[ASK ALL]

S8Q1. Section 8: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S7Q13>S8Q1 AND S8Q1<> 07,09 AND S7Q13 NE 98,99]

S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]

S8Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

PLEASE READ

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

DO NOT READ

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

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

[ASK ALL]

[MUL=6]

S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

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

DO NOT READ

- 60 Other
- 88 No Additional choices
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=8]

S8Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

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

DO NOT READ

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

[ASK IF S8Q3=50]

[MUL=4]

S8Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

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

DO NOT READ

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

Module 22: Sexual Orientation and Gender Identity (SOGI) (Split 1, 2 and 3)

[ASK IF HGENDER=1 AND CSTATE NE 2]

MOD22_1A. Module 22: Sexual Orientation and Gender Identity (SOGI)

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

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

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

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

PLEASE READ:

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

DO NOT READ:

7 I don't know the answer
9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

MOD22_1B. The next two questions are about sexual orientation and gender identity.

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

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

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

PLEASE READ:

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

DO NOT READ:

7 I don't know the answer
9 REFUSED

[ASK IF CSTATE NE 2]

MOD22_2. Do you consider yourself to be transgender?

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

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

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

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

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

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

[ASK ALL]

S8Q4. Are you...?

PLEASE READ

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

DO NOT READ

- 9 REFUSED

[ASK ALL]

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

READ IF NECESSARY

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

DO NOT READ

9 REFUSED

[ASK ALL]

S8Q6. Do you own or rent your home?

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

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

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

- 1 Own
- 2 Rent
- 3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

MD State-Added Section: County

[ASK IF STATE=MD AND CSTATE NE 2]

MD_CNTY. State-Added Section: County

In what county do you currently live?

INTERVIEWER: If respondent says Baltimore say "Is that Baltimore City or Baltimore County?"

- 001 Allegany
- 003 Anne Arundel
- 005 Baltimore
- 510 Baltimore City

009 Calvert
011 Caroline
013 Carroll
015 Cecil
017 Charles
019 Dorchester
021 Frederick
023 Garrett
025 Harford
027 Howard
029 Kent
031 Montgomery
033 Prince George's
035 Queen Anne's
037 St. Mary's
039 Somerset
041 Talbot
043 Washington
045 Wicomico
047 Worcester
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

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

[ASK IF STATE= MD AND S8Q7 NE 77,99 AND CSTATE NE 2]

S8Q7C. I just want to confirm, you said you live in the county of [S8Q7]. Is that correct?

1 Yes, correct county

2 No, incorrect county [GO BACK TO MD_cnty]

[ASK ALL]

S8Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF S8Q8 NE 77777,99999]

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

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

[ASK IF SAMPTYPE=1]

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q9=1]

S8Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

S8Q11. How many cell phones do you have for personal use?

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

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

[ASK ALL]

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q13. Are you currently...?

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

PLEASE READ

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired

\$ Or

8 Unable to work

DO NOT READ

9 REFUSED

Module 18: Industry and Occupation (Split 1, 2)

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

MOD18_1. Module 18: Industry and Occupation

What kind of work [IF S8Q13=1,2 INSERT “do”; IF S8Q13=4 INSERT “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

MOD18_2. What kind of business or industry [IF S8Q13=1,2 INSERT “do”; IF S8Q13=4 INSERT “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

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

RANGE 1-87 [NUMBER BOX]

88 NONE
99 REFUSED

[ASK IF S8Q14=1-87]

S8Q14CHK. Just to be sure - you have [S8Q14] [IF S8Q14=1 INSERT "child"; IF S8Q14=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes
2 No [GO BACK TO S8Q14]

9 REFUSED

[ASK ALL]

S8Q15A. Is your annual household income from all sources –

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

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15A=01]

S8Q15B. Less than \$25,000 (\$20,000 to less than \$25,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15B=01]

S8Q15C. Less than \$20,000 (\$15,000 to less than \$20,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15C=01]

S8Q15D. Less than \$15,000 (\$10,000 to less than \$15,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15D=01]

S8Q15E. Less than \$10,000?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15A=02]

S8Q15F. Less than \$50,000 (\$35,000 to less than \$50,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15F=02]

S8Q15G. Less than \$75,000 (\$50,000 to less than \$75,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15G=02]

S8Q15H. Less than \$100,000 (\$75,000 to less than \$100,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15H=02]

S8Q15I. Less than \$150,000 (\$100,000 to less than \$150,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15I=02]

S8Q15J. Less than \$200,000 (\$150,000 to less than \$200,000)?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15J=02]

S8Q15K. \$200,000 or more?

