



**2021**

**Nebraska**

**Behavioral Risk Factor Surveillance System  
Questionnaire**



# Behavioral Risk Factor Surveillance System 2021 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** 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?**

- 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: Hypertension Awareness

---

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

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

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

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

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

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

## Section 6: Cholesterol Awareness

---

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

**Read only if necessary:**

- 1 Never **[GO TO NEXT SECTION]**
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 year but less than 3 years ago)
- 5 Within the past 4 years (3 year but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

**Do not read:**

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

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

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

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

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

**INTERVIEWER NOTE (READ ONLY IF NECESSARY): IF RESPONDENT QUESTIONS WHY THEY MIGHT TAKE DRUGS WITHOUT HAVING HIGH CHOLESTEROL READ: DOCTORS MIGHT PRESCRIBE STATIN FOR THOSE WITHOUT HIGH CHOLESTEROL BUT WITH HIGH ATHEROSCLEROTIC CARDIOVASCULAR DISEASE RISK**

- 1 Yes
- 2 No
- 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?

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



7.7 (Ever told) (you had) 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) 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 Q7.11 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q7.11, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

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

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

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

## Section 8: Arthritis

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

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

**INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:**

- RHEUMATISM, POLYMYALGIA RHEUMATICA
- OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- JOINT INFECTION, REITER'S SYNDROME
- ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- ROTATOR CUFF SYNDROME
- CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- VASCULITIS, GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA

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

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

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

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

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

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

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

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

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

**INTERVIEWER NOTE: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."**

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

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

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

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

## Section 9: Demographics

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**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.**

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

**9.2** 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

**9.3** 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 Q9.3; CONTINUE. OTHERWISE, GO TO Q9.5]**

**9.4** 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

**9.5** 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

**9.6** 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

**9.7** 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

**9.8** In what county do you currently live?

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

**9.9** 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 9.12 (QSTVER GE 20)]**

**9.10** 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 Q9.12]**
- 7 Don't know / Not sure **[GO TO Q9.12]**
- 9 Refused **[GO TO Q9.12]**

**9.11** 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

9.12 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

9.13 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

9.14 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

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

- Number of children
- 88 None
- 99 Refused

9.16 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 9.20, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q9.18]**

9.17 To your knowledge, are you now pregnant?

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

9.18 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

9.19 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 10: Disability

---

**10.1** 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

**10.2** 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

**10.3** 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

**10.4** Do you have serious difficulty walking or climbing stairs?

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

**10.5** Do you have difficulty dressing or bathing?

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

**10.6** 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 11: Tobacco Use

---

11.1 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 Q11.3] |
| 7 | Don't know / Not sure | [GO TO Q11.3] |
| 9 | Refused               | [GO TO Q11.3] |

11.2 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               |

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

**INTERVIEWER NOTE: 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               |

11.4 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not 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 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

## Section 12: Alcohol Consumption

---

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

**INTERVIEWER NOTE (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]**

**12.2** 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 (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

**12.3** 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

**12.4** 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 Q12.4] |
| 7 | Don't know / Not sure | [GO TO Q12.4] |
| 9 | Refused               | [GO TO Q12.4] |

**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** At what kind of place did you get your last flu shot or vaccine?

**INTERVIEWER NOTE (READ IF NECESSARY): "HOW WOULD YOU DESCRIBE THE PLACE WHERE YOU WENT TO GET YOUR MOST RECENT FLU VACCINE?" IF THE RESPONDENT INDICATES THAT IT WAS A DRIVE THROUGH IMMUNIZATION SITE, ASK THE LOCATION OF THE SITE. IF THE RESPONDENT REMEMBERS ONLY THAT IT WAS DRIVE THROUGH AND CANNOT IDENTIFY THE LOCATION, CODE "12"**

Read if necessary:

- |    |   |
|----|---|
| 01 | A doctor's office or health maintenance organization (HMO)          |
| 02 | A health department   |
| 03 | Another type of clinic or health center (a community health center) |
| 04 | A senior, recreation, or community center                           |
| 05 | A store (supermarket, drug store)                                   |
| 06 | A hospital (inpatient)  |
| 07 | An emergency room   |
| 08 | Workplace   |
| 09 | Some other kind of place  |
| 11 | A school  |

Do not read:

- |    |   |
|----|---|
| 12 | A drive though location at some other place than listed above |
| 10 | Received vaccination in Canada/Mexico                         |
| 77 | Don't know / Not sure   |
| 99 | 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: 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.

