



**2020**

**Nebraska**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

# Behavioral Risk Factor Surveillance System 2020 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: 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.**

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 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 some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

**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, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)

**6.10** (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

**6.11** 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



6.12 (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 Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

6.13 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 7: Oral Health

---

7.1 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

**7.2** 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 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                    | <b>[GO TO Q8.12]</b> |
| 7 | Don't know / Not sure | <b>[GO TO Q8.12]</b> |
| 9 | Refused               | <b>[GO TO Q8.12]</b> |

**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

**[CATI NOTE: IF MALE, GO TO 8.20, 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 9: Tobacco Use

---

**10.1** 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 Q10.5]
- 7 Don't know / Not sure [GO TO Q10.5]
- 9 Refused [GO TO Q10.5]



**10.2** 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 Q10.4]
- 7 Don't know / Not sure [GO TO Q10.5]
- 9 Refused [GO TO Q10.5]

**10.3** 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 Q10.5]
- 2 No [GO TO Q10.5]
- 7 Don't know / Not sure [GO TO Q10.5]
- 9 Refused [GO TO Q10.5]

**10.4** 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

**10.5** 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 11: Alcohol Consumption

---

**11.1** 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?

- |      |                           |                             |
|------|---------------------------|-----------------------------|
| 1 __ | Days per week             |                             |
| 2 __ | Days in past 30 days      |                             |
| 888  | No drinks in past 30 days | <b>[GO TO NEXT SECTION]</b> |
| 777  | Don't know / Not sure     | <b>[GO TO NEXT SECTION]</b> |
| 999  | Refused                   | <b>[GO TO NEXT SECTION]</b> |

**11.2** 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               |  |

**11.3** 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               |  |

**11.4** 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

---

**12.1** 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 Q12.3]
- 7 Don't know / Not sure [GO TO Q12.3]
- 9 Refused [GO TO Q12.3]

**12.2** 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

**12.3** Have you ever had the shingles or zoster vaccine?

**INTERVIEWER NOTE: SHINGLES IS AN ILLNESS THAT RESULTS IN A RASH OR BLISTERS ON THE SKIN, AND IS USUALLY PAINFUL. THERE ARE TWO VACCINES NOW AVAILABLE FOR SHINGLES: ZOSTAVAX, WHICH REQUIRES 1 SHOT AND SHINGRIX WHICH REQUIRES 2 SHOTS.**

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

**12.4** 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 13: Falls

---

**If respondent is 45 years or older continue, otherwise go to next section.**

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

**Interviewer Note (Read if necessary): By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.**

- \_\_ Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

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

**Interviewer Note (Read if necessary):** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- |     |                       |                          |
|-----|-----------------------|--------------------------|
| — — | Number of falls       | <b>[76 = 76 or more]</b> |
| 8 8 | None                  |                          |
| 7 7 | Don't know / Not sure |                          |
| 9 9 | Refused               |                          |

## Section 14: Seatbelt Use and Drinking and Driving

---

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

**Please read:**

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

**Do not read:**

- |   |  |
|---|--|
| 7 | Don't know / Not sure                                    |
| 8 | Never drive or ride in a car <b>[Go to next section]</b> |
| 9 | Refused  |

**CATI note:** If Q11.1 = 888 (No drinks in the past 30 days); go to next section.

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

- |     |                       |
|-----|-----------------------|
| — — | Number of times       |
| 8 8 | None                  |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused               |

## Section 15: Breast and Cervical Cancer Screening

---

**CATI NOTE:** If male go to the next section.

The next questions are about breast and cervical cancer.

15.1 Have you ever had a mammogram?

**A mammogram is an x-ray of each breast to look for breast cancer.**

- 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 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

15.3 Have you ever had a Pap test?

**Interviewer Note: A Pap test is a test for cancer of the cervix.**

- 1 Yes
- 2 No [Go to Q15.5]
- 7 Don't know / Not sure [Go to Q15.5]
- 9 Refused [Go to Q15.5]

15.4 How long has it been since you had your last Pap 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

15.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

**Interviewer Note: Human Papillomavirus (Pap-uh-loh-muh virus)**

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know/Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

**15.6** How long has it been since you had your last HPV 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

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

**15.7** Have you had a hysterectomy?

**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 16: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

**16.1** Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

**Read if necessary: A Prostate-Specific Antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.**

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

**16.2** Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the P.S.A. test?

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

**16.3** Has a doctor, nurse, or other health professional EVER recommended that you have a P.S.A. test?

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

**16.4.** Have you EVER HAD a P.S.A. 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]

**16.5.** How long has it been since you had your last P.S.A. 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)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

**Do not read:**

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

**16.6.** What was the MAIN reason you had this PSA test – was it ...?

**Please read:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

**Do not read:**

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

## Section 17: Colorectal Cancer Screening

---

**CATI note: If respondent is  $\leq$  49 years of age, go to next section.**

The next questions are about the five different types of tests for colorectal cancer screening.