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

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

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

[ASK ALL]

S8Q15. Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)
04 Less than \$25,000 (\$20,000 to less than \$25,000)
03 Less than \$20,000 (\$15,000 to less than \$20,000)

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15 NE 77,99]

S8Q15AA. Your Annual Household Income is [S8Q15]. Is This Correct?

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

[ASK IF HGENDER=2 AND S8Q1=18-49]

S8Q16. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

PS8Q17. About how much do you weigh without shoes?

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

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q17=P]

S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q17=50-79 OR S8Q17=351-776]

S8Q17_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q17M=23-352 AND PS8Q17=K]

S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q17M]

[ASK ALL]

PS8Q18. About how tall are you without shoes?

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

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q18=F]

S8Q18. About how tall are you without shoes?

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

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

7777 DON'T KNOW / NOT SURE
9999 REFUSED

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

S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

S8Q18M. About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q18M=90-254 AND PS8Q18=M]

S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S8Q18M]

Section 9: Disability

[ASK ALL]

S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S9Q4. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

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

[ASK ALL]

S9Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No

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

[ASK ALL]

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

- 1 Yes
- 2 No

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

Section 10: Falls

[ASK IF S8Q1>44 OR S8Q1=07, 09]

S10Q1. Section 10: Falls

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

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

Interviewer note: Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

- 88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q1=1-76]

S10Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

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

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

Section 11: Tobacco Use

[ASK ALL]

S11Q1. Section 11: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q1=1]

S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

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

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

[ASK ALL]

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

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

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

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

[ASK ALL]

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

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These

products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

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

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

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

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

Module 16: Other Tobacco Use (Split 2 and 3)

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

MOD16_1. Module 16: Other Tobacco Use

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

- 1 Yes
- 2 No

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

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

MOD16_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD16_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MD State Added Section 2: E-Cigarettes (Split 2 and 3)

[ASK IF STATE=MD AND S11Q4=2,3 AND CSTATE NE 2 AND SPLIT=2 OR 3]

MD2_1. State Added Section 2: E-Cigarettes

What is the main reason you use electronic vapor products?

DO NOT READ

1 I am trying to quit smoking

2 I use when not allowed to smoke

3 They are safer than using tobacco

- 4 The novelty of using them
- 5 Other (Specify) [TEXT BOX]

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

MD State Added Section 3: Tobacco Products (Split 2 and 3)

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

MD3_1. State Added Section 3: Tobacco Products

Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester. In the past 30 days, did you smoke any cigars?

- 1 Yes
- 2 No

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

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

MD3_2. Do you currently use any tobacco products other than cigarettes, cigars, or chewing tobacco, such as pipes, hookah, bidis, kreteks, or dissolvable tobacco products?

- 1 Yes
- 2 No

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

MD State Added Section 4: Smoking Frequency Split 2 and 3

[ASK IF STATE=MD AND S11Q2= 1 OR 2 AND CSTATE NE 2 AND SPLIT=3,2]

MD4_1. State Added Section 4: Smoking Frequency Split 3 and 2

On the days that you smoke, how soon after you wake up do you usually have your first cigarette?

- 1 Within 5 minutes
- 2 From 6 to 30 minutes
- 3 From more than 30 minutes to 1 hour

4 After more than 1 hour

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]

S12Q1. Section 12: Alcohol Consumption

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

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

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

1_ _ Days per week (RANGE 101-107)

2_ _ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S12Q1 NE 888,777,999]

S12Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q2=12-76]

S12Q2A. I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

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

[ASK IF S12Q1 NE 888,777,999]

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q3=16-76]

S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

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

[ASK IF S12Q1 NE 888,777,999]

S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q4=16-76]

S12Q4A. I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

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

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

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q3]

MD State Added Section 5: Alcohol Screening & Brief Intervention (Split 1)

[ASK IF S3Q4=1,2 AND STATE=MD AND SPLIT=1 AND CSTATE NE 2]

MD5_1. MD State Added Section 5: Alcohol Screening and Brief Intervention

You told me earlier that your last routine checkup was [S3Q4]. At that checkup, were you asked in person or on a form if you drink alcohol?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S3Q4=1,2 AND STATE=MD AND SPLIT=1 AND CSTATE NE 2]

MD5_2. Did the health care provider ask you in person or on a form how much you drink?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S3Q4=1,2 AND STATE=MD AND SPLIT=1 AND CSTATE NE 2]

MD5_3. Did the healthcare provider specifically ask whether you drank [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more alcoholic drinks on an occasion?

- 1 Yes
- 2 No

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

[ASK IF S3Q4=1,2 AND STATE=MD AND SPLIT=1 AND CSTATE NE 2]

MD5_4. Were you offered advice about what level of drinking is harmful or risky for your health?

- 1 Yes
- 2 No

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

[ASK IF MD5_1=1 OR MD5_2=1 OR MD5_3=1]

MD5_5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

- 1 Yes
- 2 No

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

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

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

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

- 1 Yes
- 2 No

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

[ASK IF S13Q1=1]

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

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

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

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

[ASK IF S13Q1=1]

S13Q2Y.

Code YEAR (RANGE 2022-2023) [NUMBER BOX]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

- 1 Yes [GO BACK TO S13Q2M]
- 2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

- 1 CONTINUE [GO BACK TO S13Q2M]

[ASK ALL]

S13Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

- 1 Yes
- 2 No

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

[ASK IF S8Q1=50-99]

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

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

- 1 Yes
- 2 No

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

Module 26: HPV - Vaccination (Split 1)

[ASK IF S8Q1=18-49 AND CSTATE NE 2]

MOD26_1. Module 26: HPV Vaccination

Have you ever had an H.P.V. vaccination?

INTERVIEWER NOTE: Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh-seel); Cervarix (Sir-var-icks)

READ IF NECESSARY: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, or [IF HGENDER=2 INSERT "Gardasil or Cervarix"; IF HGENDER=1 INSERT "Gardasil"].

INTERVIEWER NOTE: If respondent comments that this question was already asked, clarify that the earlier questions were about HPV testing and this question is about vaccination.

- 1 Yes
- 2 No
- 3 Doctor refused when asked

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

[ASK IF MOD26_1=1]

MOD26_2. How many HPV shots did you receive?

RANGE 1-2 [NUMBER BOX]

- 3 All shots

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

Section 14: H.I.V./AIDS

[ASK ALL]

S14Q1. Section 14: H.I.V./AIDS

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S14Q1=1]

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

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

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

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=1]

S14Q2Y.

Code YEAR (RANGE 1985-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

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

S14Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

Section 15: Seat Belt Use and Drinking and Driving

[ASK ALL]

S15Q1. Section 15: Seat Belt Use and Drinking and Driving

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

PLEASE READ

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

DO NOT READ

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

[ASK IF S15Q1=1-5, 7,9 AND S12Q1 NE 888]

S15Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

MD State Added Section 6: Distracted Driving (Split 2)

[ASK IF STATE=MD AND S15Q1 NE 8 AND CSTATE NE 2 AND SPLIT=2]

MD6_1. MD State Added Section 6: Distracted Driving

Have you driven a vehicle in the past 30 days?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_2. Which of the following best describes your level of awareness and usage of mobile apps that prevent cell phone usage while driving?

- 1 Currently use mobile apps that prevent cell phone usage while driving
- 2 Have used mobile apps that prevent cell phone usage while driving in the past but not anymore
- 3 Aware of but never used mobile apps that prevent cell phone usage while driving
- 4 Before today I was unaware of mobile apps that prevent cell phone usage while driving

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

[MUL=13]

MD6_3. In general, what reasons make you more likely to use your cell phone while driving?

INTERVIEWER NOTE: Please do not read the response list. Please wait for the respondent to finish answering and select as many answer choices in the response lists as needed, that correspond with their answers. Please code the respondent's answers with the respective responses in the list that best fit the category of their response.

