



2019

Nebraska

**Behavioral Risk Factor Surveillance System
Questionnaire**

Behavioral Risk Factor Surveillance System 2019 Questionnaire

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Interviewer's Script

The Nebraska Department of Health and Human Services follows the CDC interviewer's script for administering the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. The script can be found on the CDC website at the following address: <https://www.cdc.gov/brfss/questionnaires/index.htm>. The federal Office of Management and Budget (OMB) has approved the CDC questionnaire, under OMB number 0920-1061, with an expiration date of 3/31/2021.

Core Sections

[CATI/INTERVIEWER NOTES: ITEMS IN BOLD ALL CAPS THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ UNLESS NOTED]

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

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

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 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

2.2 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 [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]
- 77 Don't know / Not sure
- 99 Refused

2.3 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

Section 3: Health Care Access

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

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

[CATI NOTE: IF Q3.1 = 1 (YES) AND USING HEALTH CARE ACCESS MODULE GO TO MODULE, QUESTION 1, ELSE CONTINUE]

3.2 Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF "NO" ASK: "IS THERE MORE THAN ONE, OR IS THERE NO PERSON WHO YOU THINK OF AS YOUR PERSONAL DOCTOR OR HEALTH CARE PROVIDER?"

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

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

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

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

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.

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 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

[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE AND Q3.1 = 1 GO TO MODULE, QUESTION 4 OR IF USING HEALTH CARE ACCESS MODULE AND Q3.1 = 2, 7, OR 9 GO TO MODULE, QUESTION 4A, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]

Section 4: Hypertension Awareness

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

INTERVIEWER NOTE (READ ONLY IF NECESSARY): BY “OTHER HEALTH PROFESSIONAL” WE MEAN A NURSE PRACTITIONER, A PHYSICIAN’S ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.

INTERVIEWER NOTE: IF “YES” AND RESPONDENT IS FEMALE, ASK: “WAS THIS ONLY WHEN YOU WERE PREGNANT?”

- 1 Yes
- 2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
- 3 No **[GO TO NEXT SECTION]**
- 4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**
- 7 Don't know / Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

4.2 Are you currently taking medicine for your high blood pressure?

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

Section 5: Cholesterol Awareness

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

Read only if necessary:

- 1 Never **[GO TO NEXT SECTION]**
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused **[GO TO NEXT SECTION]**

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

INTERVIEWER NOTE (READ ONLY IF NECESSARY): BY “OTHER HEALTH PROFESSIONAL,” WE MEAN A NURSE PRACTITIONER, A PHYSICIAN’S ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.

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

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

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

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.”

6.1 (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

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

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

6.3 (Ever told) (you had) a stroke?

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

6.4 (Ever told) (you had) asthma?

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

6.5 Do you still have asthma?

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

6.6 (Ever told) (you had) skin cancer?

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

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

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

6.8 (Ever told) (you have) Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

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

6.9 (Ever told) (you have) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

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

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

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

6.11 (Ever told) (you have) diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF Q6.11 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.11, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.12 How old were you when you were told you have diabetes?

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

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

Section 7: Arthritis

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

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

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- RHEUMATISM, POLYMYALGIA RHEUMATICA
- 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, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA

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

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

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

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

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

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

INTERVIEWER NOTE: IF RESPONDENT QUESTION ARISES ABOUT MEDICATION, THEN THE INTERVIEWER SHOULD REPLY: "PLEASE ANSWER THE QUESTION BASED ON HOW YOU ARE WHEN YOU ARE TAKING ANY OF THE MEDICATIONS OR TREATMENTS YOU MIGHT USE."

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

7.5 In this 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 OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

INTERVIEWER NOTE: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

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

7.6 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?

- Enter number [00-10]
- 77 Don't know / Not sure
- 99 Refused

Section 8: Demographics

INTERVIEWER NOTE (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.

8.1 What is your age?
 -- Code age in years
 07 Don't know / Not sure
 09 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

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

Do not read:

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

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

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

Please read:

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

Do not read:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.3; CONTINUE. OTHERWISE, GO TO Q8.5]

8.4 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING.

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
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

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

8.5 Are you...?

Please read:

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

Do not read:

- 9 Refused

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

Read only 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

8.7 Do you own or rent your home?

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE (READ IF NECESSARY): "WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS."

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

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

8.8 In what county do you currently live?

- | | |
|---------|--|
| __ __ - | ANSI County Code (formerly FIPS county code) |
| 777 | Don't know / Not sure |
| 999 | Refused |

8.9 What is the ZIP Code where you currently live?

- | | |
|----------------|-----------------------|
| __ - __ - __ - | ZIP Code |
| 77777 | Don't know / Not sure |
| 99999 | Refused |

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.12 (QSTVER GE 20)]

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

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [GO TO Q8.12] |
| 7 | Don't know / Not sure | [GO TO Q8.12] |
| 9 | Refused | [GO TO Q8.12] |

8.11 How many of these telephone numbers are residential numbers?

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

8.12 How many cell phones do you have for personal use?

INTERVIEWER NOTE (READ IF NECESSARY): INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

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

8.13 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?

INTERVIEWER NOTE: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Do not read:

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

8.14 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read:

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

Do not read:

- 9 Refused

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

- __ Number of children
- 88 None
- 99 Refused

8.16 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

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

8.17 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS UP

— — — —	Weight
(pounds/kilograms)	
7777	Don't know / Not sure
9999	Refused

8.18 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN FIRST COLUMN. ROUND FRACTIONS DOWN

— — / — —	Height
(ft / inches/meters/centimeters)	
77/ 77	Don't know / Not sure
99/ 99	Refused

[CATI NOTE: IF MALE, GO TO 8.20, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.20]

8.19 To your knowledge, are you now pregnant?

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

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

8.20 Are you deaf or do you have serious difficulty hearing?

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

8.21 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

8.22 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

8.23 Do you have serious difficulty walking or climbing stairs?

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

8.24 Do you have difficulty dressing or bathing?

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

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

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

Section 9: Tobacco Use

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

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."

- 1 Yes
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

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

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all [GO TO Q9.4]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

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

- 1 Yes [GO TO Q9.5]
- 2 No [GO TO Q9.5]
- 7 Don't know / Not sure [GO TO Q9.5]
- 9 Refused [GO TO Q9.5]

9.4 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:

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

9.5 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:

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

Section 10: Alcohol Consumption

10.1 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	
2 __	Days in past 30 days	
888	No drinks in past 30 days	[GO TO NEXT SECTION]
777	Don't know / Not sure	[GO TO NEXT SECTION]
999	Refused	[GO TO NEXT SECTION]

10.2 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 NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

__	Number of drinks
77	Don't know / Not sure
88	None
99	Refused

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

__	Number of times
88	None
77	Don't know / Not sure
99	Refused

10.4 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

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

11.1 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 DUTY” OR IS RETIRED, THEY MAY COUNT THE PHYSICAL ACTIVITY OR EXERCISE THEY SPEND THE MOST TIME DOING IN A REGULAR MONTH.

- 1 Yes
- 2 No [GO TO Q11.8]
- 7 Don't know / Not sure [GO TO Q11.8]
- 9 Refused [GO TO Q11.8]

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

INTERVIEWER NOTE: IF THE RESPONDENT’S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

- __ (Specify) [See Physical Activity Coding List]
- 77 Don't know / Not Sure [GO TO Q11.8]
- 99 Refused [GO TO Q11.8]

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

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

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

- __:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

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

INTERVIEWER NOTE: IF THE RESPONDENT’S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS “OTHER”.

- __ (Specify) [See Physical Activity Coding List]
- 88 No other activity [GO TO Q11.8]
- 77 Don't know / Not Sure [GO TO Q11.8]
- 99 Refused [GO TO Q11.8]

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

- 1__ Times per week
- 2__ Times per month
- 777 Don't know / Not sure
- 999 Refused

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

- _:__ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

11.8 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
- 2__ Times per month
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

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.

INTERVIEWER INSTRUCTIONS: 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 TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

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

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

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.2 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?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

INTERVIEWER NOTE: 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."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

INTERVIEWER NOTE: ENTER QUANTITY IN IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “DO NOT INCLUDE POTATO CHIPS.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

Section 13: Immunizations

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

INTERVIEWER NOTE: A NEW FLU SHOT CAME OUT IN 2011 THAT INJECTS VACCINE INTO THE SKIN WITH A VERY SMALL NEEDLE. IT IS CALLED FLUZONE INTRADERMAL VACCINE. THIS IS ALSO CONSIDERED A FLU SHOT.

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [GO TO Q13.3] |
| 7 | Don't know / Not sure | [GO TO Q13.3] |
| 9 | Refused | [GO TO Q13.3] |

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

- | | |
|-----------|-----------------------|
| __ / ____ | Month / Year |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused |

- 13.3** Have you received a tetanus shot in the past 10 years?

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

- | | |
|---|---|
| 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 |

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

INTERVIEWER NOTE (READ IF NECESSARY): THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

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

Section 14: HIV/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.

14.1 Include 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 [GO TO Q14.3]
- 7 Don't know /Not sure [GO TO Q14.3]
- 9 Refused [GO TO Q14.3]

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

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.

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

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

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

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

Optional Modules

Module 2: Diabetes

[CATI NOTE: TO BE ASKED FOLLOWING CORE Q6.12; IF RESPONSE TO Q6.11 IS "YES" (CODE = 1)]

- M2.1** Are you now taking insulin?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- M2.2** About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE (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 SENSER INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'

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

- M2.3** 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
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

- M2.4** About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

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

M2.5 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

Interviewer note (read if necessary): A test for "A one C" measures the average level of blood sugar over the past three months.

- __ Number of times [76 = 76 or more]
- 88 None
- 98 Never heard of "A one C" test
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF M2.3 = 555 (NO FEET), GO TO M2.7.]

M2.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

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

M2.7 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light.

Read if necessary:

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

Do not read:

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

M2.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

M2.9 Have you ever taken a course or class in how to manage your diabetes yourself?

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

Module 8: Lung Cancer Screening

[CATI NOTE: IF CORE Q9.1=1 (YES) AND CORE Q9.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION M8.4.]

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

M8.1 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).

INTERVIEWER NOTE: IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE, VERIFY THAT THIS IS THE CORRECT ANSWER AND CHANGE THE AGE OF THE RESPONDENT REGULARLY SMOKING OR MAKE A NOTE TO CORRECT THE AGE OF THE RESPONDENT.

___ Age in years [1 – 100]
777 Don't know / Not sure
888 Never smoked cigarettes regularly [GO TO Q4]
799 Refused

M8.2 How old were you when you last smoked cigarettes regularly?

___ Age in years [1 – 100]
777 Don't know / Not sure
799 Refused

M8.3 On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL).

INTERVIEWER NOTE: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE: 0.5 PACK = 10 CIGARETTES/ 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

___ Number of Cigarettes
777 Don't know / Not sure
999 Refused

M8.4 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 if necessary:

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

Do not read:

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

Module 15: Aspirin for CVD Prevention

M15.1 How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say...

Read:

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

Do not read:

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

Module 16: Home / Self-measured Blood Pressure

M16.1 Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: BY OTHER HEALTHCARE PROFESSIONAL, WE MEAN NURSE PRACTITIONER, A PHYSICIAN ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.

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

M16.2 Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

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

M16.3 Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery or similar location
- 3 Do not check it
- 7 Don't know / Not sure
- 9 Refused

M16.4 How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

Do not read:

- 1 Telephone
- 2 Other methods such as email, internet portal, or fax, or
- 3 In person
- 4 Do not share information
- 7 Don't know / Not sure
- 9 Refused

Module 17: Sodium or Salt-Related Behavior

M17.1 Are you currently watching or reducing your sodium or salt intake?

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

M17.2 Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

Module 20: Cognitive Decline

[CATI NOTE: IF RESPONDENT IS 45 YEARS OF AGE OR OLDER CONTINUE, ELSE GO TO NEXT MODULE]

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

M20.1 During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No **[GO TO NEXT MODULE]**
- 7 Don't know **[GO TO Q2]**
- 9 Refused **[GO TO NEXT MODULE]**

M20.2 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...

Read:

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

- 7 Don't know
- 9 Refused

M20.3 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...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely **[GO TO M20.5]**
- 5 Never **[GO TO M20.5]**
- 7 Don't know **[GO TO M20.5]**
- 9 Refused **[GO TO M20.5]**

M20.4 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...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 9 Refused

M20.5 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...

Read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know
- 9 Refused

M20.6 Have you or anyone else discussed your confusion or memory loss with a health care professional?

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

Module 23: Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (M9.7=1), IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

M23.1 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
 - 2 No
 - 3 No partner/not sexually active
 - 4 Same sex partner
 - 7 Don't know
 - 9 Refused
- [GO TO M23.3]**
[GO TO NEXT MODULE]
[GO TO NEXT MODULE]
[GO TO NEXT MODULE]
[GO TO NEXT MODULE]

M23.2 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 “I.U.D.” PROBE TO DETERMINE IF “LEVONORGESTREL I.U.D.” OR “COPPER-BEARING I.U.D.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 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:
- 77 Don't know/ Not sure
- 99 Refused

[CATI NOTE: ALL RESPONDENTS OF M23.2 GO TO NEXT MODULE.]

M23.3 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 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 it
- 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:
- 77 Don't know/Not sure
- 99 Refused

Module 24: Alcohol Screening & Brief Intervention (ASBI)

CATI NOTE: IF CORE Q3.4 = 1 OR 2 (HAD A CHECKUP WITHIN THE PAST 2 YEARS) CONTINUE, ELSE GO TO NEXT MODULE.

M24.1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

M24.2 Did the health care provider ask you in person or on a form how much you drink?

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

M24.3 Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?

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

M24.4 Were you offered advice about what level of drinking is harmful or risky for your health?

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

[CATI NOTE: IF M24 QUESTIONS 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

M24.5 Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

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

Module 26: Industry and Occupation

[CATI NOTE: IF CORE Q8.14 = 1 OR 2 OR 4 (EMPLOYED FOR WAGES OR SELF-EMPLOYED OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.]

[CATE NOTE: IF C08.14 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK, "WHAT KIND OF WORK DID YOU DO? FOR EXAMPLE, REGISTERED NURSE, JANITOR, CASHIER, AUTO MECHANIC."]

M26.1 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK "WHAT IS YOUR JOB TITLE?"

INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, "WHAT IS YOUR MAIN JOB?"

[Record answer]

99

_____ Refused

[CATE NOTE: IF C08.14 = 4 (OUT OF WORK FOR LESS THAN 1 YEAR) ASK, “WHAT KIND OF BUSINESS OR INDUSTRY DID YOU WORK IN? FOR EXAMPLE, HOSPITAL, ELEMENTARY SCHOOL, CLOTHING MANUFACTURING, RESTAURANT.”]

M26.2 What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
 99 Refused

Module 30: Random Child Selection

[CATI NOTE: IF CORE Q8.15 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

[CATI NOTE: IF CORE Q8.15 = 1, INTERVIEWER PLEASE READ: “PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.” [GO TO Q1]

[CATI NOTE: IF CORE Q8.15 IS >1 AND CORE Q8.15 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: “PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH.”]

[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE “XTH” CHILD. PLEASE SUBSTITUTE “XTH” CHILD’S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth”

[CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE “XTH” [CATI NOTE: PLEASE FILL IN] CHILD.]

M30.1 What is the birth month and year of the “Xth” child?

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

CATI NOTE: CALCULATE THE CHILD’S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

M30.2 Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 9 Refused

M30.3 Is the child Hispanic, Latino/a, or Spanish origin?

INTERVIEWER NOTE: IF YES, ASK: "ARE THEY..."

INTERVIEWER NOTE: SELECT ALL THAT APPLY

Read if response is yes:

- 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

M30.4 Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

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

Do not read:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.04; CONTINUE. OTHERWISE, GO TO M30.6.]

M30.5 Which one of these groups would you say best represents the child's race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

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

Do not read:

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

M30.6 How are you related to the child? Are you a...

Read:

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

Do not read:

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

Module 31: Childhood Asthma Prevalence

[CATI NOTE: IF RESPONSE TO CORE Q8.15 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]

The next two questions are about the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.

M31.1 Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

M31.2 Does the child still have asthma?

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

Asthma Call-Back Permission Script

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

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

- 1 Yes
- 2 No

2. Which person in the household was selected as the focus of the asthma call-back?

- 1 Adult
- 2 Child

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

_____ Enter first name or initials.

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 this state. Thank you very much for your time and cooperation.

State Added Questions

State Added 1: E-Cigarettes - Path A & B

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

SA1.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

Read if necessary: **Electronic cigarettes (e-cigarettes) and other electronic “vaping” products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.**

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

SA1.2 Do you now use e-cigarettes or other electronic “vaping” products 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 |

State Added 2: Health Literacy - Path A & B

SA2.1 How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is ...

Please read:

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

Do not read:

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

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

SA2.2 How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is ...

Please read:

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

Do not read:

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

SA2.3 You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ...

Please read:

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

Do not read:

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

State Added 3: Dental Health - Path A & B

SA3.1 During the past 12 months, have you gone to a hospital emergency room for tooth pain or a dental problem, not counting visits for injury or trauma?

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

State Added 4: Traumatic Brain Injury - Path A

SA4.1 In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

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

In your lifetime, have you ever injured your head or neck:

SA4.2 ...in a car accident or from a crash with another moving vehicle like a bicycle, motorcycle or All-Terrain-Vehicle (ATV)?

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

SA4.3 ...in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock, playing sports or on the playground)?

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

SA4.4 ...in a fight, from being hit by someone, from being shaken violently, or being shot in the neck or head?

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

SA4.5 In your lifetime, have you ever been nearby when an explosion or a blast occurred? Think about any military combat- or training-related incidents or prior work-related incidents (for example, construction).

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

CATI NOTE: IF RESPONDED “YES” TO ANY OF Q1 THROUGH Q5, THEN CONTINUE TO Q6. IF ANSWERED “NO” TO ALL 5 QUESTIONS, THEN MOVE TO Q11.

SA4.6 Were you ever knocked out or did you lose consciousness from any of the injuries you reported above?

- 1 Yes
- 2 No **[Go to QSA4.10]**
- 7 Don't know / Not sure **[Go to QSA4.10]**
- 9 Refused **[Go to QSA4.10]**

SA4.7 What was the longest time you were knocked out or unconscious (choose just one)?

- 1 Knocked out or lost consciousness for *less than 5 minutes*
- 2 Knocked out or lost consciousness for *5 to 30 minutes*
- 3 Knocked out or lost consciousness *more than 30 minutes but less than 24 hours*
- 4 Knocked out or lost consciousness for *24 hours or longer*

Do not read:

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

SA4.8 How old were you the first time you were knocked out or lost consciousness?

- Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

SA4.9 How old were you the last time you were knocked out or lost consciousness? If you were only knocked out once, this will be the same as your answer to the last question.

- Code age in years [97 = 97 and older] **[Go to QSA4.11]**
- 98 Don't know / Not sure **[Go to QSA4.11]**
- 99 Refused **[Go to QSA4.11]**

SA4.10 If you were not knocked out by any of these injuries, did any of them cause you to be dazed or confused, or create a gap in your memory?

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

SA4.11 Have you ever had a period of time in which you experienced multiple, repeated blows or impacts to your head – for example, a history of physical abuse, playing sports, or during military duty?