**17.1** A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

**INTERVIEWER NOTE: DO NOT INCLUDE A VIRTUAL COLONOSCOPY, WHERE 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 ON YOUR STOMACH.**

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

**17.2** How long has it been since you last 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 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

**17.3** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No [Go to Q17.5]
- 7 Don't know / Not sure [Go to Q17.5]
- 9 Refused [Go to Q17.5]

**17.4** 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 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



**17.5** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**INTERVIEWER NOTE: THIS IS ALSO CALLED A FECAL IMMUNOCHEMICAL TEST OR F.I.T. OR A GUAIAAC-BASED FECAL OCCULT BLOOD TEST ALSO KNOWN AS GFOBT. THE FIT TEST USES ANTIBODIES TO DETECT BLOOD IN THE STOOL. THE GFOBT USES A CHEMICAL CALLED GUAIAAC TO DETECT BLOOD IN THE STOOL.**

- 1 Yes
- 2 No [Go to Q17.7]
- 7 Don't know / Not sure [Go to Q17.7]
- 9 Refused [Go to Q17.7]

**17.6** 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

**17.7** Another 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?

**INTERVIEWER NOTE: THIS IS ALSO CALLED A FIT-DNA TEST, A STOOL DNA TEST, OR A COLOGUARD TEST. THIS TEST COMBINED THE FIT WITH A TEST THAT DETECTS ALTERED DNA IN THE STOOL.**

- 1 Yes
- 2 No [Go to Q17.9]
- 7 Don't know / Not sure [Go to Q17.9]
- 9 Refused [Go to Q17.9]

**17.8** 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

**17.9** For a virtual colonoscopy, 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 on your stomach. Have you ever had a virtual colonoscopy?

**INTERVIEWER NOTE: UNLIKE A REGULAR COLONOSCOPY, YOU DO NOT NEED MEDICATION TO MAKE YOU SLEEPY DURING THE 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]**

**17.10** 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

## Section 18: 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.

**18.1** 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 Q18.3]**
- 7 Don't know /Not sure **[GO TO Q18.3]**
- 9 Refused **[GO TO Q18.3]**

**18.2** 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

**18.3** 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

### **Closing Statement**

**INTERVIEWER NOTE: IF THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, PLEASE READ:**

**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.**

## Optional Modules

### Module 1: Pre-Diabetes

---

**[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING “YES” (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]**

1. Have you had a test for high blood sugar or diabetes within the past three years?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**[CATI NOTE: IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 “YES” (CODE = 1).]**

2. Have you ever been told by a doctor or other health professional 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 8: E-Cigarettes

---

**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. E-CIGARETTES MAY ALSO BE KNOWN AS JUUL, VUSE, SUORIN, MARKTEN, AND BLU.**

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]

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

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

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

## Module 9: Marijuana Use

---

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

**READ IF NECESSARY: Marijuana and cannabis include both CBD and THC products.**

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

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

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

## Module 11: Cancer Survivorship: Type of Cancer

---

**[CATI NOTE: IF CORE Q6.6 OR Q6.7 = 1 (YES) or Q16.6 = 4 (BECAUSE YOU WERE TOLD YOU HAD PROSTATE CANCER) 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.

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]**

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 Q1= 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 Q6.6 = 1 (YES) AND Q1 = 1 (ONLY ONE): ASK "WAS IT "MELANOMA" OR "OTHER SKIN CANCER"? THEN CODE Q3 AS 21 IF "MELANOMA" OR 22 IF "OTHER SKIN CANCER"]**

**CATI NOTE: IF CORE Q16.6 = 4 (BECAUSE YOU WERE TOLD YOU HAD PROSTATE CANCER) AND Q1 = 1 (ONLY ONE) THEN CODE Q3 AS A RESPONSE OF 19.**

3. What type of cancer was it?

**[CATI NOTE: IF Q1 = 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]:**

Breast

01 Breast cancer

Female reproductive (Gynecologic)

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

Head/Neck

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

Gastrointestinal

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

Leukemia/Lymphoma (lymph nodes and bone marrow)

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

Male reproductive

- 19 Prostate cancer
- 20 Testicular cancer

Skin

- 21 Melanoma
- 22 Other skin cancer

Thoracic

- 23 Heart
- 24 Lung

Urinary cancer:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others

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

**Do not read:**

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

## Module 12: Cancer Survivorship: Course of Treatment

---

**[CATI NOTE: IF CORE Q6.6 OR Q6.7 = 1 (YES) or Q16.6 = 4 (BECAUSE YOU WERE TOLD YOU HAD PROSTATE CANCER) CONTINUE, ELSE GO TO NEXT MODULE.]**

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

2. What type of doctor provides the majority of your health care?

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

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

**Please read [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               |



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

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 Q6]
- 7 Don't know / Not sure [GO TO Q6]
- 9 Refused [GO TO Q6]

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

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

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

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

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 13: Cancer Survivorship: Pain Management

