



**2019**

**Maryland Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMPTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

MD Maryland

[ASK ALL]

**HEALTHDEPT.** Imported Sample Variable: Health Department Name

MD Maryland Department of Health

[ASK ALL]

**DEPTPHONE.** Imported Sample Variable: 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 SEX1, SEX2, AND MOD28\_1

1 Male  
2 Female

[ASK ALL]

**LENGTH.** Imported Sample Variable: Interview Length

MD 25

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

# Behavioral Risk Factor Surveillance System

## 2019 Questionnaire

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Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 03/31/2021



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

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

[ANSWERING MACHINE MESSAGE TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]

**AM\_TEXT.** Hello, my name is \_\_\_\_\_. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] 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 [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]

**PM\_TEXT. Privacy Manager** (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=1]

**INT01.** 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.

Is this \$N?

**INTERVIEWER NOTE: IF NO:** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

01 Yes – Continue  
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 SAMPTYPE=1]

**INT02.** Hello, I'm \_\_\_\_\_ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT "him] [IF HGENDER=02 INSERT "her"]?

01 Selected on the line

[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.

01 Yes  
02 No  
03 No, this is a business

[ASK IF HS1=03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]

**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.

01 Yes

02 No – Business

03 No – Group Home

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF COLLEGE=02,03,97,99]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STRES=02,97,99]

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

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]

**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).

01 Yes, it is a cell phone  
02 Not a cell phone

[ASK IF HS2=01]

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

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]

**ADULT.** Are you 18 years of age or older?

01 Yes  
02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]

**SEX1.** Are you male or female?

01 Male  
02 Female  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

[ASK IF HS1=01 AND HS2=02]

**ADULTS.** I need to randomly select an 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?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]

**XX4.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

01 Yes  
02 No

[ASK IF ONEADULT=01]

**ASKGENDR.** Are you male or female?

01 Male  
02 Female  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=02]

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

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

[ASK IF ONEADULT=01]

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

01 Continue

[ASK IF ADULTS > 1]

**MEN.** How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

**NWOMEN.** CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

**WOMEN.** So the number of women in the household is [NWOMEN].

Is that correct?

01 Yes  
02 No [GO BACK TO ADULTS]

[ASK IF ADULTS>=1]

**RSA.** System Generated Variable: Randomly Selected Adult

- 01 Oldest Female
- 02 2<sup>nd</sup> Oldest Female
- 03 3<sup>rd</sup> Oldest Female
- 04 4<sup>th</sup> Oldest Female
- 05 5<sup>th</sup> Oldest Female
- 06 6<sup>th</sup> Oldest Female
- 07 7<sup>th</sup> Oldest Female
- 08 8<sup>th</sup> Oldest Female
- 09 9<sup>th</sup> Oldest Female
- 11 Oldest Male
- 12 2<sup>nd</sup> Oldest Male
- 13 3<sup>rd</sup> Oldest Male
- 14 4<sup>th</sup> Oldest Male
- 15 5<sup>th</sup> Oldest Male
- 16 6<sup>th</sup> Oldest Male
- 17 7<sup>th</sup> Oldest Male
- 18 8<sup>th</sup> Oldest Male
- 19 9<sup>th</sup> Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**NBIRTH.** The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

- 01 Yes, male
- 02 Yes, female
- 03 No, adult coming to the phone
- 04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)]

**NBIRTHCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03 AUTO CODE: IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]

**GENDER.** INTERVIEWER: Is the selected adult male or female?

21 Male  
22 Female

[ASK IF NBIRTH=03]

**NEWADULT.** 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.

01 Continue

[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. [IF STATE=X INSERT "Any information you give me will not be connected to any personal information."; IF STATE=X INSERT "Any personal information that you provide will not be used to identify you."] If you have any questions about the survey, please call [DEPTPHONE]. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.

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

01 Person Interested, Continue  
02 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO ADULTS]**

### Interviewer's Script Cell Phone

[ASK IF SAMPTYPE=2]

**INT01.** 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.

Is this a safe time to talk with you?