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

**13.2** 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

## Section 14: Fruits and Vegetables

---

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

**INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.**

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

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

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

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

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

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

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

**INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: “DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS.”**

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

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

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

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

**INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT SPINACH: “INCLUDE SPINACH SALADS.”**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **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 Nebraska. Thank you very much for your time and cooperation.**



## **Optional Modules**

### **Module 2: Diabetes**

---

**[CATI NOTE: TO BE ASKED FOLLOWING CORE Q7.12; IF RESPONSE TO Q7.11 IS "YES" (CODE = 1)]**

**M2.1** Are you now taking insulin?

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

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

**INTERVIEWER NOTE (READ IF NECESSARY):** Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

**INTERVIEWER NOTE: IF THE RESPONDENT USES A CONTINUOUS GLUCOSE MONITORING SYSTEM (A SENSER INSERTED UNDER THE SKIN TO CHECK GLUCOSE LEVELS CONTINUOUSLY), FILL IN '98 TIMES PER DAY.'**

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

**M2.3** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 \_\_ Times per day
- 2 \_\_ Times per week
- 3 \_\_ Times per month
- 4 \_\_ Times per year
- 555 No feet
- 888 Never
- 777 Don't know / Not sure
- 999 Refused

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

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

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

**INTERVIEWER NOTE (READ IF NECESSARY): A TEST FOR A-ONE-C MEASURES THE AVERAGE LEVEL OF BLOOD SUGAR OVER THE PAST THREE MONTHS.**

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

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

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

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

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

**Read if necessary:**

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

**Do not read:**

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

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

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

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

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

## Module 8: COVID Vaccination

---

**NOTE: MODULE ONLY ASKED SECOND HALF OF 2021.**

M8.1 Since December 14, 2020, have you had a COVID-19 vaccination?

- 1 Yes
- 2 No [Go to QSA1.2]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

M8.2 How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two or more
- 7 Don't know / Not sure
- 9 Refused

M8.3 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

M8.4 At what kind of place did you get your (first) COVID-19 vaccination?

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

**Read if necessary:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

**Do not read:**

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

**[CATI NOTE: IF M8.2 = 1, 7, OR 9 GO TO NEXT SECTION]**

M8.5 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

M8.4 At what kind of place did you get your second COVID-19 vaccination?

**Read if necessary:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

**Do not read:**

- 10 Received vaccination in Canada/Mexico
- 77 Don't know / Not sure
- 99 Refused

## Module 13: 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.

M13.1 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]**

M13.2 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 M13.1= 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 M13.1 = 1 (ONLY ONE): ASK “WAS IT “MELANOMA” OR “OTHER SKIN CANCER”? THEN CODE M13.3 AS 21 IF “MELANOMA” OR 22 IF “OTHER SKIN CANCER]**

**M13.3**            What type of cancer was it?

**[CATI NOTE: IF M13.1 = 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]:**

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 14: Cancer Survivorship: Course of Treatment

---

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

**M14.1** 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> |

**M14.2** 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

**M14.3** 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

**M14.4** 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 M14.6]**
- 7 Don't know / Not sure **[GO TO M14.6]**
- 9 Refused **[GO TO M14.6]**

**M14.5** Were these instructions written down or printed on paper for you?

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

**M14.6** 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

**M14.7** 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

**M14.8** 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 15: Cancer Survivorship: Pain Management

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

**M15.1** 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]**

**M15.2** 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: Home/ Self-measured Blood Pressure

---

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

**INTERVIEWER NOTE (READ IF NECESSARY): BY OTHER HEALTHCARE PROFESSIONAL WE MEAN NURSE PRACTITIONER, A PHYSICIAN ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.**

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

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

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

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

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

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

**Do not read:**

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

## Module 19: Caregiver

---

People may provide regular care or assistance to a friend or family member who has a health problem or disability.