---

**[CATI NOTE: IF CORE Q6.6 OR Q6.7 = 1 (YES) or Q16.6 = 4 (BECAUSE YOU WERE TOLD YOU HAD PROSTATE CANCER) CONTINUE, ELSE GO TO NEXT MODULE.]**

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]**

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 18: Industry and Occupation

---

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

**CATI NOTE: IF CORE Q8.14 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK:**

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 ASK, "WHAT IS YOUR MAIN JOB?"**

[Record answer]  
99

\_\_\_\_\_ Refused

**CATI NOTE: IF CORE Q8.14 = 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.

**INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT WAS YOUR JOB TITLE?”**

**INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT WAS YOUR MAIN JOB?”**

[Record answer] \_\_\_\_\_  
99 Refused

**CATI NOTE: IF CORE Q8.14 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK:**

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

[Record answer] \_\_\_\_\_  
99 Refused

**CATI NOTE: IF CORE Q8.14 = 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.

[Record answer] \_\_\_\_\_  
99 Refused

## Module 22: 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.]**

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

$\frac{\_}{77} / \frac{\_}{7777}$ 99/9999	Code month and year Don't know / Not sure 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).**

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

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

**INTERVIEWER INSTRUCTION: IF YES, ASK: “ARE THEY...  
 INTERVIEWER NOTE: SELECT ALL THAT APPLY**

**Please read:**

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

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 MRCS.04; CONTINUE. OTHERWISE, GO TO Q6.**

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

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

**Please 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 23: 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.

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]**

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.

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

- 1 Yes
- 2 No

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 code for person in the household selected as the focus for the asthma call-back.

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

- 1 Adult
- 2 Child

## 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: Reaction to Race - Path A

---

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."]**

SA3.1 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

SA3.2 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."

SA3.3 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

SA3.4 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 A**

---

**CATI Note:** If African American (Q8.3 = 20), continue. If American Indian (Q8.3 = 30) go to QSA4.2. Otherwise, go to QSA4.3.

SA4.1 Which black or African American group do you consider yourself to be?

**Please read:**

- 1 African (born) [Go to QSA4.3]
- 2 African American [Go to QSA4.3]
- 3 Black-Caribbean [Go to QSA4.3]
- 4 Other background [specify] \_\_\_\_\_ [Go to QSA4.3]

**Do not read:**

- 7 Don't know / Not sure [Go to QSA4.3]
- 9 Refused [Go to QSA4.3]

SA4.2 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

SA4.3 Where were you born?

**Please read:**

- 1 In the United States **[Go to QSA4.8]**
- 2 Outside the United States

**Do not read:**

- 7 Don't know / Not sure **[Go to QSA4.8]**
- 9 Refused **[Go to QSA4.8]**

SA4.4 In what Country were you born? \_\_\_\_\_

SA4.5 Did you come to America as a refugee?

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

SA4.6 From what country did you come to America? \_\_\_\_\_

SA4.7 In what year did you come to America?

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

SA4.8 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]

SA4.9 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

SA4.10 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 5: Binge Drinking - Path B

---

**CATI Note:** If Q11.3 is  $\geq 1$ ; 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.

**SA5.1** 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

**SA5.2** 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

**SA5.3** 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

**SA5.4** 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

**SA5.5** 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

**SA5.6** 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 QSA5.7 only if response to QSA5.5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.**

**SA5.7** 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 6: 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.

SA6.1 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 SA6.4)
- 7 Don’t know / Not Sure (skip to SA6.4)
- 9 Refused (skip to SA6.4)

SA6.2 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 SA6.4)
- 7 Don’t know / Not sure (skip to SA6.4)
- 9 Refused (skip to SA6.4)

SA6.3 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.

SA6.4 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

SA6.5 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

SA6.6 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](http://www.dhhs.ne.gov/BH) to find out about mental health and substance use disorder related services available in your area.***

## **State Added 7: Smoking Inside Home - Path A**

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SA7.1 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

## **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.**



## 2020 Nebraska BRFSS Question Order for Path A and Path B

### **Survey Path A**

***(following Core Question 6.12):***

Optional Module 1: Prediabetes

***(following Core Question 8.14):***

Optional Module 18: Industry and Occupation

***(following Core Question 10.5):***

Optional Module 8: E-Cigarette

Optional Module 11: Cancer Survivorship: Type of Cancer

Optional Module 12: Cancer Survivorship: Course of Treatment

Optional Module 13: Cancer Survivorship: Pain Management

State-Added 1: Dental Health

State Added 2: Health Literacy

State Added 3: Reaction to Race

State Added 4: Race

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence

### **Survey Path B:**

***(following Core Question 6.12):***

Optional Module 1: Prediabetes

***(following Core Question 8.14):***

Optional Module 18: Industry and Occupation

***(following Core Question 10.5):***

Optional Module 8: E-Cigarette

State-Added 1: Dental Health

State Added 2: Health Literacy

State Added 5: Binge Drinking

Optional Module 9: Marijuana Use

State Added 6: Opioid Use

State Added 7: Smoking Inside Home

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence