



VIRGINIA

BEHAVIORAL RISK FACTOR  
SURVEILLANCE SYSTEM

2024 QUESTIONNAIRE

JUNE 2024

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

# BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

## VIRGINIA 26161

### 2024 QUESTIONNAIRE

## Table of Contents

<b>OMB Header and Introductory Text</b> .....	3
Landline Introduction.....	4
Cell Phone Introduction.....	9
<b>Core Section</b>	
1: Health Status.....	15
2: Healthy Days.....	16
3: Health Care Access.....	17
4: Exercise.....	19
5: Oral Health.....	20
6: Chronic Health Conditions.....	21
7: Demographics.....	25
8: Disability.....	33
9: Breast and Cervical Cancer Screening.....	34
10: Colorectal Cancer Screening.....	36
11: Tobacco Use.....	43
12: Lung Cancer Screening.....	44
13: Alcohol Consumption.....	47
14: Immunization.....	49
15: H.I.V./AIDS.....	51
<b>Closing Statement/ Transition to Modules</b> .....	53
<b>Optional Modules</b> .....	54
Module 3: Arthritis.....	54
Module 4: Shingles Vaccination.....	54
Module 6: Tetanus Vaccination.....	55
Module 7: Cancer Survivorship: Type of Cancer.....	55
Module 12: Caregiver.....	58
Module 13: Adverse Childhood Experiences.....	62
Module 15: Marijuana Use.....	66
Module 17: Other Tobacco Use.....	68
Module 19: Firearm Safety.....	69
Module 24: Sexual Orientation and Gender Identity (SOGI).....	70
Module 25: Family Planning.....	72
<b>VA State-Added</b>	
1: Family Planning (NEW).....	75
2: Traumatic Brain Injury (NEW).....	78
3: Veteran's Health (2023, VA State-Added 6).....	79
4: Gambling (VA 2022, State-Added 6).....	81

## OMB HEADER

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).

**Notes:** Begin your presentation with a cover page that briefly introduces what the report is all about. Give your colleagues additional context to your report by using a section header for some introductory message or background. Maximize the next few pages talking about the meat of your report. Make it more detailed and informative by coupling your report's textual information with charts, graphs, and tables, helping you highlight the critical details of your report. Cap off your presentation with motivational quotes to inspire your colleagues to keep pushing forward for a better report. Glass Lewis at [grp2@cdc.gov](mailto:grp2@cdc.gov).

## INTRODUCTORY TEXT

HELLO, I am calling for the Virginia Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the 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.

**Notes:** States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.

If cell phone respondent objects to being contacted by state where they have never lived, say: **"This survey is conducted by all states and your information will be forwarded to the correct state of residence"**

# LANDLINE INTRODUCTION

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
LL01	Is this [PHONE NUMBER]?	<p>If “Yes” go to LL02</p> <p>If “No” terminate: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.</p>	
LL02	Is this a private residence?	<p>If “Yes” go to LL04 <b>Read if necessary:</b> By private residence we mean someplace like a house or apartment.</p> <p>If “No” go to LL03.</p> <p>If “No, this is a business”, Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE</p>	<p>Do <b>NOT</b> read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.</p>
LL03	Do you live in college housing?	<p>If “Yes” go to LL04 <b>Read if necessary:</b> By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.</p> <p>If “No” terminate: <b>Read:</b> Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.</p>	

# LANDLINE INTRODUCTION

LL04	Do you currently live in__Virginia____?	<p>If “Yes” go to LL05</p> <p>If “No” terminate:  <b>Read:</b> Thank you very much but we are only interviewing persons who live in Virginia at this time.</p>	
LL05	Is this a cell phone?	<p>If “Yes, it is a cellphone” TERMINATE  <b>Read:</b> Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.</p> <p>If “No, it is not a cellphone” go to LL06.  <b>Read if necessary:</b> By cell phone we mean a telephone that is mobile and usable outside your neighborhood.  Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p>	
LL06	Are you 18 years of age or older?	<p>If college housing = “Yes” Continue;  Otherwise go to LL09</p> <p>If “No” <u>TERMINATE</u>  <b>Read:</b> Thank you very much but we are only interviewing persons aged 18 or older at this time.</p>	

## LANDLINE INTRODUCTION

<p>LL07</p>	<p>I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?</p>	<p>If "1", <b>Read:</b> Are you that adult?          If "Yes": Then you are the person I need to speak with.          If "No": May I speak with the adult in the household?          Go to LL09.</p> <p>If "2 or more adults" go to LL08.</p>	<p>If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.</p>
<p>LL08</p>	<p>The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?</p>	<p>1 = Yes          2 = No - Ask for correct respondent</p>	<p>If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)</p>

# LANDLINE INTRODUCTION

<p>LL09</p>	<p>Are you _____?</p>	<p><b>Read:</b>            1 Male: Go to Transition Section 1.            2 Female: Go to Transition Section 1.            3-6 Transgender, non-binary, or another gender: Go to LL10  <b>Do Not Read:</b>            7 Don't know/Not sure            9 Refused</p>	<p>We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.</p>
<p>LL10</p>	<p>What was your sex at birth?            Was it male or female?</p>	<p>1 Male            2 Female            7 Don't know/Not sure            9 Refused             If '7' or '9' then  <b>TERMINATE</b>            "Thank you for your time, your number may be selected for another survey in the future."</p>	<p>Read if necessary:            "What sex were you assigned at birth on your original birth certificate?"</p>
<p>Transition to Section 1.</p>	<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 804-864-7686</p>		<p><b>Do not read:</b>            Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p>

# CELL PHONE INTRODUCTION

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CP01.	Is this a safe time to talk with you?	<p>If “Yes” go to CP02</p> <p>If “No” ([set appointment if possible]) TERMINATE]</p>	<b>Read:</b> Thank you very much. We will call you back at a more convenient time.
CP02.	Is this [PHONE NUMBER]?	<p>If “Yes” go to CP03</p> <p>If “No” TERMINATE</p>	<b>Read:</b> 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
CP03.	Is this a cell phone?	<p>If “Yes” go to CP03</p> <p>If “No”, <b>Read:</b> thank you very much, but we are only interviewing persons on cell telephones at this time. TERMINATE</p>	
CP04	Are you 18 years of age or older?	<p>If “Yes” go to CP05</p> <p>If “No”, <b>Read:</b> Thank you very much but we are only interviewing persons aged 18 or older at this time. TERMINATE</p>	



# CELL PHONE INTRODUCTION

<p>CP05</p>	<p>Are you _____?</p>	<p><b>Read:</b>            1 Male: Go to CP07.            2 Female: CP07.            3-6 Transgender, non-binary, or another gender: Go to CP06            Do <b>Not</b> Read:            7 Don't know/Not sure            9 Refused</p>	<p>We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.</p>
<p>CP06</p>	<p>What was your sex at birth?            Was it male or female?</p>	<p>1 Male            2 Female            7 Don't know/Not sure            9 Refused</p> <p>If '7' or '9' then            TERMINATE            "Thank you for your time, your number may be selected for another survey in the future."</p>	<p>Read if necessary:            "What sex were you assigned at birth on your original birth certificate?"</p>
<p>CP07</p>	<p>Do you live in a private residence?</p>	<p>If "Yes" go to CP09  <b>Read if necessary:</b> By private residence we mean someplace like a house or apartment</p> <p>If "No" go to CP08</p>	<p><b>Do not read:</b> 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.</p>

# CELL PHONE INTRODUCTION

<p>CP08</p>	<p>Do you live in college housing?</p>	<p>If "Yes" go to CP09  <u>Read if necessary:</u> By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.</p> <p>If "No" TERMINATE  <u>Read:</u> Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.</p>	
<p>CP09</p>	<p>Do you currently live in___Virginia___?</p>	<p>If "Yes" go to CP11          If "No" go to CP10</p>	

# CELL PHONE INTRODUCTION

<p>CP10</p>	<p>In what state do you currently live?</p>	<ul style="list-style-type: none"> <li>1 Alabama</li> <li>2 Alaska</li> <li>4 Arizona</li> <li>5 Arkansas</li> <li>6 California</li> <li>8 Colorado</li> <li>9 Connecticut</li> <li>10 Delaware</li> <li>11 District of Columbia</li> <li>12 Florida</li> <li>13 Georgia</li> <li>15 Hawaii</li> <li>16 Idaho</li> <li>17 Illinois</li> <li>18 Indiana</li> <li>19 Iowa</li> <li>20 Kansas</li> <li>21 Kentucky</li> <li>22 Louisiana</li> <li>23 Maine</li> <li>24 Maryland</li> <li>25 Massachusetts</li> <li>26 Michigan</li> <li>27 Minnesota</li> <li>28 Mississippi</li> <li>29 Missouri</li> <li>30 Montana</li> <li>31 Nebraska</li> <li>32 Nevada</li> <li>33 New Hampshire</li> <li>34 New Jersey</li> <li>35 New Mexico</li> <li>36 New York</li> <li>37 North Carolina</li> <li>38 North Dakota</li> <li>39 Ohio</li> <li>40 Oklahoma</li> </ul>	
-------------	---	--	--

## CELL PHONE INTRODUCTION

CP10		<p>41 Oregon  42 Pennsylvania  44 Rhode Island  45 South Carolina  46 South Dakota  47 Tennessee  48 Texas  49 Utah  50 Vermont  51 Virginia  53 Washington  54 West Virginia  55 Wisconsin  56 Wyoming  66 Guam  72 Puerto Rico  78 Virgin Islands</p> <p>If "77 Live outside US and participating territories 99 Refused"  TERMINATE  <u>Read:</u> Thank you very much, but we are only interviewing persons who live in the US.</p>	
CP11	Do you also have a landline telephone in your home that is used to make and receive calls?	<p>1 Yes  2 No  7 Don't know/ Not sure  9 Refused</p>	
CP12	How many members of your household, including yourself, are 18 years of age or older?	<p>_ _ Number  77 Don't know/ Not sure  99 Refused</p>	<p>Note: If CP08 = yes then number of adults is automatically set to 1</p>

## CELL PHONE INTRODUCTION

<p>Transition to section 1.</p>		<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 804-864-7686.</p>	
---------------------------------	--	--	--

# CORE SECTION 1: HEALTH STATUS

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CHS.01	Would you say that in general your health is—	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused	

## CORE SECTION 2: HEALTHY DAYS

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused  Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88	88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused 88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

# CORE SECTION 3: HEALTH CARE ACCESS

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CHCA.01	What is the current primary source of your health insurance?	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure 99 Refused</p>	<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	<p>1 Yes, only one</p> <p>2 More than one</p> <p>3 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> <p>If "no", read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?</p>	<p>NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.</p>



## CORE SECTION 3: HEALTH CARE ACCESS

CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	<p><b><u>Read if necessary:</u></b></p> 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused	<p><b><u>Read if necessary:</u></b> A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.</p>

## CORE SECTION 4: EXERCISE

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	1 Yes 2 No 7 Don't know / Not sure 9 Refused  Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.	

## CORE SECTION 5: ORAL HEALTH

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	<p><b><u>Read if necessary:</u></b></p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>	
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	<p><b><u>Read if necessary:</u></b></p> <p>1 1 to 5</p> <p>2 6 or more but not all</p> <p>3 All</p> <p>8 None</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> <p><b><u>Read if necessary:</u></b> If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.</p>	

## CORE SECTION 6: CHRONIC HEALTH CONDITIONS

**Prologue:**

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.

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.03	(Ever told) (you had) a stroke?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.04	(Ever told) (you had) asthma?	1 Yes If "Yes" go to CCHC.05  2 No 7 Don't know / Not sure 9 Refused If "No, Don't know/Not sure, or Refused" go to CCHC.06	

## CORE SECTION 6: CHRONIC HEALTH CONDITIONS

CCHC.05	Do you still have asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.07	(Ever told) (you had) any melanoma or any other types of cancer?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	

## CORE SECTION 6: CHRONIC HEALTH CONDITIONS

CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	<p><b><u>Read if necessary:</u></b> Incontinence is not being able to control urine flow.</p>
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	<p>Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)</p>

## CORE SECTION 6: CHRONIC HEALTH CONDITIONS

CCHC.12	(Ever told) (you had) diabetes?	<p>1 Yes (See Interview notes)</p> <p>2 Yes, but female told only during pregnancy</p> <p>3 No</p> <p>4 No, pre-diabetes or borderline diabetes</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> <p>If "2-9 is selected" go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.</p>	<p>If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.</p>
CCHC.13	How old were you when you were first told you had diabetes?	<p>-- Code age in years [97 = 97 and older]</p> <p>98 Don't know / Not sure</p> <p>99 Refused</p> <p>Go to Diabetes Module if used, otherwise go to next section.</p>	

# CORE SECTION 7: DEMOGRAPHICS

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CDEM.01	What is your age?	__ Code age in years 07 Don't know / Not sure 09 Refused	
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused	One or more categories may be selected.



## CORE SECTION 7: DEMOGRAPHICS

<p>CDEM.03</p>	<p>Which one or more of the following would you say is your race?</p>	<p><b><u>Please read:</u></b></p> <p>10 White                  20 Black or African American                  30 American Indian or Alaska Native                  40 Asian                      41 Asian Indian                      42 Chinese                      43 Filipino                      44 Japanese                      45 Korean                      46 Vietnamese                      47 Other Asian                  50 Pacific Islander                      51 Native Hawaiian                      52 Guamanian or Chamorro                      53 Samoan                      54 Other Pacific Islander</p> <p><b><u>Do not read:</u></b></p> <p>60 Other                  88 No additional choices                  77 Don't know / Not sure                  99 Refused</p> <p>If more than one response to CDEM.03; continue to CDEM.04.                  Otherwise, go to CDEM.05</p>	<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.                  One or more categories may be selected.</p> <p>If respondent indicates that they are Hispanic for race, please read the race choices.</p>
----------------	---	--	--

## CORE SECTION 7: DEMOGRAPHICS

<p>CDEM.04</p>	<p>Which one of these groups would you say best represents your race?</p>	<p>Please read:</p> <ul style="list-style-type: none"> <li>10 White</li> <li>20 Black or African American</li> <li>30 American Indian or Alaska Native</li> <li>40 Asian             <ul style="list-style-type: none"> <li>41 Asian Indian</li> <li>42 Chinese</li> <li>43 Filipino</li> <li>44 Japanese</li> <li>45 Korean</li> <li>46 Vietnamese</li> <li>47 Other Asian</li> </ul> </li> <li>50 Pacific Islander             <ul style="list-style-type: none"> <li>51 Native Hawaiian</li> <li>52 Guamanian or Chamorro</li> <li>53 Samoan</li> <li>54 Other Pacific Islander</li> </ul> </li> </ul> <p><b><u>Do not read:</u></b></p> <ul style="list-style-type: none"> <li><del>60 Other</del></li> <li>77 Don't know / Not sure</li> <li>99 Refused</li> </ul>	<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p> <p>If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.</p>
<p>CDEM.05</p>	<p>Are you...</p>	<p>Please read:</p> <ul style="list-style-type: none"> <li>1 Married</li> <li>2 Divorced</li> <li>3 Widowed</li> <li>4 Separated</li> <li>5 Never married</li> </ul> <p>Or</p> <ul style="list-style-type: none"> <li>6 A member of an unmarried couple</li> </ul> <p>Do not read:</p> <ul style="list-style-type: none"> <li>9 Refused</li> </ul>	

# CORE SECTION 7: DEMOGRAPHICS

<p>CDEM.06</p>	<p>What is the highest grade or year of school you completed?</p>	<p>Read if necessary:            1 Never attended school or only attended kindergarten            2 Grades 1 through 8 (Elementary)            3 Grades 9 through 11 (Some high school)            4 Grade 12 or GED (High school graduate)            5 College 1 year to 3 years (Some college or technical school)            6 College 4 years or more (College graduate)            Do not read:            9 Refused</p>	
<p>CDEM.07</p>	<p>Do you own or rent your home?</p>	<p>1 Own            2 Rent            3 Other arrangement            7 Don't know / Not sure            9 Refused</p>	<p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.</p> <p><b>Read if necessary:</b>            We ask this question in order to compare health indicators among people with different housing situations.</p>

## CORE SECTION 7: DEMOGRAPHICS

CDEM.08	In what county do you currently live?	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused -- _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state	
CDEM.09	What is the ZIP Code where you currently live?	----- 77777 Do not know 99999 Refused  If cell interview go to CDEM12	
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	1 Yes 2 No 7 Don't know / Not sure 9 Refused  Go to CDEM.12	
CDEM.11	How many of these landline telephone numbers are residential numbers?	-- Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	

## CORE SECTION 7: DEMOGRAPHICS

CDEM.12	How many cell phones do you have for your personal use?	<p>-- Enter number (1-5)          6 Six or more          7 Don't know / Not sure          8 None          9 Refused</p> <p>Do not include cell phones that are used exclusively by other members of your household.          Read if necessary: Include cell phones used for both business and personal use.</p>	Last question needed for partial complete.
CDEM.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	<p>1 Yes          2 No          7 Don't know / Not sure          9 Refused</p>	<p><b>Read if necessary:</b>          Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.</p>
CDEM.14	Are you currently...?	<p>Read:          1 Employed for wages          2 Self-employed          3 Out of work for 1 year or more          4 Out of work for less than 1 year          5 A Homemaker          6 A Student          7 Retired          Or          8 Unable to work          Do not read:          9 Refused</p>	

## CORE SECTION 7: DEMOGRAPHICS

CDEM.15	How many children less than 18 years of age live in your household?	<p>_ _ Number of children</p> <p>88 None</p> <p>99 Refused</p>	
CDEM.16	Is your annual household income from all sources—	<p>Read if necessary:</p> <p>01 Less than \$10,000?</p> <p>02 Less than \$15,000? (\$10,000 to less than \$15,000)</p> <p>03 Less than \$20,000? (\$15,000 to less than \$20,000)</p> <p>04 Less than \$25,000</p> <p>05 Less than \$35,000 If (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p><b>Do not read:</b></p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	<p>Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age &gt;49</p>

# CORE SECTION 7: DEMOGRAPHICS

CDEM.17	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDEM.18	About how much do you weigh without shoes?	---- Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused	If respondent answers in metrics, put 9 in first column. Round fractions up
CDEM.19	About how tall are you without shoes?	-- / -- Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused	If respondent answers in metrics, put 9 in first column. Round fractions down

## CORE SECTION 8: DISABILITY

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDIS.04	Do you have serious difficulty walking or climbing stairs?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDIS.05	Do you have difficulty dressing or bathing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	



## CORE SECTION 9: BREAST AND CERVICAL CANCER SCREENING

<b>Skip to next module if sex/ sex at birth = male</b> The next questions are about breast and cervical cancer.			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CBCCS.01	Have you ever had a mammogram?	1 Yes If “Yes” got to CBCCS.02  2 No  7 Don’t know/ not sure  9 Refused  If “2-9” is selected go to CBCCS.03	A mammogram is an x-ray of each breast to look for breast cancer.
CBCCS.02	How long has it been since you had your last mammogram?	<u><b>Read if necessary:</b></u> 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don’t know / Not sure 9 Refused	
CBCCS.03	There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.  Have you ever had a cervical cancer screening test?	1 1 Yes If “Yes” got to CBCCS.04  2 No  7 Don’t know/ not sure  9 Refused  If “2, 7 or 9” are selected, go to CBCCS.07	Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

## CORE SECTION 9: BREAST AND CERVICAL CANCER SCREENING

CBCCS.04	How long has it been since you had your last cervical cancer screening test?	<p><b><u>Read if necessary:</u></b></p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)
CBCCS.07	Have you had a hysterectomy?	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p><b><u>Read if necessary:</u></b> A hysterectomy is an operation to remove the uterus (womb).</p>

## CORE SECTION 10: COLORECTAL CANCER SCREENING

<b>If Section CDEM.01, AGE, is less than 45 go to next module.</b>			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	1 Yes If "Yes" go to CCRC.02  2 No 7 Don't know/ not sure 9 Refused If "No, Don't know/ not sure, or Refused" is selected go to CCRC.06	
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?	1 Colonoscopy If "Colonoscopy" is selected go to CCRC.03 2 Sigmoidoscopy If "Sigmoidoscopy" is selected go to CCRC.04 3 Both If "Both" is selected go to CCRC.03 7 Don't know/Not sure If "Don't know/Not sure" go to CCRC.05 9 Refused If "Refused" is selected go to CCRC.06	

## CORE SECTION 10: COLORECTAL CANCER SCREENING

CCRC.03	How long has it been since your most recent colonoscopy?	<p>Read if necessary:</p> <ul style="list-style-type: none"> <li>1 Within the past year (anytime less than 12 months ago)</li> <li>2 Within the past 2 years (1 year but less than 2 years ago)</li> <li>3 Within the past 5 years (2 years but less than 5 years ago)</li> <li>4 Within the past 10 years (5 years but less than 10 years ago)</li> <li>5 10 or more years ago</li> </ul> <p>Do not read:</p> <ul style="list-style-type: none"> <li>7 Don't know / Not sure</li> <li>9 Refused</li> </ul>	<p>If CCRC.02 =3 (BOTH) continue to CCRC.04 an CCRC.05, Go to CCRC.06</p>
CCRC.04	How long has it been since your most recent sigmoidoscopy?	<p>Read if necessary:</p> <ul style="list-style-type: none"> <li>1 Within the past year (anytime less than 12 months ago)</li> <li>2 Within the past 2 years (1 year but less than 2 years ago)</li> <li>3 Within the past 5 years (2 years but less than 5 years ago)</li> <li>4 Within the past 10 years (5 years but less than 10 years ago)</li> <li>5 10 or more years ago</li> </ul> <p>Do not read:</p> <ul style="list-style-type: none"> <li>7 Don't know / Not sure</li> <li>9 Refused</li> </ul>	<p>Go to CCRC.06</p>

## CORE SECTION 10: COLORECTAL CANCER SCREENING

CCRC.05	<p>How long has it been since your most recent colonoscopy or sigmoidoscopy?</p>	<p><b><u>Read if necessary:</u></b></p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	
CCRC.06	<p>Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?</p>	<p>1 Yes If "yes" go to CCRC.07</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p> <p>If "No. Don't know/Not sure or Refused" is selected go to Next Module</p>	

# CORE SECTION 10: COLORECTAL CANCER SCREENING

<p>CCRC.07</p>	<p>A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?</p>	<p>1 Yes If “Yes” is selected go to CCRC.08</p> <p>2 No 7 Don’t Know/Not sure 9 Refused If “No, Don’t know/Not sure or Refused” is selected go to CCRC.09</p>	<p>CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.</p>
<p>CCRC.08</p>	<p>When was your most recent CT colonography or virtual colonoscopy?</p>	<p>Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don’t know / Not sure 9 Refused</p>	

## CORE SECTION 10: COLORECTAL CANCER SCREENING

<p style="text-align: center;">CCRC.09</p>	<p>One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?</p>	<p>1 Yes If “Yes” is selected go to CCRC.10</p> <p>2 No 7 Don’t Know/Not sure 9 Refused If “No. Don’t know/Not sure or Refused” is selected go to CCRC.11</p>	<p>The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.</p>
<p style="text-align: center;">CCRC.10</p>	<p>How long has it been since you had this test?</p>	<p><b><u>Read if necessary:</u></b></p> <p>1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don’t know / Not sure 9 Refused</p>	
<p style="text-align: center;">CCRC.11</p>	<p>Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?</p>	<p>1 Yes If “Yes” is selected go to CCRC.12</p> <p>2 No 7 Don’t Know/Not sure 9 Refused If “No. Don’t know/Not sure or Refused” is selected go to next module</p>	

## CORE SECTION 10: COLORECTAL CANCER SCREENING

<p>CCRC.12</p>	<p>Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?</p>	<p>1 Yes 2 No 7 Don't Know/Not sure 9 Refused</p>	<p>Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.</p>
<p>CCRC.13</p>	<p>How long has it been since you had this test?</p>	<p><b><u>Read if necessary:</u></b> 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused Do not read: 7 Don't know / Not sure 9 Refused</p>	



## CORE SECTION 11: TOBACCO USE

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	1 Yes 2 No 7 Don't know/Not Sure 9 Refused If "No. Don't know/Not sure or Refused" is selected go to CTOB.03.	<b><u>Do not include:</u></b> electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused	
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused	<b><u>Read if necessary:</u></b> Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

## CORE SECTION 11: TOBACCO USE

<p>CTOB.04</p>	<p>Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?</p>	<p>1 Never used e-cigarettes in your entire life                  2 Use them every day                  3 Use them some days                  4 Used them in the past but do not currently use them at all</p> <p>Do not read:                  7 Don't know / Not sure                  9 9 Refused</p>	<p>These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p> <p>Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.</p> <p>If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life"</p>
----------------	---	--	--

## CORE SECTION 12: LUNG CANCER SCREENING

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

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CLC.01	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	<p>___ Age in Years (001 - 100)            777 Don't know/Not sure            999 Refused            888 Never smoked cigarettes regularly            If "Never smoked cigarettes regularly" is selected go to CLC.04</p> <p>Note: Skip CLC.02 if SMOKDAY2 = 1</p>	<p>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). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p>
CLC.02	<p>How old were you when you last smoked cigarettes regularly?</p>	<p>___ Age in Years (001 - 100)            777 Don't know/Not sure            999 Refused</p>	

## CORE SECTION 12: LUNG CANCER SCREENING

<p>CLC.03</p>	<p>On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?</p>	<p>--- Number of cigarettes 777 Don't know/Not sure 999 Refused</p>	<p>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). 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</p>
<p>CLC.04</p>	<p>The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?</p>	<p>1 Yes 2 No 7 Don't know/not sure 9 Refused If "No. Don't know/Not sure or Refused" is selected go to next section.</p>	

## CORE SECTION 12: LUNG CANCER SCREENING

CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?	<p>1 Yes                  2 No                  7 Don't know/not sure                  9 Refused                  9 Refused                  If "No. Don't know/Not sure or Refused" is selected go to next section.</p>	
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?	<p>Read only if necessary:                  1 Within the past year (anytime less than 12 months ago)                  2 Within the past 2 years (1 year but less than 2 years)                  3 Within the past 3 years (2 years but less than 3 years)                  4 Within the past 5 years (3 years but less than 5 years)                  5 Within the past 10 years (5 years but less than 10 years ago)                  6 10 or more years ago                  Do not read:                  7 Don't know / Not sure                  9 Refused</p>	

## CORE SECTION 13: ALCOHOL CONSUMPTION

### Prologue

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

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	1 _ _ Days per week 2 _ _ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused If "No drinks in past 30 days, Don't know/Not sure or Refused" is selected go to next section.	<b><u>Read if necessary:</u></b> A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	_ _ Number of drinks 88 None 77 Don't know / Not sure 99 Refused	<b><u>Read if necessary:</u></b> A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	_ _ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)

## CORE SECTION 13: ALCOHOL CONSUMPTION

CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	-- Number of drinks 77 Don't know / Not sure 99 Refused If "No. Don't know/Not sure or Refused" is selected go to next	
---------	--	---	--

## CORE SECTION 14: IMMUNIZATION

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	1 Yes 2 No 7 Don't know / Not sure 9 Refused If "No. Don't know/Not sure or Refused" is selected go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	-- / ---- Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	



# CORE SECTION 14: IMMUNIZATION

<p>CIMM.03</p>	<p>At what kind of place did you get your last flu shot or vaccine?</p>	<p>Read if necessary:            01 A doctor's office or health maintenance organization (HMO)            02 A health department            03 Another type of clinic or health center (a community health center)            04 A senior, recreation, or community center            05 A store (supermarket, drug store)            06 A hospital (inpatient)            07 An emergency room            08 Workplace            09 Some other kind of place            11 A school            Do not read:            12 A drive through location at some other place than listed above            10 Received vaccination in Canada/Mexico            77 Don't know / Not sure            99 Refused</p>	
<p>CIMM.04</p>	<p>Have you ever had a pneumonia shot also known as a pneumococcal vaccine?</p>	<p>1 Yes            2 No            7 Don't know / Not sure            9 Refused</p>	<p>Read if necessary:            There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.</p>

## CORE SECTION 15: H.I.V./AIDS

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	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.
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	-- / ---- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused *Note: If response is before January 1985, code "777777".	If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

## CORE SECTION 15: H.I.V./AIDS

CHIV.03	<p>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.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p>	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	
---------	---	--	--

## CLOSING STATEMENT / TRANSITION TO MODULES

<u>Read if necessary</u>	<u>Read</u>	<u>CATI Instructions</u> <u>(not read)</u>
<p>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.</p>		<p>Read if no optional modules follow, otherwise continue to optional modules.</p>

## OPTIONAL MODULES

### Module 3: Arthritis

Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MARTH.01	Has a doctor or other health professional ever suggested physical activity or exercise, to help your arthritis or joint symptoms?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

### Module 4: Shingles Vaccination

If age ≤ 49 Go to next module.			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MSHNG.01	Have you ever had the shingles or zoster vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

## OPTIONAL MODULES

### Module 6: Tetanus Vaccination

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MARTH.01	Has a doctor or other health professional ever suggested physical activity or exercise, to help your arthritis or joint symptoms?	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused	If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

### Module 7: Cancer Survivorship: Type of Cancer

If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MTOC.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.  How many different types of cancer have you had?	1 Only one 2 Two 3 Three or more  7 Don't know / Not sure 9 Refused  If "Don't know/ Not sure, or refused is selected go to next module	

## OPTIONAL MODULES

MTOC.02	At what age were you told that you had cancer?	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused	If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.
<b>If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer</b>			
MTOC.03	What kind of cancer is it?	<b>Read if respondent needs prompting for cancer type:</b> 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver	If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?

## OPTIONAL MODULES

		<p>14 Lung</p> <p>15 Lymphoma</p> <p>16 Melanoma</p> <p>17 Mouth/tongue/lip</p> <p>18 Ovary/Ovarian</p> <p>19 Pancreas/Pancreatic</p> <p>20 Prostate</p> <p>21 Rectum/Rectal</p> <p>22 Skin (non-melanoma)</p> <p>23 Skin (don't know what kind)</p> <p>24 Soft tissue (muscle or fat)</p> <p>25 Stomach</p> <p>26 Testis/Testicular</p> <p>27 Throat - pharynx</p> <p>28 Thyroid</p> <p>29 Uterus/Uterine</p> <p>30 Other</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	
--	--	--	--



## OPTIONAL MODULES

### Module 12: Caregiver

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MCARE.01	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?	1 Yes 2 No 7 Don't know/Not sure 8 Caregiving recipient died in past 30 days 9 Refused If "Don't know/ Not sure, Caregiving recipient died in past 30 days or refused" is selected go to next module	If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8
MCARE.02	What is their relationship to you?	1 Parent, stepparent, or parent-in-law 2 Grandparent, step grandparent or grandparent-in-law 3 Spouse or partner 4 Child or stepchild 5 Grandchild or step grandchild 6 Sibling, stepsibling, or sibling-in-law 7 Other relative 8 Friend or non-relative 77 Don't know/Not sure 99Refused	If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.
MCARE.03	What is the main health problem or disability that the person you care for has?	1)Alzheimer's disease, dementia, or other cognitive impairment 2)Heart disease, hypertension, or stroke 3)Cancer 4)Diabetes 5)Injuries including broken bones or traumatic brain injury	If MCARE.03 = 1 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, continue

## OPTIONAL MODULES

		<p>1)Alzheimer’s disease, dementia, or other cognitive impairment                  2)Heart disease, hypertension, or stroke                  3)Cancer                  4)Diabetes                  5)Injuries including broken bones or traumatic brain injury                  6)Mental illness such as depression, anxiety, or schizophrenia                  7)Developmental disorders such as autism, Down syndrome, or spina bifida                  8)Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease                  9)Arthritis/rheumatism                  10)Hearing or vision loss                  11)Movement disorders such as Parkinson’s, spinal cord injury, multiple sclerosis or cerebral palsy                  12)Old age, infirmity, or frailty                  13)Other                  77 Don’t know/Not sure                  99 Refused</p>	
<p>MCARE.04</p>	<p>Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?</p>	<p>1Yes                  2No                  7Don’t Know/Not sure                  9 Refused</p>	

## OPTIONAL MODULES

<p>MCARE.05</p>	<p>In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?</p>	<p>1Yes 2No 7Don't Know/Not sure 9 Refused</p>	
<p>MCARE.06</p>	<p>In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?</p>	<p>1Yes 2No 7Don't Know/Not sure 9 Refused</p>	
<p>MCARE.07</p>	<p>In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?</p>	<p>1Yes 2No 7Don't Know/Not sure 9 Refused</p>	

## OPTIONAL MODULES

MCARE.08	<p>In an average week, how many hours do you provide regular care or assistance? Would you say...</p>	<p>Please read: 1) Less than 20 hours per week (19 hours or less) 2) Less than 40 hours per week (more than 19 hours, but less than 40 hours) 3) 40 hours or more per week</p> <p>Do not read: 7 Don't Know/ Not Sure 9 Refused</p>	
MCARE.09	<p>For how long have you provided regular care to this person?</p>	<p>Read if necessary: 1) Within the past 30 days (anytime less than 30 days ago) 2) Within the past 2 years (more than 30 days but less than 2 years ago) 3) Within the past 5 years (more than 2 years but less than 5 years ago) 4) 5 years or more</p> <p>Do not read: 7 Don't Know/ Not Sure 9 Refused</p>	

## OPTIONAL MODULES

### Module 13: Adverse Childhood Experiences

**Prologue:**

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

\*Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.\*

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
M15.01	Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	
M15.02	Did you live with anyone who was a problem drinker or alcoholic?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	
M15.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	
M15.04	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	

## OPTIONAL MODULES

M15.05	Were your parents separated or divorced?	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused	
M15.06	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused	
M15.07	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused	
M15.08	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused	
M15.09	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused	

## OPTIONAL MODULES

M15.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	<p>Read:</p> <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Once</li> <li>3 More than once</li> </ul> <p>Don't Read:</p> <ul style="list-style-type: none"> <li>7 Don't know/Not Sure</li> <li>9 Refused</li> </ul>	
M15.11	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	<p>Read:</p> <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Once</li> <li>3 More than once</li> </ul> <p>Don't Read:</p> <ul style="list-style-type: none"> <li>7 Don't know/Not Sure</li> <li>9 Refused</li> </ul>	
M15.12	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	<ul style="list-style-type: none"> <li>1. Never</li> <li>2. A little of the time</li> <li>3. Some of the time</li> <li>4. Most of the time</li> <li>5. All of the time</li> <li>7 Don't Know/Not sure</li> <li>9 Refuse</li> </ul>	
M15.13	For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	<ul style="list-style-type: none"> <li>1. Never</li> <li>2. A little of the time</li> <li>3. Some of the time</li> <li>4. Most of the time</li> <li>5. All of the time</li> <li>7 Don't Know/Not sure</li> <li>9 Refused</li> </ul>	

## OPTIONAL MODULES

	<p>Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.</p>		<p>If yes provide number [STATE TO INSERT NUMBER HERE]</p>
--	--	--	--



# OPTIONAL MODULES

## Module 15: Marijuana Use

<u>Preamble</u>			
The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MMU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	-- 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused If "None, Don't know/not sure or Refused" is selected go to next module.	Do not include hemp-based CBD-only products.
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	Do not include hemp-based CBD-only products.
MMU.03	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	Do not include hemp-based CBD-only products.
MMU.04	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	Do not include hemp-based CBD-only products.