**M19.1** During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? (313)

**INTERVIEWER NOTE: IF CAREGIVING RECIPIENT HAS DIED IN THE PAST 30 DAYS, SAY “I’M SO SORRY TO HEAR OF YOUR LOSS.” AND CODE 8.**

- |   |   |                     |
|---|---|---------------------|
| 1 | Yes                                       |                     |
| 2 | No  | [GO TO M19.9]       |
| 7 | Don’t know/Not sure                       | [GO TO M19.9]       |
| 8 | Caregiving recipient died in past 30 days | [GO TO NEXT MODULE] |
| 9 | Refused                                   | [GO TO M19.9]       |

**M19.2** What is his or her relationship to you?

**INTERVIEWER NOTE: IF MORE THAN ONE PERSON, SAY: “PLEASE REFER TO THE PERSON TO WHOM YOU ARE GIVING THE MOST CARE.”**

(314-315)

**[DO NOT READ; CODE RESPONSE USING THESE CATEGORIES]**

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Same-sex partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend
- 77 Don’t know/Not sure
- 99 Refused

**M19.3** For how long have you provided care for that person?

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

**Do not read:**

- 7 Don’t Know/ Not Sure
- 9 Refused

**M19.4** In an average week, how many hours do you provide care or assistance?

**Read if necessary:**

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

**Do not read:**

- 7 Don't Know/ Not Sure
- 9 Refused

**M19.5** What is the main health problem, long-term illness, or disability that the person you care for has?

**Do not read, record one response:**

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)
- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/ infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

**[CATI NOTE: IF M19.5 = 5 GO TO M19.7, OTHERWISE CONTINUE]**

**M19.6** Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

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

**M19.7** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

**M19.8** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

**[CATI NOTE: IF M19.1 = 1 OR 8 GO TO NEXT MODULE]**

**M19.9** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

## Module 21: Marijuana Use

---

**M21.1** 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                 | <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> |

**M21.2** 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".**

**INTERVIEWER NOTE: READ PARENTHETICALS ONLY IF ASKED FOR MORE DETAIL.**

- 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 a dabbing rig, knife, or dab pen), or
- 6 Use it some other way.

**Do not read:**

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

**M21.3** When you used marijuana or cannabis during the past 30 days, was it usually:

- 1 For medical reasons
- 2 For non-medical reasons or
- 3 For both medical and non-medical reasons

**Do not read:**

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

## Module 22: Tobacco Cessation

---

**[CATI NOTE: IF Q.11.1 = 1 AND Q11.2 = 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 Q11.2 = 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 **[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]**

## Module 24: Industry and Occupation

---

**CATI NOTE: IF CORE Q9.14 = 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 Q9.14 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK:**

**M24.1** 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 Q9.14 = 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 Q9.14 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK:**

**M24.2** 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 Q9.14 = 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 25: Random Child Selection

---

**CATI NOTE: IF CORE Q9.15 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.**

**CATI NOTE: IF CORE Q9.15 = 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 Q9.15 IS >1 AND CORE Q9.15 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.]**

**M25.1** 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).**

**M25.2** Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

**M25.3** 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

**M25.4** 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 M25.4; CONTINUE. OTHERWISE, GO TO M25.6.**



**M25.5** 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

**M25.6** 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 26: Childhood Asthma Prevalence

---

**CATI NOTE: IF RESPONSE TO CORE Q9.15 = 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.

**M26.1** 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]

**M26.2** 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: COVID Vaccination Intentions - Path A & B**

---

**NOTE: MODULE ASKED DURING ONLY FIRST HALF OF 2021.**

**CATI NOTE: WHEN OPTIONAL MODULE 8 ACTIVATED, DELETE SA1.1 & SKIP TO SA1.2 IF M8.1=2**

SA1.1 Since December 14, 2020, have you had a COVID-19 vaccination?