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

State Added 5: Smoking Inside Home - Path A

SA5.1 Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches.

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home

Do not read:

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

State Added 6: Binge Drinking - Path B

CATI Note: If Q10.3 is ≥ 1 ; but < 77 , continue. Otherwise, go to next module.

Previously, you answered that you drank **[5 or more for men, 4 or more for women]** alcoholic beverages on at least one occasion in the past 30 days. The next questions are **about the most recent occasion** when this happened. For these questions, **one drink equals 12 ounces of beer, 5 ounces of wine, or one and one-half ounces (one shot) of liquor.** So, a 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

INTERVIEWER NOTE: If asked, "occasion" means in a row or within a few hours.

SA6.1 During the **most** recent occasion when you had **[5 or more for men, 4 or more for women]** alcoholic beverages, about **how many beers**, including malt liquor, did you drink?

- Number
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SA6.2 During the same occasion, about **how many glasses of wine** did you drink?

- Number
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SA6.3 During the same occasion, about **how many drinks of liquor**, including cocktails, did you have?

- Number
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SA6.4 During the same occasion, about **how many other pre-mixed, flavored** drinks did you have? By that, we mean drinks such as hard lemonade, wine coolers, or Smirnoff Ice.

- Number
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SA6.5 During this most recent occasion, **where were you** when you did **most** of your drinking?

Read only if necessary:

- 1 At your home, for example, your house, apartment, or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event

Do not read:

- 6 Other (specify)
- 7 Don't know / Not sure
- 9 Refused

SA6.6 Did you drive a motor vehicle such as a car, truck, or motorcycle **during or within a couple of hours after** this occasion?

INTERVIEWER NOTE: For those with concerns about this question, answering "Yes" is not meant to imply they were drunk driving or breaking the law.

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

CATI note: Ask QSA6.7 only if response to QSA6.5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.

SA6.7 During this most recent occasion, approximately how much did **you pay** for the alcohol which **you drank**?

INTERVIEWER NOTE: If anyone asks, they do not need to include the amount spent on tips.

- — — Total amount
- 8 8 8 Paid nothing - all drinks free or paid for by others
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

State Added 7: Marijuana Use - Path B

SA7.1 During the past 30 days, on how many days did you use marijuana or cannabis?

- — 01-30 Number of Days
- 8 8 None **[Go to next module]**
- 7 7 Don't know/not sure **[Go to next module]**
- 9 9 Refused **[Go to next module]**

SA7.2 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: If respondent provides more than one say: which way did you use it most often

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

Do not read

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

SA7.3 When you used marijuana or cannabis during the past 30 days, was it usually:

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

Do not read

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

State Added 8: Opioid Use - Path B

The following questions ask about the use of prescription and non-prescription pain medication, or opioids. The answers people give us about their use of these drugs are important to the success of this study. We know that this information is personal but remember your answers will be kept strictly confidential.

SA8.1 During the past 12 months, did you use any pain medications that were prescribed to you by a doctor?

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use") (skip to SA8.4)
- 7 Don't know / Not Sure (skip to SA8.4)
- 9 Refused (skip to SA8.4)

SA8.2 The last time you had a prescription for pain medication filled, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

- 1 Yes
- 2 No (skip to SA8.4)
- 7 Don't know / Not sure (skip to SA8.4)
- 9 Refused (skip to SA8.4)

SA8.3 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed?

(Interviewer, DO NOT READ RESPONSES, CHECK ALL THAT APPLY) – “Anything else?”

- 1 Pain relief, prescribed dose did not relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, or getting high
- 5 Peer pressure (friends are doing it)
- 6 To prevent or relieve withdrawal symptoms
- 7 Don't know / Not Sure
- 8 Other (specify _____) **{28 character limit}**
- 9 Refused

Now I would like to ask you about prescription pain medication that was NOT prescribed specifically to you by a doctor. We only want to know about prescription medication, NOT medication that is available over the counter.