**INTERVIEWER NOTE: IF NO:** Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

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=01]

**PHONE.** Is this \$N?

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

01 Yes  
02 No  
03 Not a safe time/driving [GO TO TERM]  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF PHONE=02]

**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.

01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99]

**CELLFON2.** 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).

01 Yes  
02 No  
03 Not a safe time / driving [GO TO TERM]  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF CELLFON2=02]

**NOTCELL1.** Thank you very much, but we are only interviewing cell telephones at this time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]

**NOTCELL2.** Thank you for your time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]

**CADULT.** Are you 18 years of age or older?

01 Yes  
02 No

[ASK IF CADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]

**SEX2.** Are you male or female?

01 Male  
02 Female  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]

**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.**

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

**[ASK IF PVTRES2=02]**

**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.

- 01 Yes
- 02 No – business
- 03 No – group home
- 04 Not a safe time / driving [GO TO CALL BACK SCREEN]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

**[ASK IF COLLEGE=02,03]**

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

- 01 Continue [ASSIGN DISPO M8]

**[ASK IF PVTRES2=97,99 OR COLLEGE=97,99]**

**X4.** Thank you very much for your time.

- 01 Continue [ASSIGN DISPO M8]

**[ASK IF PVTRES2=01 OR COLLEGE=01]**

**CSTATE.** Do you currently live in [STATE]?

- 01 Yes
- 02 No
- 03 Not a safe time / driving [GO TO CALL BACK SCREEN]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE=97,99]

**X5.** Thank you very much for your time.

- 01 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=02]

**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  
99 Refused

[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.

01 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 USED FOR BOTH BUSINESS AND PERSONAL USE.

**INTERVIEWER NOTE:** TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PVTRES2=01]

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

RANGE 1-18 [NUMBER BOX]

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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.

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

01 Continue

02 Driving / not a safe time [GO TO CALL BACK SCREEN]

99 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 —

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair, or
- 05 Poor

97 DON'T KNOW / NOT SURE  
99 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 DON'T KNOW / NOT SURE

99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

**S3Q1. Section 3: Healthcare Access**

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S3Q2.** Do you have one person you think of as your personal doctor or healthcare 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?”

- 01 Yes, only one
- 02 More than one
- 03 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

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

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 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 LIST ONLY IF NECESSARY**

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago
  
- 88 NEVER
- 97 DON'T KNOW
- 99 REFUSED

## Section 4: Hypertension Awareness

---

[ASK ALL]

### S4Q1. Section 4: 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.

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 Told borderline high or pre-hypertensive
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S4Q1=02 AND HGENDER=1]

**S4Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S4Q1]

[ASK IF S4Q1=01]

**S4Q2.** Are you currently taking prescription medicine for your high blood pressure?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE

99 REFUSED

### Module 16: Home / Self-measured Blood Pressure (Split 1, 2 and 3)

[ASK IF CSTATE NE 02]

#### MOD16\_1. Module 16: Home / Self-measured Blood Pressure

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

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

**MOD16\_2.** Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD16\_2=01]

**MOD16\_3.** Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

01 At home

02 On a machine at a pharmacy, grocery, or similar location

03 Do not check it

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD16\_2=01]

**MOD16\_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?

- 01 Telephone
- 02 Other methods such as email, internet portal or fax
- 03 In person
  
- 04 DO NOT SHARE INFORMATION
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

## Section 5: Cholesterol Awareness

---

[ASK ALL]

### **S5Q1. Section 5: Cholesterol Awareness**

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

- 01 Never
- 02 Within the past year (anytime less than one year ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 Within the past 3 years (2 years but less than 3 years ago)
- 05 Within the past 4 years (3 years but less than 4 years ago)
- 06 Within the past 5 years (4 years but less than 5 years ago)
- 08 5 or more years ago
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S5Q1 NE 01 OR 99]

**S5Q2.** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

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

[ASK IF S5Q2=01]

**S5Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes  
02 No  
  
97 DON'T KNOW  
99 REFUSED

## Section 6: Chronic Health Conditions

---

[ASK ALL]

**S6Q1. Section 6: Chronic Health Conditions**

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

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

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

[ASK ALL]

**S6Q2.** (Ever told you had) angina or coronary heart disease?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S6Q3.** (Ever told you had) a stroke?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S6Q4.** (Ever told you had) asthma?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S6Q4=01]

**S6Q5.** Do you still have asthma?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S6Q6.** (Ever told you had) skin cancer?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S6Q7.** (Ever told you had) any other types of cancer?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S6Q8.** (Ever told you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S6Q9.** (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S6Q10.** Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S6Q11.** (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 04.

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 No, pre-diabetes or borderline diabetes
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF HGENDER=1 AND S6Q11=02]

**S6Q11A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S6Q11]

[ASK IF S6Q11=01]

**S6Q12.** How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

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

## Module 2: Diabetes (Split 1, 2 and 3)

---

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_1. Module 2: Diabetes**

Are you now taking insulin?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

**MOD2\_2.** About how often do you check your blood for glucose or sugar?

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

**INTERVIEWER NOTE:** If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

- 1 \_\_ Times per day (RANGE 101-199)
- 2 \_\_ Times per week (RANGE 201-299)
- 3 \_\_ Times per month (RANGE 301-399)
- 4 \_\_ Times per year (RANGE 401-499) [NUMBER BOX]

- 888 Never
- 997 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2\_2=105-120 OR MOD2\_2=205-220 OR MOD2\_2=305-390]

**MOD2\_2A.** I am sorry, but you said that you check your blood [MOD2\_2] times per [MOD2\_2].

Is this information correct?

- 01 Yes, correct as is
- 02 No, re-ask question [GO BACK TO MOD2\_2]

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

**MOD2\_3.** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 \_\_ Times per day (RANGE 101-199)

2 \_\_ Times per week (RANGE 201-299)  
3 \_\_ Times per month (RANGE 301-399)  
4 \_\_ Times per year (RANGE 401-499) [NUMBER BOX]

555 No feet  
888 Never  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF MOD2\_3=105-120 OR MOD2\_3=205-220 OR MOD2\_3=305-390]

**MOD2\_3A.** I am sorry, but you said that you check your feet for sores or irritations [MOD2\_3] times per [MOD2\_3]. Is this information correct?

01 Yes, correct as is  
02 No, re-ask question [GO BACK TO MOD2\_3]

[ASK IF S6Q11=01 and CSTATE NE 02]

**MOD2\_4:** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

**INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE**

RANGE 1-76 [NUMBER BOX]

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

[ASK IF MOD2\_4=52-76]

**MOD2\_4A:** I am sorry, but you said that you have seen a health professional [MOD2\_4] times in the past 12 months. Is this correct?

01 Yes, correct as is  
02 No, re-ask question [GO BACK TO MOD2\_4]

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_5.** About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S6Q11=01 AND MOD2\_3 NE 555 AND CSTATE NE 02]

**MOD2\_6.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

- 88 None
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_7.** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**READ ONLY IF NECESSARY:**

- 01 Within the past month (anytime less than 1 month ago)
- 02 Within the past year (1 month but less than 12 months ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 2 or more years ago

**DO NOT READ:**

- 88 Never
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_8.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2\_9.** Have you ever taken a course or class in how to manage your diabetes yourself?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

## Section 7: Arthritis

---

[ASK ALL]

### S7Q1. Section 7: Arthritis

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

**INTERVIEWER NOTE:** 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).

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

**S7Q2.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE:** IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q1=01]

**S7Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q1=01]

**S7Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q1=01]

**S7Q5.** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

**INTERVIEWER NOTE:** If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is “yes” mark the overall response as yes.

**INTERVIEWER NOTE:** If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q1=01]

**S7Q6.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**LANG1. INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH

02 SPANISH

## Section 8: Demographics

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[ASK ALL]

### S8Q1. Section 8: Demographics

What is your age?

**READ IF NECESSARY:** I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

RANGE 18-99 [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999]

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

01 GO BACK [GO TO S8Q1]

[ASK ALL]

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

01 No, not of Hispanic, Latino/a, or Spanish origin  
02 Yes

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q2=02]

[MUL=4]

**S8Q2B.** Are you...

**INTERVIEWER NOTE:** One or more categories may be selected.

01 Mexican, Mexican American, Chicano/a  
02 Puerto Rican

- 03 Cuban
- 04 Another Hispanic, Latino/a, or Spanish origin
  
- 05 NO [EXCLUSIVE]
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 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.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
  
- 60 OTHER
- 97 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=7]

**S8Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

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

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

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

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

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

[ASK IF S8Q3=MUL]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 99]

**S8Q4.** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE:** If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White  
20 Black or African American  
30 American Indian or Alaska Native  
40 Asian  
50 Pacific Islander

60 Other  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]

**S8Q4A.** Is that...

41 Asian Indian

42 Chinese  
43 Filipino  
44 Japanese  
45 Korean  
46 Vietnamese  
47 Other Asian  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q3PI=MUL AND (S8Q3=10 OR S8Q4=50)]  
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99]  
**S8Q4PI.** Is that...

51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander  
  
97 DON'T KNOW/ NOT SURE  
99 REFUSED

### Module 29: Sexual Orientation and Gender Identity (SOGI) (Split 1, 2 and 3)

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[ASK IF HGENDER=1 AND CSTATE NE 02]

#### MOD29\_1A. Module 29: 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. If the respondent does not understand the question topic, code 97

**PLEASE READ:**  
01 1- Gay

- 02 2- Straight, that is, not gay
- 03 3- Bisexual
- 04 4- Something else

**DO NOT READ:**

- 97 I don't know the answer / the respondent did not understand the question
- 99 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 02]

**MOD29\_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. If the respondent does not understand the question topic, code 97.