Only read the options on the list, if the respondent is not able to answer and needs probing, or asks for answer choices to respond to.

- 01 Habit
- 02 Boredom
- 03 Good weather conditions
- 04 If directions or other information is needed
- 05 Personal or social connections
- 06 Law enforcement not in sight
- 07 Report a medical emergency
- 08 Report a traffic crash or emergency
- 09 Tired (talking keeps me awake)
- 10 Traveling at a low speed
- 11 Urgent family matter
- 12 Work-related
- 13 I never make phone calls while driving

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

[ASK IF MD6_1=1]

[MUL=7]

MD6_4. Which of the following would stop you from using your cell phone when you are driving?
Please select all that apply.

PLEASE READ

- 01 Being involved in a crash with a death or injury
- 02 Being involved in a near-miss crash
- 03 Getting a citation or ticket from police or law enforcement
- 04 Fear of consequences for violating a work policy
- 05 A family member or friend asking you not to use your cell phone when driving
- 06 Required driver improvement class(es)

08 Will not stop device use for any reason [EXCLUSIVE]
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF MD6_1=1]

MD6_5. In the past 30 days, how often did you drive when you were so tired you could hardly keep your eyes open?

1 Always

- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_6. In your opinion, how effective are each of the following in deterring people from using their phones while driving? For each tell me not at all effective, somewhat effective, very effective, you're not sure.

Vehicle systems that prevent cell phone use...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_7. Mobile apps that prevent cell phone use ...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_8. State legislation (awareness of law)...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_9. Enforcement (citations, fines, points)...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_10. Public awareness/education campaigns...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_11. Pressure from friends/family...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_12. Employer policies...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MD6_1=1]

MD6_13. Personal responsibility...

READ ONLY IF NECESSARY: Would you say not at all effective, somewhat effective, very effective, you're not sure.

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 16: Long-term COVID Effects

[ASK ALL]

S16Q1. Section 16: Long-term COVID Effects

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

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

- 1 Yes
- 2 No

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

[ASK IF S16Q1=1]

S16Q2. Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

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

Read if necessary:

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S16Q2=1]

S16Q3. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

PLEASE READ

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 28: COVID Vaccination (Split 2 and 3)

[ASK IF CSTATE NE 2]

MOD28_1. Module 28: COVID Vaccination

Have you received at least one dose of a COVID-19 vaccination?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD28_1=2 AND CSTATE NE 2]

MOD28_2. Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine

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

[ASK IF MOD28_1=1 AND CSTATE NE 2]

MOD28_3. How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more

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

[ASK IF MOD28_3=1, 7, 9 AND CSTATE NE 2]

MOD28_4. Which of the following best describes your COVID-19 vaccination status?

READ IF NECESSARY: Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022

- 1 Already received all recommended doses, including the updated bivalent booster
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses

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

MD State Added Section 7: COVID Vaccine Children (Splits 2 and 3)

[ASK IF STATE=MD AND S8Q14=1-87 AND CSTATE NE 2 AND SPLIT=2,3]

MD7_1. State Added Section 7: COVID Vaccine Children

With the COVID-19 vaccine available for all age groups, have you had your child, or plan to have your child or children get the vaccine?

- 1 Certain that your child or children will get it or already received it
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine

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

[ASK IF STATE=MD AND MD7_1=3,4,7 AND CSTATE NE 2 AND SPLIT=2,3]

MD7_2. Why haven't you had your child or children get the vaccine?

- 01 I don't vaccinate my children/don't believe in vaccines

- 02 Worried about safety of the vaccine
- 03 Don't think COVID-19 is that bad
- 04 My child/children are not high risk
- 05 Very little COVID-19 in my area
- 06 Worried about the speed at which the COVID-19 vaccines are being developed
- 07 Don't want to be the first/waiting to see how it works for other children before they get it
- 08 Don't trust the government
- 09 Don't trust vaccine manufacturers
- 10 Other: (Specify) [TEXT BOX]

- 77 Don't know/ Not Sure
- 99 REFUSED

Optional Modules

Module 4: Lung Cancer Screening (Split 2 and 3)