SA8.4 During the past 12 months, did you use any prescription pain medication that was NOT prescribed specifically to you by a doctor?

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

SA8.5 During the past 12 months, did you use any fentanyl or carfentanil that was NOT prescribed specifically to you by a doctor?

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

SA8.6 During the past 12 months, did you use heroin?

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

Thank you for answering these questions. If you would like assistance or more information regarding treatment please visit www.dhhs.ne.gov/BH to find out about mental health and substance use disorder related services available in your area.

State Added 9: Military Families - Path B

Now I would like to ask if any of the following members of your family have served in the United States Armed Forces. For each, tell me “yes” or “no.”

INTERVIEWER NOTE: Include active duty as well as non-active duty Reserve or National Guard service.

SA9.1 **Have any of your parents or guardians served in the United States military?**

INTERVIEWER NOTE: Include the individuals who raised them, including step-parents, grandparents, or foster parents that they lived with or who helped to raise them.

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

SA9.2 Have any of your brothers or sisters served (in the United States military)?

INTERVIEWER NOTE: Include step-siblings, half-siblings, foster siblings, and adopted siblings.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 8 Not applicable, do not have a brother or sister
- 9 Refused

SA9.3 Have you been married to or in a serious relationship with someone who has served (in the United States military)?

INTERVIEWER NOTE: Include the time they were together and before they were together, but not after.

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

CATI note: If respondent is ≤ 29 years of age go to next section.

SA9.4 Do you have any children 18 years of age or older?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

SA9.5 Have any of your children served (in the United States military)?

INTERVIEWER NOTE: Include step-children, foster children, and adopted children.

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

State Added 10: Reaction to Race - Path B

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

[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

SA10.1 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

Please read:

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

SA10.2 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Please read:

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

Do not read:

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

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

SA10.3 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

SA10.4 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

State Added 11: Race - Path B

CATI Note: If African American (Q8.3 = 20), continue. If American Indian (Q8.3 = 30) go to QSA11.2. Otherwise, go to QSA11.3.

SA11.1 Which black or African American group do you consider yourself to be?

Please read:

- 1 African (born) [Go to QSA11.3]
- 2 African American [Go to QSA11.3]
- 3 Black-Caribbean [Go to QSA11.3]
- 4 Other background [specify] _____ [Go to QSA11.3]

Do not read:

- 7 Don't know / Not sure [Go to QSA11.3]
- 9 Refused [Go to QSA11.3]

SA11.2 Are you an enrolled member of any Federally Recognized Tribe?

Read only if necessary:

- 01 Yes, Iowa Tribe of Kansas and Nebraska
- 02 Yes, Oglala Sioux Tribe
- 03 Yes, Omaha Tribe of Nebraska, Iowa
- 04 Yes, Ponca Tribe of Nebraska
- 05 Yes, Sac and Fox Nation of Missouri in Kansas and Nebraska
- 06 Yes, Santee Sioux Nation, Nebraska
- 07 Yes, Winnebago Tribe of Nebraska, Iowa
- 08 Yes, Rosebud Sioux Tribe
- 09 Yes, Other Tribe [specify] _____
- 10 No

Do not read:

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

SA11.3 Where were you born?

Please read:

- 1 In the United States [Go to QSA11.8]
- 2 Outside the United States

Do not read:

- 7 Don't know / Not sure [Go to QSA11.8]
- 9 Refused [Go to QSA11.8]

SA11.4 In what Country were you born? _____

SA11.5 Did you come to America as a refugee?

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

SA11.6 From what country did you come to America? _____

SA11.7 In what year did you come to America?

- ____ (year)
- 7777 Don't know / Not sure
- 9999 Refused

SA11.8 Do you speak a Language other than English at home?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

SA11.9 What languages do you speak at home?

Read only if necessary:

- 1 Spanish
- 2 German
- 3 Vietnamese
- 4 French
- 5 Czech
- 6 Chinese
- 7 Arabic
- 8 Russian
- 9 Italian
- 10 Polish
- 11 Other [specify] _____

Do not read:

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

SA11.10 How well do you speak English?

Please read:

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

Do not read:

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

2019 Nebraska BRFSS Question Order for Path A and Path B

Survey Path A

(following Core Question 6.12):

Optional Module 2: Diabetes

(following Core Question 8.14):

Optional Module 26: Industry and Occupation

(following Core Question 9.5):

State-Added 1: E-Cigarette

Optional Module 15: Aspirin for CVD Prevention

Optional Module 16: Home/Self-measured Blood Pressure

Optional Module 17: Sodium or Salt-Related Behavior

Optional Module 20: Cognitive Decline

State Added 2: Health Literacy

State Added 3: Dental Health

State Added 4: Traumatic Brain Injury

State Added 5: Smoking Inside Home

Optional Module 8: Lung Cancer Screening

Optional Module 29: Random Child Selection

Optional Module 30: Childhood Asthma Prevalence

Survey Path B:

(following Core Question 8.14):

Optional Module 26: Industry and Occupation

(following Core Question 9.5):

State-Added 1: E-Cigarette

Optional Module 24: Alcohol Screening and Brief Intervention

State Added 6: Binge Drinking

State Added 7: Marijuana Use

State Added 8: Opioid Use

State Added 9: Military Families

Optional Module 23: Family Planning

State Added 2: Health Literacy

State Added 3: Dental Health

State Added 10: Reaction to Race

State Added 11: Race

Optional Module 29: Random Child Selection

Optional Module 30: Childhood Asthma Prevalence

Activity List for Common Leisure Activities

(To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 above)

- | | |
|--|---|
| 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution) | 40 Rowing machine exercises |
| 02 Aerobics video or class | 41 Rugby |
| 03 Backpacking | 42 Scuba diving |
| 04 Badminton | 43 Skateboarding |
| 05 Basketball | 44 Skating – ice or roller |
| 06 Bicycling machine exercise | 45 Sledding, tobogganing |
| 07 Bicycling | 46 Snorkeling |
| 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping) | 47 Snow blowing |
| 09 Bowling | 48 Snow shoveling by hand |
| 10 Boxing | 49 Snow skiing |
| 11 Calisthenics | 50 Snowshoeing |
| 12 Canoeing/rowing in competition | 51 Soccer |
| 13 Carpentry | 52 Softball/Baseball |
| 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc. | 53 Squash |
| 15 Elliptical/EFX machine exercise | 54 Stair climbing/Stair master |
| 16 Fishing from river bank or boat | 55 Stream fishing in waders |
| 17 Frisbee | 56 Surfing |
| 18 Gardening (spading, weeding, digging, filling) | 57 Swimming |
| 19 Golf (with motorized cart) | 58 Swimming in laps |
| 20 Golf (without motorized cart) | 59 Table tennis |
| 21 Handball | 60 Tai Chi |
| 22 Hiking – cross-country | 61 Tennis |
| 23 Hockey | 62 Touch football |
| 24 Horseback riding | 63 Volleyball |
| 25 Hunting large game – deer, elk | 64 Walking |
| 26 Hunting small game – quail | 66 Waterskiing |
| 27 Inline Skating | 67 Weight lifting |
| 28 Jogging | 68 Wrestling |
| 29 Lacrosse | 69 Yoga |
| 30 Mountain climbing | 71 Childcare |
| 31 Mowing lawn | 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.) |
| 32 Paddleball | 73 Household Activities (vacuuming, dusting, home repair, etc.) |
| 33 Painting/papering house | 74 Karate/Martial Arts |
| 34 Pilates | 75 Upper Body Cycle (wheelchair sports, ergometer) |
| 35 Racquetball | 76 Yard work (cutting/gathering wood, trimming, etc.) |
| 36 Raking lawn/trimming hedges | 98 Other_____ |
| 37 Running | 99 Refused |
| 38 Rock climbing | |
| 39 Rope skipping | |