**PLEASE READ:**

- 01 1- Lesbian or Gay
- 02 2- Straight, that is, not gay
- 03 3- Bisexual
- 04 4- Something else

**DO NOT READ:**

- 97 I don't know the answer / the respondent did not understand the question
- 99 REFUSED

[ASK IF CSTATE NE 02]

**MOD29\_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.

- 01 1 - Yes, Transgender, male-to-female
- 02 2 - Yes, Transgender, female to male
- 03 3 - Yes, Transgender, gender nonconforming
- 04 4 - No

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

[ASK ALL]

**S8Q5.** Are you...?

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married, Or
- 06 A member of an unmarried couple

- 99 REFUSED

[ASK ALL]

**S8Q6.** What is the highest grade or year of school you completed?

**READ ONLY IF NECESSARY**

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)

06 College 4 years or more (College graduate)  
99 REFUSED

[ASK ALL]

**S8Q7.** Do you own or rent your home?

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

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

**INTERVIEWER NOTE:** Other arrangement may include group home, staying with friends or family without paying rent. (includes "rent to own")

01 Own  
02 Rent  
03 Other arrangement  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]

**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  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]

**S8Q8C.** I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county  
02 No, incorrect county [GO BACK TO md\_cnty]

[ASK IF CSTATE=02]

**CNTY.** In what county do you currently live?

01 Gave Response [TEXT BOX]  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S8Q9.** What is the ZIP Code where you currently live?

RANGE 00000-99996 [NUMBER BOX]

99997 DON'T KNOW / NOT SURE

99999 REFUSED

[ASK IF S8Q9 NE 99997,99999]

**S8Q9C.** I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

01 Yes, correct zip code

02 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]

**S8Q10.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q10=01 AND SAMPTYPE=1]

**S8Q11.** How many of these telephone numbers are residential numbers?

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S8Q12.** How many cell phones do you have for personal use?

**INTERVIEWER NOTE:** Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

06 Six or more

97 DON'T KNOW / NOT SURE

98 NONE

99 REFUSED

[ASK ALL]

**S8Q13.** 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.

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q14.** Are you currently...?

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

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for 1 year or more
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired
- \$ Or
- 08 Unable to work
  
- 99 REFUSED

[ASK ALL]

**S8Q15.** How many children less than 18 years of age live in your household?

RANGE 1-15 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q15=1-15]

**S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT “child”; IF S8Q15=2-15 INSERT “children”] under 18 living in your household. Is that correct?

- 01 Yes
- 02 No [GO BACK TO S8Q15]
  
- 99 REFUSED

[ASK ALL]

**S8Q16A.** Is your annual household income from all sources—

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

[ASK IF S8Q16A=01]

**S8Q16B.** 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
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16B=01]

**S8Q16C.** 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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16C=01]

**S8Q16D.** Less than \$10,000?

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

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16A=02]

**S8Q16E.** 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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16E=02]

**S8Q16F.** 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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16F=02]

**S8Q16G.** 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

97 DON'T KNOW / NOT SURE  
99 REFUSED

<b>Response</b>	<b>Piping</b>	<b>IF:</b>
01	Less than \$10,000	S8Q16D=01
02	Less than \$15,000 (\$10,000 to less than \$15,000)	S8Q16D=02
03	Less than \$20,000 (\$15,000 to less than \$20,000)	S8Q16C=02
04	Less than \$25,000 (\$20,000 to less than \$25,000)	S8Q16B=02
05	Less than \$35,000 (\$25,000 to less than \$35,000)	S8Q16E=01
06	Less than \$50,000 (\$35,000 to less than \$50,000)	S8Q16F=01
07	Less than \$75,000 (\$50,000 to less than \$75,000)	S8Q16G=01
08	\$75,000 or more	S8Q16G=02
97	Don't Know	S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97
99	Refused	S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99

**[ASK ALL]**

**S8Q16.** Aggregated response to income question

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  
05 Less than \$35,000 (\$25,000 to less than \$35,000)  
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 \$75,000 or more  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q16 NE 97,99]

**S8Q16AA.** Your Annual Household Income is [S8Q16]. Is This Correct?

01 Yes, correct as is.  
02 No, re-ask question [GO BACK TO S8Q16A]

[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]

[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?

01 Yes

02 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]

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

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

01 Yes

02 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 up. 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]

[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?

- 01 Yes
- 02 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]

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

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

- 01 Yes
- 02 No [GO BACK TO S8Q18M]

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

**S8Q19.** To your knowledge, are you now pregnant?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q20.** 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?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q21.** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q22.** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q23.** Do you have serious difficulty walking or climbing stairs?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S8Q24.** Do you have difficulty dressing or bathing?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK OF ALL]

**S8Q25.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

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

### Section 9: Tobacco Use

---

[ASK ALL]

#### S9Q1. Section 9: Tobacco Use

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

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

**INTERVIEWER NOTE:** 5 packs = 100 cigarettes

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

[ASK IF S9Q1=01]

S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

**DO NOT READ:**  
01 Every day  
02 Some days  
03 Not at all  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q2=01,02]

**S9Q3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S9Q2=03]

**S9Q4.** How long has it been since you last smoked a cigarette, even one or two puffs?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK ALL]

**S9Q5.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

**INTERVIEWER NOTE:** Snus rhymes with 'goose'. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

**DO NOT READ:**

- 01 Every day
- 02 Some days
- 03 Not at all

97 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 10: Alcohol Consumption

[ASK ALL]

### S10Q1. Section 10: Alcohol Consumption

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

**INTERVIEWER NOTE:** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S10Q1 NE 888,997,999]

**S10Q2.** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**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]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S10Q2=12-76]

**S10Q2A.** I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q2]

[ASK IF S10Q1 NE 888,997,999]

**S10Q3.** 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 NONE
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S10Q3=16-76]

**S10Q3A.** I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q3]

[ASK IF S10Q1 NE 888,997,999]

**S10Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S10Q4=16-76]

**S10Q4A.** I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF (S10Q3=88 AND HGENDER=2 AND S10Q4=4-76) OR (S10Q3=88 AND HGENDER=1 AND S10Q4=5-76)]

**S10Q4B.** 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?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF S10Q3=1-76 AND HGENDER=2 AND S10Q4=1-3) OR (S10Q3=1-76 AND HGENDER=1 AND S10Q4=1-4)]

**S10Q4C.** 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 [S10Q4] drinks on one occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q3]

## Section 11: Exercise (Physical Activity)

---

[ASK ALL]

### **S11Q1. Section 11: Exercise (Physical Activity)**

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.

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q1=01]

**S11Q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running

- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other [TEXT BOX]
  
- 97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S11Q2 =01-76,98]

**S11Q3.** 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 in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S11Q2=01-76,98]

**S11Q4.** 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]

997 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S11Q1=01]

**S11Q5.** What other type of physical activity gave you the next most exercise during the past month?

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)

02 Aerobics video or class

03 Backpacking

04 Badminton

05 Basketball

06 Bicycling machine exercise

07 Bicycling

08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)

09 Bowling

- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing

- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 88 No other activity
- 98 Other [TEXT BOX]
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S11Q5=01-76,98]

**S11Q6.** 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 in past 30 days (RANGE 201-250) [NUMBER BOX]

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

[ASK IF S11Q5=01-76,98]

**S11Q7.** 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]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S11Q8.** 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 in past 30 days (RANGE 201-250) [NUMBER BOX]

888 NONE  
997 DON'T KNOW / NOT SURE  
999 REFUSED

## Section 12: Fruits and Vegetables

---

[ASK ALL]

**S12Q1. Section 12: Fruits and Vegetables**

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

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

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

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

**INTERVIEWER NOTE:** Enter quantity in days, weeks, or months

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
888 Never  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S12Q2.** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

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

**INTERVIEWER NOTE:** Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month

888 Never  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S12Q3.** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**READ IF RESPONDENT ASKS ABOUT SPINACH:** "Include spinach salads."

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask "Was that per day, week or month?"

1\_\_ Days (RANGE 101-199)  
2\_\_ Weeks (RANGE 201-299)  
3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
888 Never  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S12Q4.** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** "Do not include potato chips"

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

1\_\_ Days (RANGE 101-199)  
2\_\_ Weeks (RANGE 201-299)  
3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
888 Never

997 DON'T KNOW / NOT SURE  
999 REFUSED

**[ASK ALL]**

**S12Q5.** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

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

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
888 Never  
997 DON'T KNOW / NOT SURE  
999 REFUSED

**[ASK ALL]**

**S12Q6.** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

- 1\_\_ Days (RANGE 101-199)
- 2\_\_ Weeks (RANGE 201-299)
- 3\_\_ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
888 Never  
997 DON'T KNOW / NOT SURE  
999 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 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.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=01]

**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]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01]

**S13Q2Y.**

Code YEAR (RANGE 2018-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

**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?

01 Yes

02 No

[ASK ALL]

**S13Q3.** Have you received a tetanus shot in the past 10 years?

**INTERVIEWER NOTE:** If yes ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

01 Yes, received Tdap

02 Yes, received tetanus shot, but not Tdap

03 Yes, received tetanus shot but not sure what type

04 No, did not receive any tetanus shot in the past 10 years

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

**S13Q4.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**INTERVIEWER NOTE:** If respondent is confused read: "There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar."

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

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

---

[ASK ALL]

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

The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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.?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=01]

**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 97 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]

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S14Q1=01]

**S14Q2Y.**

Code YEAR (RANGE 1985-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK ALL]

**S14Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

## Optional Modules

### Module 8: Lung Cancer Screening (Split 2)

---

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND CSTATE NE 02)]

#### **MOD8\_1. Module 8: 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 SMOKE CIGARETTES REGULARLY  
997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S8Q1<MOD8\_1 AND S8Q1 NE 997,999 AND MOD8\_1 NE 888,997,999 AND CSTATE NE 02]

**MOD8\_1C.** Previously you indicated you were [S8Q1] years old, but stated you were [MOD8\_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

01 Continue [GO BACK TO MOD8\_1]

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND MOD8\_1 NE 888 AND CSTATE NE 02)]

**MOD8\_2.** How old were you when you last smoked 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]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF MOD8\_1=1-100 AND (MOD8\_2<MOD8\_1 OR (S8Q1=18-99 AND (S8Q1<MOD8\_2))) AND CSTATE NE 02]

**MOD8\_2C.** Previously you indicated you were [S8Q1] years old, but stated you were [MOD8\_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

01 Continue [GO BACK TO MOD8\_2]

[ASK IF S9Q1=01 AND S9Q2=01,02,03 AND MOD8\_1 NE 888 AND CSTATE NE 02]

**MOD8\_3.** On average, when you [IF S9Q2=01,02 INSERT "smoke"; IF S9Q2=03 INSERT "smoked"] regularly, about how many cigarettes [IF S9Q2=01,02 INSERT "do"; IF S9Q2=03 INSERT "did"] you usually smoke each day?

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

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

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

RANGE 1-776 [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF CSTATE NE 02]

**MOD8\_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. In the last 12 months, did you have a CT or CAT scan?

**READ ONLY IF NECESSARY:**

- 01 Yes, to check for lung cancer
- 02 No (did not have a CT scan)
- 03 Had a CT scan, but for some other reason

**DO NOT READ:**

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

Module 13: Cancer Survivorship (Split 2)

---

[ASK IF (S6Q6=01 OR S6Q7=01) AND CSTATE NE 02]

**MOD13\_1. Module 13: Cancer Survivorship**

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?

- 01 Only one
- 02 Two
- 03 Three or more
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13\_1=01,02,03]

**MOD13\_2.** At what age were you [IF MOD13\_1=01 INSERT "told that you had cancer?"; IF MOD13\_1=02,03 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]

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

[ASK IF MOD13\_2>S8Q1 AND S8Q1 NE 997,999 AND MOD13\_2 NE 997,999 AND CSTATE NE 02]

**MOD13\_2C.** You said you were [S8Q1] years of age and told that you had cancer at age [MOD13\_2]. I must correct this inconsistency.

01 Continue [GO BACK TO MOD13\_2]

[ASK IF S6Q6=01 AND MOD13\_1=01 AND CSTATE NE 02]

**MOD13\_3A.** Was it “Melanoma” or “other skin cancer”?

21 Melanoma  
22 Other Skin Cancer

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD13\_1=02,03 OR (MOD13\_1=01 AND S6Q6<>01)]

**MOD13\_3.** [IF MOD13\_1=01 AND S6Q6 NE 01 INSERT “What type of cancer was it?”; IF MOD13\_1=02,03 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)

**\$ Breast**

01 Breast cancer

**\$ Female reproductive (Gynecologic)**

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

**\$ Head/Neck**

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

**\$ Gastrointestinal**

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

**\$ Leukemia/Lymphoma** (lymph nodes and bone marrow)

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

**\$ Male reproductive**

- 19 Prostate cancer
- 20 Testicular cancer

**\$ Skin**

- 21 Melanoma
- 22 Other skin cancer

**\$ Thoracic**

- 23 Heart
- 24 Lung

**\$ Urinary cancer**

- 25 Bladder cancer
- 26 Renal (kidney) cancer

**\$ Others**

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF ((S6Q6=01) OR (S6Q7=01 AND MOD13\_1 NE 97, 99)) AND CSTATE NE 02]  
**MOD13\_4.** Are you currently receiving treatment for cancer?

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

**READ ONLY IF NECESSARY:**

- 01 Yes
- 02 No, I've completed treatment
- 03 No, I've refused treatment
- 04 No, I haven't started treatment
- 05 Treatment was not needed

**DO NOT READ:**

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

[ASK IF MOD13\_4=02]

**MOD13\_5.** What type of doctor provides the majority of your health care?

**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:**

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

[ASK IF MOD13\_4=02]

**MOD13\_6.** 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.”

- 01 Yes
- 02 No
  
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13\_4=02]

**MOD13\_7.** 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?

- 01 Yes
- 02 No
  
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13\_7=01]

**MOD13\_8.** Were these instructions written down or printed on paper for you?

- 01 Yes
- 02 No
  
- 97 DON’T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD13\_4=02]

**MOD13\_9.** 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.

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

[ASK IF MOD13\_4=02]

**MOD13\_10.** Were you ever denied health insurance or life insurance coverage because of your cancer?

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

[ASK IF MOD13\_4=02]

**MOD13\_11.** Did you participate in a clinical trial as part of your cancer treatment?

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

[ASK IF MOD13\_4=02]

**MOD13\_12.** Do you currently have physical pain caused by your cancer or cancer treatment?

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

[ASK IF MOD13\_12=01]

**MOD13\_13.** Would you say your pain is currently under control ...?

**PLEASE READ:**  
01 With medication (or treatment)

02 Without medication (or treatment)  
03 Not under control, with medication (or treatment)  
04 Not under control, without medication (or treatment)

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

Module 18: Indoor Tanning (Split 1, 2, 3)

---

[ASK IF CSTATE NE 02]

**MOD18\_1. Module 18: 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]

997 DON'T KNOW / NOT SURE  
999 REFUSED

Module 19: Excess Sun Exposure (Split 1, 2, 3)

---

[ASK IF CSTATE NE 02]

**MOD19\_1. Module 19: Excess Sun Exposure**

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

RANGE 0-365 [NUMBER BOX]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF CSTATE NE 02]

**MOD19\_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:**

- 01 Always
- 02 Most of the time
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

- 06 Don't stay outside for more than one hour on warm sunny days
- 08 Don't go outside at all on warm sunny days
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 02]

**MOD19\_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

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

[ASK IF CSTATE NE 02]

**MOD19\_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

97 DON'T KNOW / NOT SURE  
99 REFUSED

### Module 20: Cognitive Decline (Split 3)

---

[ASK IF (S8Q1>=45 OR S8Q1=997,999) AND CSTATE NE 02]

#### **MOD20\_1. Module 20: Cognitive Decline**

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

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

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD20\_1=01,97]

**MOD20\_2.** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

**PLEASE READ:**

01 Always

02 Usually  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD20\_1=01,97]

**MOD20\_3.** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

**PLEASE READ:**

01 Always  
02 Usually  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD20\_3=01,02,03]

**MOD20\_4.** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

**PLEASE READ:**

01 Always  
02 Usually  
03 Sometimes  
04 Rarely  
05 Never

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD20\_1=01,97]

**MOD20\_5.** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

**PLEASE READ:**

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

**DO NOT READ:**

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

[ASK IF MOD20\_1=01,97]

**MOD20\_6.** Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 01 Yes
- 02 No

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

Module 21: Caregiver (Split 3)

---

[ASK IF CSTATE NE 02]

**MOD21\_1. Module 21: 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 08 and say: "I'm so sorry to hear of your loss."

- 01 Yes
- 02 No

08 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_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  
  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK OF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_3.** For how long have you provided care for that person?

**READ IF NECESSARY:**

01 Less than 30 days  
02 1 month to less than 6 months  
03 6 months to less than 2 years  
04 2 years to less than 5 years  
05 More than 5 years

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_4.** In an average week, how many hours do you provide care or assistance?

**READ IF NECESSARY:**

01 Up to 8 hours per week  
02 9 to 19 hours per week  
03 20 to 39 hours per week  
04 40 hours or more

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_5.** What is the main health problem, long-term illness, or disability that the person you care for has?

**READ ONLY IF NECESSARY:** Please tell me which one of these conditions would you say is the major problem?

- 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

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND MOD21\_5 NE 05]

**MOD21\_6.** Does the person you care for also have Alzheimer's disease, dementia, or other cognitive impairment disorder?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_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?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1=01 AND CSTATE NE 02]

**MOD21\_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?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD21\_1 NE 01,08 AND CSTATE NE 02]

**MOD21\_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?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

### Module 23: Family Planning (Split 1, 2, 3)

---

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9\_7=02 AND S8Q19=01)) AND CSTATE NE 02]

#### MOD23\_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

01 Yes  
02 No  
03 No partner / not sexually active  
04 Same sex partner

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD23\_1=01 AND CSTATE NE 02]

**MOD23\_2.** The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE:** If respondent reports using more than one method, please code the method that occurs first on the list.