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

MOD4_1. Module 4: Lung Cancer Screening

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

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

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

RANGE 1-100 [NUMBER BOX]

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

[ASK IF S8Q1<MOD4_1 AND S8Q1 NE 07,09 AND MOD4_1 NE 888,777,999]

MOD4_1C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD4_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD4_1]

[ASK IF S11Q1=1 AND S11Q2=2,3 AND MOD4_1 NE 888 AND CSTATE NE 2]

MOD4_2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF MOD4_2=1-100 AND ((S8Q1=18-99 AND (S8Q1<MOD4_2)) AND S8Q1 NE 07,09)) AND MOD4_2 NE 777,999]

MOD4_2C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD4_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD4_2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND MOD4_1 NE 888 AND CSTATE NE 2]

MOD4_3. On average, when you [IF S11Q2=1,2 INSERT "smoke"; IF S11Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT "do"; IF S11Q2=3 INSERT "did"] you usually smoke each day?

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

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

0.5 PACK = 10 CIGARETTES
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

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CSTATE NE 2]

MOD4_4. 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.

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD4_4=1]

MOD4_5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD4_5=1]

MOD4_6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 8: Cancer Survivorship : Type of Cancer (Split 2)

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

MOD8_1. Module 8: Type of Cancer

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

How many different types of cancer have you had?

1 Only one

2 Two

3 Three or more

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD8_1=1,2,3]

MOD8_2. At what age were you [IF MOD8_1=1 INSERT "told that you had cancer?"; IF MOD8_1=2,3 INSERT "first diagnosed with cancer?"]

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD8_2>S8Q1 AND S8Q1 NE 07,09 AND MOD8_2 NE 98,99 AND CSTATE NE 2]

MOD8_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD8_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD8_2]

[ASK IF MOD8_1=1,2,3]

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

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

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

77 DON'T KNOW / NOT SURE

99 REFUSED

Module 9: Cancer Survivorship: Course of Treatment (Split 2)

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

MOD9_1. Module 9: Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

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

READ IF NECESSARY

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

DO NOT READ

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

[ASK IF MOD9_1=2]

MOD9_2. 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.

PLEASE READ

- 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

[ASK IF MOD9_1=2]

MOD9_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

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

- 1 Yes
- 2 No

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

[ASK IF MOD9_1=2]

MOD9_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No

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

[ASK IF MOD9_4=1]

MOD9_5. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No

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

[ASK IF MOD9_1=2]

MOD9_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ ONLY 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

[ASK IF MOD9_1=2]

MOD9_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9_1=2]

MOD9_8. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 10: Cancer Survivorship: Pain Management (Split 2)

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

MOD10_1. Module 10: Cancer Survivorship: Pain Management

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

- 1 Yes
- 2 No

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

[ASK IF MOD10_1=1]

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

PLEASE READ:

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

DO NOT READ:

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

[Module 11: Indoor Tanning \(Split 2\)](#)

[ASK IF CSTATE NE 2]

MOD11_1. Module 11: Indoor Tanning

Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

RANGE 0-365 [NUMBER BOX]

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[Module 12: Excess Sun Exposure \(Split 2\)](#)

[ASK IF CSTATE NE 2]

MOD12_1. Module 12: Excess Sun Exposure

During the past 12 months, how many times have you had a sunburn?

RANGE 0-365 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CSTATE NE 2]

MOD12_2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....

INTERVIEWER NOTE: Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.

PLEASE READ

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

- 6 Don't stay outside for more than one hour on warm sunny days
- 8 Don't go outside at all on warm sunny days
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD12_3. On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

INTERVIEWER NOTE: Friday is a weekday

INTERVIEWER NOTE: If respondent says never code 01

- 01 Less than half an hour
- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 2]

MOD12_4. On weekends in the summer, how long are you outside each day between 10am and 4pm?

