



2022

Nebraska

**Behavioral Risk Factor Surveillance System
Questionnaire**

Behavioral Risk Factor Surveillance System 2022 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 12/31/2024.

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 What is the current primary source of your health insurance?

INTERVIEWER NOTE: IF RESPONDENT HAS MULTIPLE SOURCES OF INSURANCE, ASK FOR THE ONE USED MOST OFTEN. IF RESPONDENTS GIVE THE NAME OF A HEALTH PLAN RATHER THAN THE TYPE OF COVERAGE ASK WHETHER THIS IS INSURANCE PURCHASED INDEPENDENTLY, THROUGH THEIR EMPLOYER, OR WHETHER IT IS THROUGH MEDICAID OR CHIP.

Read only if necessary:

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

Do not read:

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

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

INTERVIEWER NOTE: 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?

INTERVIEWER 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.

- 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 you could not afford it?

- 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

Section 4: Exercise

4.1 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 OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO.

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

Section 5: Inadequate Sleep

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

INTERVIEWER NOTE: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

Section 6: Oral Health

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

Read 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

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

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

Section 7: Chronic Health Conditions

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

- 7.1** (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

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

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

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

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

7.4 (Ever told) (you had) asthma?

- 1 Yes
- 2 No [GO TO Q7.6]
- 7 Don't know / Not sure [GO TO Q7.6]
- 9 Refused [GO TO Q7.6]

7.5 Do you still have asthma?

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

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

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

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

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

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

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

7.9 (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

7.10 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

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

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

INTERVIEWER NOTE: DO NOT READ: 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

7.12 (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 Q7.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q7.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

7.13 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 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: DO NOT INCLUDE CELL PHONES THAT ARE USED EXCLUSIVELY BY OTHER MEMBERS OF YOUR HOUSEHOLD.

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)

Read only if necessary:

- 01 Less than \$10,000?
- 02 Less than \$15,000? (\$10,000 to less than \$15,000)
- 03 Less than \$20,000? (\$15,000 to less than \$20,000)
- 04 Less than \$25,000
- 05 Less than \$35,000 If (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If (\$35,000 to less than \$50,000)
- 07 Less than \$75,000? (\$50,000 to less than \$75,000)
- 08 Less than \$100,000? (\$75,000 to less than \$100,000)
- 09 Less than \$150,000? (\$100,000 to less than \$150,000)?
- 10 Less than \$200,000? (\$150,000 to less than \$200,000)
- 11 \$200,000 or more

Do not read:

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

[CATI NOTE: IF MALE, GO TO 8.18, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.18]

8.17 To your knowledge, are you now pregnant?

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

8.18 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

8.19 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

Section 9: Disability

9.1 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

9.2 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

9.3 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

9.4 Do you have serious difficulty walking or climbing stairs?

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

9.5 Do you have difficulty dressing or bathing?

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

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

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

Section 10: Breast and Cervical Cancer Screening

CATI NOTE: If male go to the next section.

The next questions are about breast and cervical cancer.

10.1 Have you ever had a mammogram?

INTERVIEWER NOTE: A MAMMOGRAM IS AN X-RAY OF EACH BREAST TO LOOK FOR BREAST CANCER.

- 1 Yes
- 2 No [Go to Q10.3]
- 7 Don't know / Not sure [Go to Q10.3]
- 9 Refused [Go to Q10.3]

10.2 How long has it been since you had your last mammogram?

- 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

10.3 Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No [Go to Q10.7]
- 7 Don't know / Not sure [Go to Q10.7]
- 9 Refused [Go to Q10.7]

10.4 How long has it been since you had your last cervical cancer screening test?

- 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

10.5 At the most recent cervical cancer screening, did you have a Pap test?

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

10.6 At your most recent cervical cancer screening, did you have an H.P.V.?

INTERVIEWER NOTE: H.P.V. STANDS FOR HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)

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

CATI NOTE: If response to Core Q8.17 = 1 (is pregnant); then go to next section.

10.7 Have you had a hysterectomy?

INTERVIEWER NOT (READ IF NECESSARY): A HYSTERECTOMY IS AN OPERATION TO REMOVE THE UTERUS (WOMB).

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

Section 11: Colorectal Cancer Screening

CATI note: If respondent is \leq 45 years of age, go to next section.

11.1 Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

- 1 Yes
- 2 No **[Go to Q11.6]**
- 7 Don't know / Not sure **[Go to Q11.6]**
- 9 Refused **[Go to Q11.6]**

11.2 Have you had a colonoscopy a sigmoidoscopy or both?

- 1 Colonoscopy **[Go to Q11.3]**
- 2 Sigmoidoscopy **[Go to Q11.4]**
- 3 Both **[Go to Q11.3]**
- 7 Don't know / Not sure **[Go to Q11.5]**
- 9 Refused **[Go to Q11.6]**

11.3 How long has it been since your most recent colonoscopy?

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 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

CATI NOTE: If response to Q11.2 = 3 (both) continue; else go to Q11.6

11.4 How long has it been since your last sigmoidoscopy?

- 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

CATI NOTE: Go to Q11.6

11.5 How long has it been since your most recent colonoscopy or sigmoidoscopy?

- 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

11.6 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?

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

11.7 A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER NOTE: CT COLONOGRAPHY, SOMETIMES CALLED VIRTUAL COLONOSCOPY, IS A NEW TYPE OF TEST THAT LOOKS FOR CANCER IN THE COLON. UNLIKE REGULAR COLONOSCOPES, 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.

- 1 Yes
- 2 No [Go to Q11.9]
- 7 Don't know / Not sure [Go to Q11.9]
- 9 Refused [Go to Q11.9]

11.8 When was your most recent CT colonography or virtual colonoscopy?

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 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

11.9 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?

INTERVIEWER NOTE: 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.

- 1 Yes
- 2 No [Go to Q11.11]
- 7 Don't know / Not sure [Go to Q11.11]
- 9 Refused [Go to Q11.11]

11.10 How long has it been since you had this test?

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 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

11.11 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??

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

11.12 Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

INTERVIEWER NOTE: 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.

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

11.13 How long has it been since you had this test?

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 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

Section 12: Tobacco Use

12.1 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, JUUL), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

- | | | |
|---|-----------------------|---------------|
| 1 | Yes | |
| 2 | No | [GO TO Q12.3] |
| 7 | Don't know / Not sure | [GO TO Q12.3] |
| 9 | Refused | [GO TO Q12.3] |

12.2 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 |
| 7 | Don't know / Not sure |
| 9 | Refused |

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

INTERVIEWER NOTE (READ IF NECESSARY): SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

Do not read:

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

12.4 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?

INTERVIEWER NOTE: ELECTRONIC CIGARETTES (E-CIGARETTES) AND OTHER ELECTRONIC VAPING PRODUCTS INCLUDE ELECTRONIC HOOKAHS (E-HOOKAHS), VAPE PENS, E-CIGARS, AND OTHERS. THESE PRODUCTS ARE BATTERY-POWERED AND USUALLY CONTAIN NICOTINE AND FLAVORS SUCH AS FRUIT, MINT, OR CANDY. BRANDS YOU MAY HAVE HEARD OF ARE JUUL, NJOY, OR BLU.

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

Do not read:

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)
- 7 Don't know / Not sure
- 9 Refused

Module 13: Lung Cancer Screening

[CATI NOTE: IF CORE Q12.1=1 (YES) AND CORE Q12.2 = 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO QUESTION Q13.4.]

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

13.1 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 Q13.4**]
- 799 Refused

CATI note: If Q12.2=1 skip to Q13.3.

13.2 How old were you when you last smoked cigarettes regularly?

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

13.3 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

13.4 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?

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

13.5 Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

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

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

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 3 years (2 years but less than 3 years ago)
4	Within the past 5 years (3 years but less than 5 years ago)
5	Within the past 10 years (5 years but less than 10 years ago)
6	10 or more years ago

Do not read:

7	Don't know / Not sure
9	Refused

Section 14: Alcohol Consumption

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

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

INTERVIEWER NOTE (READ IF NECESSARY): A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

- | | | |
|------|---------------------------|-----------------------------|
| 1 __ | Days per week | |
| 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] |

- 14.2** During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE (READ IF NECESSARY): A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

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

- 14.3** 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 |

- 14.4** 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 12: Immunizations

- 15.1** 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 Q15.3] |
| 7 | Don't know / Not sure | [GO TO Q15.3] |
| 9 | Refused | [GO TO Q15.3] |

- 15.2** 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 |

- 15.3** 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 |

- 15.4** 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 |

Section 16: HIV/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.

16.1 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 [GO TO Q16.3]
- 7 Don't know /Not sure [GO TO Q16.3]
- 9 Refused [GO TO Q16.3]

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

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

16.3 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

Section 17: Emerging Core: Long-term COVID Effects

- 17.1 Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

INTERVIEWER INSTRUCTIONS: POSITIVE TESTS INCLUDE ANTIBODY OR BLOOD TESTING AS WELL AS OTHER FORMS OF TESTING FOR COVID, SUCH A NASAL SWABBING OR THROAT SWABBING INCLUDING HOME TESTS. DO NOT INCLUDE INSTANCES WHERE A HEALTHCARE PROFESSIONAL TOLD YOU THAT YOU LIKELY HAD THE VIRUS WITHOUT A TEST TO CONFIRM.

- 1 Yes
- 2 Tested positive using home test without health professional
- 3 No [GO TO NEXT SECTION]
- 7 Don't know /Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

- 17.2 Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

INTERVIEWER INSTRUCTIONS: LONG TERM CONDITIONS MAY BE AN INDIRECT EFFECT OF COVID 19. THESE LONG TERM CONDITIONS MAY NOT BE RELATED TO THE VIRUS ITSELF.

- 1 Yes
- 2 Tested positive using home test without health professional
- 3 No [GO TO NEXT SECTION]
- 7 Don't know /Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

- 17.3 Which of the following was the primary symptom that you experienced? Was it...

- 1 Tiredness or fatigue
- 2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")
- 3 Difficulty breathing or shortness of breath
- 4 Joint or muscle pain
- 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 6 Dizziness on standing
- 7 Depression, anxiety, or mood changes
- 8 Symptoms that get worse after physical or mental activities
- 9 You did not have any long-term symptoms that limited your activities.
- 10 Loss of taste or smell
- 11 Some other symptom
- 77 Don't know/Not sure
- 99 Refused

Optional Modules

Module 1: Pre-Diabetes

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO CORE Q7.12 (DIABETES AWARENESS QUESTION).]

1. When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

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 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 to 4 years but less than 5 years ago)
- 5 Within the past 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more

Do not read:

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

[CATI NOTE: IF CORE Q7.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]

2. Has a doctor or other health professional ever told you that you have pre-diabetes or borderline diabetes?

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

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

Module 7: COVID Vaccination

- M7.1 Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes **[Go to M7.3]**
- 2 No **[Go to M7.2]**
- 7 Don't know / Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

M7.2 Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine
- 7 Don't know/Not sure
- 9 Refused

[CATI NOTE: GO TO NEXT MODULE]

M7.3 How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two **[Go to M7.5]**
- 3 Three **[Go to M7.5]**
- 4 Four **[Go to M7.5]**
- 7 Don't know / Not sure
- 9 Refused

M7.4 Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

- 1 Already received all recommended doses
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses
- 7 Don't know/Not sure
- 9 Refused

[CATI NOTE: IF M7.3 = 7 OR 9 GO TO NEXT MODULE]

M7.5 During what month and year did you receive your (first) COVID-19 vaccination?

INTERVIEWER NOTE: IF RESPONDENT INDICATED ONLY ONE VACCINE DO NOT READ WORD "FIRST".

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

[CATI NOTE: IF M7.3 = 1 GO TO NEXT SECTION]

M7.6 During what month and year did you receive your second COVID-19 vaccination?

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

Module 9: Cancer Survivorship: Type of Cancer

[CATI NOTE: IF CORE Q7.6 OR Q7.7 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

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

M9.1 How many different types of cancer have you had?

Do not read:

1	Only one	
2	Two	
3	Three or more	
7	Don't know / Not sure	[GO TO NEXT MODULE]
9	Refused	[GO TO NEXT MODULE]

M9.2 At what age were you told that you had cancer?

__	Code age in years	(INTERVIEWER NOTE: 97 = 97 and older)
98	Don't know / Not sure	
99	Refused	

[CATI NOTE: IF M9.1= 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.

[CATI NOTE: IF CORE Q7.6 = 1 (YES) AND M9.1 = 1 (ONLY ONE): ASK "WAS IT "MELANOMA" OR "OTHER SKIN CANCER"? THEN CODE M9.3 AS 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER"]

M9.3 What type of cancer is it?

[CATI NOTE: IF M9.1 = 2 (TWO) OR 3 (THREE OR MORE), ASK: "WITH YOUR MOST RECENT DIAGNOSES OF CANCER, WHAT TYPE OF CANCER WAS IT?"]

INTERVIEWER NOTE: PLEASE READ LIST ONLY IF RESPONDENT NEEDS PROMPTING FOR CANCER TYPE (I.E., NAME OF CANCER) [1-30]:

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

- Do not read:
- 77 Don't know / Not sure
 - 99 Refused

Module 10: Cancer Survivorship: Course of Treatment

[CATI NOTE: IF CORE Q7.6 OR Q7.7 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

M10.1 Are you currently receiving treatment for cancer?

READ IF NECESSARY: BY TREATMENT, WE MEAN SURGERY, RADIATION THERAPY, CHEMOTHERAPY, OR CHEMOTHERAPY PILLS.

Read if necessary:

- | | | |
|---|---------------------------------|----------------------------|
| 1 | Yes | [GO TO NEXT MODULE] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [GO TO NEXT MODULE] |
| 4 | No, I haven't started treatment | [GO TO NEXT MODULE] |
| 5 | Treatment was not necessary | [GO TO NEXT MODULE] |
| 7 | Don't know / Not sure | [GO TO NEXT MODULE] |
| 9 | Refused | [GO TO NEXT MODULE] |

M10.2 What type of doctor provides the majority of your health care? Is it a...

INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY: “WE WANT TO KNOW WHICH TYPE OF DOCTOR YOU SEE MOST OFTEN FOR ILLNESS OR REGULAR HEALTH CARE (EXAMPLES: ANNUAL EXAMS AND/OR PHYSICALS, TREATMENT OF COLDS, ETC.).”

READ IF NECESSARY: AN ONCOLOGIST IS A MEDICAL DOCTOR WHO MANAGES A PERSON’S CARE AND TREATMENT AFTER A CANCER DIAGNOSIS.

Please read [1-10]:

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

Do not read:

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

M10.3 Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ IF NECESSARY: “BY ‘OTHER HEALTHCARE PROFESSIONAL’, WE MEAN A NURSE PRACTITIONER, A PHYSICIAN’S ASSISTANT, SOCIAL WORKER, OR SOME OTHER LICENSED PROFESSIONAL.”

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

M10.4 Have you EVER received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No [GO TO M10.6]
- 7 Don’t know / Not sure [GO TO M10.6]
- 9 Refused [GO TO M10.6]

M10.5 Were these instructions written down or printed on paper for you?

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

M10.6 With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ IF NECESSARY: HEALTH INSURANCE ALSO INCLUDES MEDICARE, MEDICAID, OR OTHER TYPES OF STATE HEALTH PROGRAMS.

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

M10.7 Were you EVER denied health insurance or life insurance coverage because of your cancer?

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

M10.8 Did you participate in a clinical trial as part of your cancer treatment?

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

Module 11: Cancer Survivorship: Pain Management

[CATI NOTE: IF CORE Q7.6 OR Q7.7 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

M11.1 Do you currently have physical pain caused by your cancer or cancer treatment?

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

M11.2 Would you say that your pain is currently under control?

Please read:

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

Do not read:

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

Module 16: Social Determinates and Health Equity

M16.1 In general, how satisfied are you with your life? Are you..

Please read:

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

Do not read:

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

M16.2 How often do you get the social and emotional support that you need? Is that...

Please read:

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

Do not read:

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

M16.3 How often do you feel socially isolated from others? Is it...

Please read:

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

Do not read:

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

M16.4 In the past 12 months have you lost employment or had hours reduced?

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

M16.5 During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

M16.6 During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

Please read:

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

Do not read:

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

M16.7 During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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

M16.8 During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

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

M16.9 During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

M16.10 Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...

Please read:

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

Do not read:

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

Module 17: Marijuana Use

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

M17.1 During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: IF ASKED, PARTICIPANTS SHOULD BE ADVISED NOT TO INCLUDE HEMP-BASED CBD PRODUCTS.

- | | | |
|-----|----------------------|----------------------------|
| — — | 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] |

M17.2 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

M17.3 During the past 30 days... 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

M17.4 During the past 30 days... 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

M17.5 During the past 30 days... dab it (for example, using a dabbing rig, knife, or dab pen)?

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

M17.6 During the past 30 days... use it in some other way?

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

[CATI NOTE: IF RESPONDENT ANSWERS YES TO M17.2-M17.6 CONTINUE, ELSE GO TO NEXT MODULE.]

[CATI NOTE: ONLY READ RESPONSE OPTIONS BELOW THAT THE RESPONDENT CHOSE IN QUESTIONS M17.2-M17.6]

M17.7 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 nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)
- 3 Drink it (for example, 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

Module 18: Tobacco Cessation

[CATI NOTE: IF Q.12.1 = 1 AND Q12.2 = 3 CONTINUE, OTHERWISE GO TO M22.2]

M22.1 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

[CATI NOTE: IF Q.12.1 = 1 AND Q12.2 = 3 GO NEXT MODULE]

[CATI NOTE: IF Q12.2 = 1 OR 2 CONTINUE, OTHERWISE GO NEXT MODULE]

M22.2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

Module 20: 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.

M20.1 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

M20.2 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

M20.3 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

M20.4 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 M20 QUESTIONS 1, 2, OR 3 = 1 (YES) CONTINUE, ELSE GO TO NEXT MODULE.]

M20.5 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 22: 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."]

M22.1 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.”]

M22.2 What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer]
99

_____ Refused

Module 23: 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.]

M23.1 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).

M23.2 Is the child a boy or a girl?

1	Boy	[Go to M23.4]
2	Girl	[Go to M23.4]
3	Nonbinary/other	
9	Refused	

M23.3 What was the child’s sex on their original birth certificate?

1	Boy
2	Girl
9	Refused

M23.4 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

M23.5 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:

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

[CATI NOTE: IF MORE THAN ONE RESPONSE TO M23.05; CONTINUE. OTHERWISE, GO TO M23.7.]

M23.6 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

M23.7 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 24: 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.

M24.1 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]**

M24.2 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.

Module 27: Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (M10.7=1), IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

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.

M27.1 In the past 12 months, did you have sexual intercourse?

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

M27.2 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 [GO TO M27.6]
- 7 Don't know [GO TO M27.7]
- 9 Refused [GO TO M27.7]

M27.3 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: 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).

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. OF THE REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (DO NOT ASK QUESTION 4).

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

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

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

M27.4 The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE ADDITIONAL METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

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

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

Do not read:

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

[CATI NOTE: ASK M27.5 IF RESPONDENT INDICATED METHOD RESPONSE TO OPTIONS 01-08 AND 11 IN M27.3, ELSE SKIP TO M27.5]

M27.5 Where did you get the [response from Q3] you used when you last had sexual intercourse?

Read if necessary:

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic
- 04 School or school-based clinic
- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In- store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place

Do not read:

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

[CATI NOTE: GO TO M27.7]

M27.6 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?

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 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)

- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

Do not read:

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

M27.7 If you could use any birth control method you wanted, what method would you use?

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method
- 13 I am using the method that I want to use
- 14 I don't want to use any method

Do not read:

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

Module 28: Reactions to Race

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

M28.1 How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

INTERVIEWER NOTE: IF THE RESPONDENT REQUESTS CLARIFICATION OF THIS QUESTION, SAY: "WE WANT TO KNOW HOW OTHER PEOPLE USUALLY CLASSIFY YOU IN THIS COUNTRY, WHICH MIGHT BE DIFFERENT FROM HOW YOU CLASSIFY YOURSELF."

[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."]

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Mixed Race
- 08 Some other group
- 77 Don't know / Not sure
- 99 Refused

M28.2 How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

INTERVIEWER NOTE: THE RESPONSES CAN BE INTERPRETED AS MEANING "AT LEAST" THE INDICATED TIME FREQUENCY. IF A RESPONDENT CANNOT DECIDE BETWEEN TWO CATEGORIES, CHECK THE RESPONSE FOR THE LOWER FREQUENCY. FOR EXAMPLE, IF A RESPONDENT SAYS THAT THEY THINK ABOUT THEIR RACE BETWEEN ONCE A WEEK AND ONCE A MONTH, CHECK "ONCE A MONTH" AS THE RESPONSE.

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

M28.3 Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: SKIP IF Q8.14 = 3,5,6,7,8,9. THIS QUESTION SHOULD ONLY BE ASKED OF THOSE WHO ARE "EMPLOYED FOR WAGES," "SELF-EMPLOYED," OR "OUT OF WORK FOR LESS THAN ONE YEAR."]

M28.4 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

M28.5 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?

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."

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

M28.6 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

State Added Questions

State Added 1: Dental Health - Path A & B

SA1.1 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 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: Race - Path A

CATI NOTE: IF AFRICAN AMERICAN (Q8.3 = 20), CONTINUE. IF AMERICAN INDIAN (Q8.3 = 30) GO TO QSA3.2. OTHERWISE, GO TO QSA3.3.

SA3.1 Which black or African American group do you consider yourself to be?

Please read:

- 1 African (born) **[Go to QSA3.3]**
- 2 African American **[Go to QSA3.3]**
- 3 Black-Caribbean **[Go to QSA3.3]**
- 4 Other background [specify] _____ **[Go to QSA3.3]**

Do not read:

- 7 Don't know / Not sure **[Go to QSA3.3]**
- 9 Refused **[Go to QSA3.3]**

SA3.2 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

SA3.3 Where were you born?

Please read:

- 1 In the United States **[Go to QSA3.8]**
- 2 Outside the United States

Do not read:

- 7 Don't know / Not sure **[Go to QSA3.8]**
- 9 Refused **[Go to QSA3.8]**

SA3.4 In what Country were you born? _____

SA3.5 Did you come to America as a refugee?

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

SA3.6 From what country did you come to America? _____

SA3.7 In what year did you come to America?

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

SA3.8 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]**

SA3.9 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

SA3.10 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

State Added 4: Other Tobacco Use - Path B

CATI NOTE: IF Q12.2 = 1 (EVERY DAY) OR 2 (SOME DAYS), CONTINUE. OTHERWISE, GO TO QSA4.2.

SA4.1 Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

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

CATI NOTE: IF Q12.4 = 2 (USE THEM EVERY DAY) OR 3 (USE THEM SOME DAYS), CONTINUE. OTHERWISE, GO TO NEXT SECTION.

SA4.2 Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

State Added 5: Smoking Inside Home - Path B

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 Q14.3 IS ≥ 1 ; BUT < 77 , CONTINUE. OTHERWISE, GO TO NEXT SECTION.

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

2022 Nebraska BRFSS Question Order for Path A and Path B

Survey Path A

(following Core Question 7.12):

Optional Module 1: Prediabetes

(following Core Question 8.14):

Optional Module 22: Industry and Occupation

Optional Module 7: COVID Vaccination

Optional Module 9: Cancer Survivorship: Type of Cancer

Optional Module 10: Cancer Survivorship: Course of Treatment

Optional Module 11: Cancer Survivorship: Pain Management

State Added 1: Dental Health

State Added 2: Health Literacy

Optional Module 17: Marijuana

Optional Module 16: Social Determinates and Health Equity

Optional Module 28: Reactions to Race

State Added 3: Race

Optional Module 23: Random Child Selection

Optional Module 24: Childhood Asthma Prevalence

Survey Path B:

(following Core Question 7.12):

Optional Module 1: Prediabetes

(following Core Question 8.14):

Optional Module 22: Industry and Occupation

Optional Module 7: COVID Vaccination

Optional Module 9: Cancer Survivorship: Type of Cancer

Optional Module 10: Cancer Survivorship: Course of Treatment

Optional Module 11: Cancer Survivorship: Pain Management

State Added 1: Dental Health

State Added 2: Health Literacy

Optional Module 17: Marijuana

Optional Module 18: Tobacco Cessation

State-Added 4: Other Tobacco Use

State-Added 5: Smoking Inside Home

Optional Module 20: Alcohol Screening & Brief Intervention (ASBI)

State Added 6: Binge Drinking

Optional Module 27: Family Planning

Optional Module 23: Random Child Selection

Optional Module 24: Childhood Asthma Prevalence