## OPTIONAL MODULES

### Module 15: Marijuana Use

MMU.05	...dab it (for example, using a dabbing rig, knife, or dab pen)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	Do not include hemp-based CBD-only products.
MMU.06	...use it in some other way?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused  Note: If respondent answers yes to only one type of use, skip MMU.07. Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).	Do not include hemp-based CBD-only products.
MMU.07	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused	Select one. If respondent provides more than one say: Which way did you use it most often?  Do not include hemp-based CBD-only products.

## OPTIONAL MODULES

### Module 17: Other Tobacco Use

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
		ASK IF CTOB.02 = 1,2	
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
		ASK IF CTOB.04 = 2, 3	
MOTU.02	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	
<p><b><u>Prologue:</u></b></p> <p>The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.</p>			
MOTU.03	Before today, have you heard of heated tobacco products?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	

## OPTIONAL MODULES

### Module 19: Firearm Safety

#### Prologue

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

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MFS.01	Are any firearms now kept in or around your home?	1 Yes 2 No 7 Don't know/ not sure 9 Refused If "None, Don't know/not sure or Refused" is selected go to next module.	Do not include guns that cannot fire; include those kept in cars, or outdoor storage.
MFS.02	Are any of these firearms now loaded?	1 Yes 2 No 7 Don't know/ not sure 9 Refused If "No, Don't know/not sure or Refused" is selected go to next module.	
MFS.03	Are any of these loaded firearms also unlocked?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

## OPTIONAL MODULES

### Module 24: Sexual Orientation and Gender Identity (SOGI)

<u>Prologue</u>			
<p>The next two questions are about sexual orientation and gender identity            If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.</p>			
<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MSOGI.01a	Which of the following best represents how you think of yourself?	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
MSOGI.01b	Which of the following best represents how you think of yourself?	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>

## OPTIONAL MODULES

### Module 24: Sexual Orientation and Gender Identity (SOGI)

<p>MSOGI.02</p>	<p>Do you consider yourself to be transgender?</p>	<p>1 Yes, Transgender, male-to-female                  2 Yes, Transgender, female to male                  3 Yes, Transgender, gender nonconforming                  4 No                  7 Don't know/not sure                  9 Refused</p>	<p>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.</p> <p>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.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
-----------------	--	---	---

# OPTIONAL MODULES

## Module 25: Family Planning

**Prologue:**

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

Note: If respondent greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next module.

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
MFP.01	In the past 12 months, did you have sexual intercourse?	1 Yes 2 No 7 Don't know/ not sure 9 Refused If "No, Don't know/not sure or Refused" is selected go to next module.	
MFP.02	Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?	1 Yes 2 No 7 Don't know/ not sure 9 Refused If "No, Don't know/not sure or Refused" is selected go to MFP.04.	

## OPTIONAL MODULES

### Module 25: Family Planning

<p>MFP.03</p>	<p>The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?</p>	<p>Read if necessary:</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>	<p>If respondent reports using two methods. Please code the method, that occurs first on the list. Code the other method in question 4 (DO NOT ASK QUESTION 4). If respondent reports using more than two methods, please code the methods</p> <p>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.</p>
---------------	---	--	--



## OPTIONAL MODULES

### Module 25: Family Planning

<p>MFP.04</p>	<p>Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant. What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?</p>	<p>Read if necessary</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 You wanted a pregnancy</p> <p>04 You didn't care if you got pregnant</p> <p>05 You or your partner didn't want to use birth control (side effects, don't like birth control)</p> <p>06 You had trouble getting or paying for birth control</p> <p>07 You didn't trust giving out your personal information to medical personnel</p> <p>08 Didn't think you or your partner could get pregnant (infertile or too old)</p> <p>09 You were using withdrawal or "pulling out"</p> <p>10 You had your tubes tied (sterilization)</p> <p>11 Your partner had a vasectomy (sterilization)</p> <p>12 You were breast-feeding or you just had a baby</p> <p>13 You were assigned male at birth</p> <p>14 Other reasons</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>	<p>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.</p>
---------------	--	--	---

# OPTIONAL MODULES

## Module 25: VA State-Added 1: Family Planning (NEW)

IF RESPONDENT GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
VA1.1	The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active. In the past 12 months, have you ever had a time where you needed birth control but couldn't get it?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'
VA1.2	What is the main reason that delayed or stopped you from being able to access birth control when you needed it?	<u>Read only if necessary:</u> 01 The clinic, pharmacy or store wasn't open when I needed to go 02 The clinic, pharmacy or store was too far away 03 I didn't have health insurance 04 It was too expensive 05 I didn't know enough about the methods available to me	

## OPTIONAL MODULES

		<p><b><u>Read only if necessary:</u></b></p> <p>01 The clinic, pharmacy or store wasn't open when I needed to go</p> <p>02 The clinic, pharmacy or store was too far away</p> <p>03 I didn't have health insurance</p> <p>04 It was too expensive</p> <p>05 I didn't know enough about the methods available to me</p> <p>06 The clinic, pharmacy or store didn't have the specific birth control method I wanted</p> <p>07 The clinic, pharmacy or store doesn't provide birth control at all</p> <p>08 My prescription ran out and I didn't get it renewed</p> <p>09 I didn't have a doctor and so couldn't get a prescription</p> <p>10 I didn't know where to go to get birth control</p> <p>11 My partner didn't want me to use birth control</p> <p>12 I was thinking about becoming pregnant</p> <p>13 Other</p> <p>77 DON'T KNOW / NOT SURE</p> <p>99 REFUSED</p>	
<p>VA2.3</p>	<p>In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience.</p>	<p><b><u>PLEASE READ:</u></b></p> <p>1 Yes, I brought it up with my provider</p> <p>2 Yes, my provider brought it up with me</p> <p>3 No</p> <p>4 I haven't seen a doctor in the last 12 months</p> <p>7 DON'T KNOW / NOT SURE</p> <p>9 REFUSED</p>	<p><b><u>READ IF NECESSARY:</u></b></p> <p>Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.</p>

## OPTIONAL MODULES

<p>VA2.4</p>	<p>The last time you got birth control, how did you pay for it?</p>	<p>READ IF NECESSARY:            1 My insurance covered the entire cost            2 My insurance covered most of it, I paid a copay            2023 Virginia BRFSS Questionnaire 45            3 I paid for all of it out-of-pocket            4 The clinic helped me pay for it            5 Someone else (friend, family, partner) helped me pay for it            6 I enrolled in a clinical trial in order to get it            88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING            77 DON'T KNOW / NOT SURE            99 REFUSED</p>	
--------------	---	--	--

## OPTIONAL MODULES

### VA State-Added 2: Traumatic Brain Injury (NEW)

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
VA2.1	Has a doctor or other health professional ever told you that you have suffered a traumatic brain injury (TBI)?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	

# OPTIONAL MODULES

## VA State-Added 3: Veteran's Health (2023, VA State-Added 6)

The next questions ask about your risk for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our state are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.

Las siguientes preguntas se refieren a su riesgo de posible suicidio. Para poder desarrollar intervenciones útiles contra el suicidio, debemos entender cuántas personas en nuestro expresar están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a estas preguntas son completamente confidenciales

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
VA3.1	<p>Has there been a time in the past 12 months when you thought of taking your own life?</p> <p>¿Ha habido algún momento en los últimos 12 meses en el que haya pensado en quitarse la vida?</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p> <p>IF VA3.1 = 2,7, OR 9, GO TO CLOSING STATEMENT</p>	
VA3.2	<p>During the past 12 months, did you attempt to commit suicide? Would you say---</p> <p>Durante los últimos 12 meses, ¿intentó suicidarse? ¿Diría usted que...?</p>	<p>Please Read:</p> <p>1 Yes, but did not require treatment 2 Yes, was treated at a VA facility 3 Yes, was treated at a non-VA facility 4 No</p> <p>Do not read:</p> <p>7 Don't know / Not sure 9 Refused</p>	<p>1 Sí, pero no requirió tratamiento 2 Sí, fue tratado en un centro de VA 3 Sí, fue tratado en un centro no perteneciente a VA 4 No</p>

## OPTIONAL MODULES

### Ending statement for section

I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. If you or anyone you know would ever like to talk to someone about suicide you can call the National Suicide Prevention Lifeline at '988' or 1-800-273-8255 or the National [DD1] Hopeline Network at 1-800-784-2433. If you serve in the armed forces, are a veteran or family member you can call the Veterans Crisis Hotline 1-800-273-8255 and Press "1". Would you like me to repeat any of these numbers?

Tengo presente de que esto puede ser un tema delicado y algunas personas pueden sentirse incómodas con estas preguntas. Si a usted o a alguien que conoce le gustaría hablar con alguien sobre el suicidio, puede llamar a la Línea Nacional de Prevención del Suicidio al 1-800-273-8255 o a la Red Nacional Hopeline al 1-800-784-2433. Si sirve en las fuerzas armadas, si es un veterano o un miembro de su familia, puede llamar a la línea directa para crisis de veteranos al 1-800-273-8255 y presionar "1". ¿Desea que repita alguno de estos números?

## OPTIONAL MODULES

### VA State-Added 4: Gambling (VA 2022, State-Added 6)

\*\*\*\* Asked for all respondents \*\*\*\*

<u>Question Number</u>	<u>Question Text</u>	<u>Responses</u>	<u>Interviewer Notes</u>
VA4.1	<p>During the past 12 months, how many times have you gambled or bet with money or possessions?</p> <p>Durante los últimos 12 meses, ¿cuántas veces ha jugado o apostado con dinero o posesiones?</p>	<p>Read if Necessary:</p> <p>1 0 times (GOTO Next Section)            2 1 or 2 times            3 3 to 9 times            4 10-19 times            5 20-39 times            6 40 or more times            7 Don't Know/Not Sure (GOTO Next Section)            9 Refused (GOTO Next Section)</p> <p>1 0 veces            2 1 o 2 veces            3 3 a 9 veces            4 10 a 19 veces            5 20 a 39 veces            6 40 veces o más</p>	<p>INTERVIEWER NOTE: Types of gambling include casino, races, online games, lottery tickets, scratch tickets, bingo, keno, dice, raffles, video terminals, cards, fantasy sports, or sporting events.</p> <p>Los tipos de juegos de apuesta incluyen el casino, las carreras, los juegos en línea, los billetes de lotería, los boletos para rascar, el bingo, el keno, los dados, las rifas, los terminales de vídeo, las cartas, los deportes de fantasía o los eventos deportivos.</p>
VA4.2	<p>Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school, or personal life?</p> <p>¿El dinero o el tiempo que ha dedicado al juego le ha ocasionado problemas económicos o problemas en su familia, trabajo, escuela o vida personal?</p>	<p>1 Yes            2 No            7 Don't know / Not sure            9 Refused</p>	



## CLOSING STATEMENT

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