INTERVIEWER NOTE: Friday is a weekday

INTERVIEWER NOTE: If respondent says never code 01

- 01 Less than half an hour
- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

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

Module 13: Cognitive Decline (Split 2)

[ASK IF (S8Q1>=45 OR S8Q1=07,09) AND CSTATE NE 2]

MOD13_1. Module 13: Cognitive Decline

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

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1]

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1]

MOD13_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1]

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD13_1=1,]

MOD13_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 14: Caregiver (Split 2)

[ASK IF CSTATE NE 2]

MOD14_1. Module 14: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 8 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No

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

[ASK IF MOD14_1=1 AND CSTATE NE 2]

MOD14_2. What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild

14 Other relative
15 Non-relative / Family friend

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF MOD14_1=1 AND CSTATE NE 2]

MOD14_3. For how long have you provided care for that person?

READ IF NECESSARY:

1 Less than 30 days
2 1 month to less than 6 months
3 6 months to less than 2 years
4 2 years to less than 5 years
5 More than 5 years

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD14_1=1 AND CSTATE NE 2]

MOD14_4. In an average week, how many hours do you provide care or assistance?

READ IF NECESSARY

1 Up to 8 hours per week
2 9 to 19 hours per week
3 20 to 39 hours per week
4 40 hours or more

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD14_1=1 AND CSTATE NE 2]

MOD14_5. What is the main health problem, long-term illness, or disability that the person you care for has?

01 Arthritis/Rheumatism
02 Asthma
03 Cancer

- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

ASK IF MOD14_1=1 AND MOD14_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]

MOD14_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD14_1=1 AND CSTATE NE 2]

MOD14_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD14_1=1 AND CSTATE NE 2]

MOD14_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD14_1=2,7,9 AND CSTATE NE 2]

MOD14_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 23: Marijuana Use (Split 3)

[ASK IF CSTATE NE 2]

MOD23_1. Module 23: Marijuana Use

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

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

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD23_1 =1-30]

MOD23_2. During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

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

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

[ASK IF MOD23_1 =1-30]

MOD23_3. Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola or alcohol)?

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

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

[ASK IF MOD23_1 =1-30]

MOD23_4. Did you vaporize it (For example in an e-cigarette-like vaporizer or another vaporizing device)?

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

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

[ASK IF MOD23_1 =1-30]

MOD23_5. Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

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

- 1 Yes
- 2 No

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

[ASK IF MOD23_1 =1-30]

MOD23_6. Did you use it in some other way?

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

- 1 Yes
- 2 No

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

[ASK IF MORE THAN 1 OF MOD23_2-MOD23_6=1]

MOD23_7. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

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

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

PLEASE READ:

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD23_2 NE 1]
- 2 **Eat it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD23_3 NE 1]
- 3 **Drink it** (for example in tea, cola or alcohol) [HIDE IF MOD23_3 NE 1]
- 4 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD23_4 NE 1]
- 5 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD23_5 NE 1]
- 6 **Use it some other way.** [HIDE IF MOD23_6 NE 1]

DO NOT READ:

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

Module 24: Adverse Childhood Experiences (Split 3)

[ASK IF CSTATE NE 2]

MOD24_T. Module 24: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

INTERVIEWER NOTE: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

1 Continue

[ASK IF CSTATE NE 2]

MOD24_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_2. Did you live with anyone who was a problem drinker or alcoholic?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_12. For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

DO NOT READ:

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_13. For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD24_C. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 1 Yes
- 2 No

[ASK IF MOD24_C=1 AND CSTATE NE 2]

MOD24_HOT.

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

- 1 Continue

[Module 29: Social Determinants and Health Equity \(Split 1 and 3\)](#)

[ASK IF CSTATE NE 2]

MOD29_1. Module 29: Social Determinants and Health Equity

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

PLEASE READ

- 1 Very Satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

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

[ASK IF CSTATE NE 2]

MOD29_2. How often do you get the social and emotional support that you need? Is that...

PLEASE READ

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

DO NOT READ

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

[ASK IF CSTATE NE 2]

MOD29_3. How often do you feel lonely? Is it...