**INTERVIEWER NOTE:** If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

**INTERVIEWER NOTE:** If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

**INTERVIEWER NOTE:** If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

**DO NOT READ:**

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

[ASK IF MOD23\_1=02]

**MOD23\_3.** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

**INTERVIEWER NOTE:** If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it

- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

**DO NOT READ:**

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

[Module 24: Alcohol Screening and Brief Intervention \(ASBI\) \(Split 1\)](#)

---

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

**MOD24\_1. Module 24: Alcohol Screening and Brief Intervention (ASBI)**

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?

- 01 Yes
- 02 No

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

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

**MOD24\_2.** Did the health care provider ask you in person or on a form how much you drink?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

**MOD24\_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?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD24\_1=01 OR MOD24\_2=01 OR MOD24\_3=01]

**MOD24\_4.** Were you offered advice about what level of drinking is harmful or risky for your health?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD24\_1=01 OR MOD24\_2=01 OR MOD24\_3=01]

**MOD24\_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?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

## Module 25: Marijuana Use (Split 1, 2, 3)

---

[ASK IF CSTATE NE 02]

### MOD25\_1. Module 25: Marijuana Use

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

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

RANGE 1-30 [NUMBER BOX]

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

[ASK IF MOD25\_1 =01-30]

**MOD25\_2.** During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

**PLEASE READ:**

- 01 **Smoke it** (for example, in a joint, bong, pipe, or blunt).
- 02 **Eat it** (for example, in brownies, cakes, cookies, or candy)
- 03 **Drink it** (for example, in tea, cola, or alcohol)
- 04 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 05 **Dab it** (for example, using waxes or concentrates), or
- 06 **Use it some other way.**

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD25\_1 =01-30]

**MOD25\_3.** When you used marijuana or cannabis during the past 30 days, was it usually:

**PLEASE READ:**

- 01 For medical reasons (like to treat or decrease symptoms of a health condition);

02 For non-medical reasons (like to have fun or fit in), or  
03 For both medical and non-medical reasons;

**DO NOT READ:**

97 DON'T KNOW / NOT SURE  
99 REFUSED

**Maryland State Added Sections**

**MD State Added Section 1: Tobacco Questions (Split 1, 2 and 3)**

[ASK IF STATE=MD AND CSTATE NE 02]

**MD1\_1. State Added Section 1: Tobacco Questions (Split 1, 2, and 3)**

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?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=MD AND (S9Q2=01 OR S9Q4=01) AND CSTATE NE 02]

**MD1\_2.** During the past 30 days, that is, since [CDATEM30], were the cigarettes that you USUALLY smoked menthol?

01 Yes  
02 No

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=MD AND S9Q2=01,02 AND CSTATE NE 02]

**MD1\_3.** Are you seriously planning to quit smoking cigarettes...

01 Within the next 30 days

- 02 Within the next 3 months
- 03 Within the next 6 months
- 04 Within the next year
- 05 Within the next 5 years
- 06 Sometime after 5 years
- \$ OR
- 08 You are not planning on quitting
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]

**MD1\_4.** Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

- 01 Yes
- 02 No
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MD1\_4=01 AND CSTATE NE 02]

**MD1\_5.** Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

- 01 Every day
- 02 Some days
- 03 Not at all
  
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MD1\_5=01,02 AND CSTATE NE 02]

**MD1\_6.** What is the main reason you use electronic vapor products?

- 01 I am trying to quit smoking
- 02 I use when not allowed to smoke
- 03 They are safer than using tobacco
- 04 The novelty of using them
- 05 Other (please specify): [TEXT BOX]

97 DON'T KNOW / NOT SURE  
99 REFUSED

MD State Added Section 2: Food Insecurity Questions (Split 1, 2 and 3)

[ASK IF STATE=MD AND CSTATE NE 02]

**MD2\_1. State Added Section 2: Food Insecurity Questions (Split 1, 2, and 3)**

Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months—that is, since last [CMONTH].

The first statement is "I worried whether my food would run out before I got money to buy more." Was that often true, sometimes true, or never true for you in the last 12 months?

01 Often true  
02 Sometimes true  
03 Never true

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]

**MD2\_2.** "The food that I bought just didn't last, and I didn't have money to get more." Was that often, sometimes, or never true for you in the last 12 months?

01 Often true  
02 Sometimes true  
03 Never true

97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

01 Continue