PLEASE READ

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

DO NOT READ

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

[ASK IF CSTATE NE 2]

MOD29_4. In the past 12 months have you lost employment or had hours reduced?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

MOD29_5. During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

MOD29_6. During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

PLEASE READ

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

DO NOT READ

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

[ASK IF CSTATE NE 2]

MOD29_7. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

MOD29_8. During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

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

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

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

PLEASE READ

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

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 30: Reactions to Race (Split 1)

[ASK IF CSTATE NE 2]

MOD30_1. Module 30: Reactions to Race

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

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

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

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

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 08 Some other group
- 07 Mixed Race
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 2]

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

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

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

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

[ASK IF CSTATE NE 2]

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

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

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

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

MOD30_4. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others

5 Only encountered people of the same race

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

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

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

1 Worse than other races

2 The same as other races

3 Better than other races

4 Worse than some races, better than others

5 Only encountered people of the same race

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Maryland State Added Sections

MD State Added Section 8: Community Supports (Split 1)

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

MD8_1. State Added Section 8: Community Supports

Think about your neighborhood when answering the following questions. For this interview, neighborhood is defined as the area within one-half mile or a ten-minute walk from home.

Does your neighborhood have any sidewalks?

- 1 Yes
- 2 No

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

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

MD8_2. For walking at night, would you describe the street lighting in your neighborhood as:

PLEASE READ:

- 1 Very good
- 2 Good
- 3 Poor
- 4 Very Poor

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

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

MD8_3. How many of the roads and streets in your neighborhood have shoulders or lanes that are marked for bicycling? Would you say...

PLEASE READ:

- 1 None are marked
- 2 Some are marked

3 Most are marked

4 All are marked

7 DON'T KNOW / NOT SURE

9 REFUSED

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

MD8_4. How often do you feel safe in your neighborhood?

PLEASE READ:

1 All of the time

2 Most of the time

3 Some of the time

4 None of the time

7 DON'T KNOW / NOT SURE

9 REFUSED

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

MD8_5. During the past 30 days, for about how many days did you walk in your neighborhood for leisure or as a way to get to your destination?

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 2 AND SPLIT=1 AND MD8_5=1-19,88]

MD8_6. What is the number one reason that you did not walk more frequently in your neighborhood?

PLEASE READ:

- 01 Lack of time
- 02 No sidewalks
- 03 Too much traffic/traffic noise
- 04 Medical condition
- 05 Lack of energy/motivation
- 06 Exercise elsewhere
- 07 Concerns for safety/crime
- 08 Weather conditions (too hot or too cold)
- 09 No interest/don't want to
- 10 Already get enough physical activity

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

MD State Added Section 9: Health Literacy (Split 1, 3)

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

MD9_1. State Added Section 9: Health Literacy

How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is ...

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

PLEASE READ:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information

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

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

MD9_2. How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is ...

PLEASE READ:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

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

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

MD9_3. You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ...

PLEASE READ:

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

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

MD State Added Section 10: Substance Abuse (Split 2)

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

MD10_1. State Added Section 10: Substance Abuse

Now I'm going to ask you about non-medical use of drugs. "Non-medical use" means using drugs not prescribed by a doctor, or are used to get high, or for curiosity. Please do NOT include alcohol or tobacco.

Remember, all answers are kept confidential and no identifying information is recorded. You may skip any question you do not wish to answer.

In the past 12 months, did you use or take drugs, such as benzodiazepines, cocaine, heroin, amphetamines, or anything NOT prescribed by your doctor?

- 1 Yes
- 2 No

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

[ASK IF MD10_1=1]

MD10_2. In the past 12 months, did you use heroin or any type of opioid that you did not have a prescription for or that you took more frequently than prescribed, on one or more occasions?

INTERVIEWER NOTE: Opioids include certain painkillers, such as morphine, hydrocodone, and oxycodone; and prescription drugs such as OxyContin, Percocet, and Vicodin.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MD10_1=1]

MD10_3. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MD10_1=1]

MD10_CLOSE. Thank you for answering these questions. If you would like assistance with any of these issues, please call the Maryland Crisis Hotline at 1-800-422-0009 to find out about mental health and substance related disorder services available in your area.

1 Continue

Cell Suspends in Main BRFSS

[ASK IF SAMPTYPE=2 AND BRFSS_FLAG=1]

CBTIME: Would you like to schedule a call back for today or at a later time?

- 1 Today
- 2 Later time

[ASK IF CBTIME = 2]

TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?

- 1 Yes
- 2 No
- 3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

- 01 Continue