**INTERVIEWER NOTE: CODE AS “YES” IF RESPONDENT INDICATES THEY HAVE RECEIVED 1 OR 2 COVID-19 VACCINATION DOSES OR SHOTS.**

**Please read:**

- |   |     |                      |
|---|-----|----------------------|
| 1 | Yes | [Go to next section] |
| 2 | No  | [Go to QSA.2]        |

**Do not read:**

- |   |                       |                      |
|---|-----------------------|----------------------|
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

SA1.2 Are you planning to get a COVID-19 vaccination when there is enough supply and one is available for you? Yes, No, or You're not sure at this time

**CATI NOTE: When there is enough supply for everyone to receive a vaccination, change question wording to “Are you planning to get a COVID-19 vaccination within the next 30 days?”**

**Please read:**

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   | [Go to next section] |
| 2 | No                    | [Go to QSA.2]        |
| 3 | Not sure at this time | [Go to QSA.2]        |

**Do not read:**

- |   |         |                      |
|---|---------|----------------------|
| 9 | Refused | [Go to next section] |
|---|---------|----------------------|

SA1.3 What is the **MAIN** reason why you are (“not planning to get” if SA. 1=2 or “not sure about getting” if SA. 1=3) a COVID-19 vaccination?

**Do not read answer choices below. Select category that best matches response.**

- |    |  |
|----|--|
| 01 | Need: Do not need it   |
| 02 | Need: Doctor did not recommend it                              |
| 03 | Need: COVID is not that serious                                |
| 04 | Need: Already had COVID  |
| 05 | Need: Enough people have already been vaccinated/herd immunity |
| 06 | Need: It is not COVID season/summer/warmer weather coming      |
| 07 | Concern about vaccine: Side effects/can cause COVID            |

- 08 Concern about vaccine: Does not work
- 09 Concern about vaccine: Do not trust the science
- 10 Concern about vaccine: It was rushed to the market
- 11 Access: Plan to get vaccinated later this year
- 12 Access: Vaccination cost
- 13 Access: Inconvenient to get vaccinated (can't get off work, no transportation, too far to travel, etc.)
- 14 Access: Do not have a doctor or health care provider
- 15 Access: Do not have health insurance
- 16 Vaccine shortage: Saving vaccine for people who need it more
- 17 Vaccine shortage: Tried to find vaccine, but could not get it
- 18 Vaccine shortage: Not eligible to receive vaccine
- 19 Some other reason (record)
- 77 Don't know/Not sure (Probe: "What is the main reason?")
- 99 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: Smoking Inside Home - Path B

---

SA3.1 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 4: Binge Drinking - Path B

---

**CATI NOTE: IF Q12.3 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.**

**SA4.1** 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

**SA4.2** 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

**SA4.3** 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

**SA4.4** 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

**SA4.5** 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

**SA4.6** 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 QSA4.7 only if response to QSA4.5 = 3 (At a restaurant or banquet hall) or 4 (At a bar or club). Otherwise, go to next module.**

**SA4.7** 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 5: Traumatic Brain Injury - Path B**

---

**SA5.1** In your lifetime, have you ever been hospitalized or treated in an emergency room following an injury to your head or neck? Think about any childhood injuries you remember or were told about.

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

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

**SA5.2** ...in a car accident or from a crash with another moving vehicle like a bicycle, motorcycle or All-Terrain-Vehicle (ATV)?

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

SA5.3 ...in a fall or from being hit by something (for example, falling from a bike or horse, rollerblading, falling on ice, being hit by a rock, playing sports or on the playground)?

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

SA5.4 ...in a fight, from being hit by someone, from being shaken violently, or being shot in the neck or head?

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

SA5.5 In your lifetime, have you ever been nearby when an explosion or a blast occurred? Think about any military combat- or training-related incidents or prior work-related incidents (for example, construction).

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

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

SA5.6 Were you ever knocked out or did you lose consciousness from any of the injuries you reported above?

- 1 Yes
- 2 No **[Go to QSA5.10]**
- 7 Don't know / Not sure **[Go to QSA5.10]**
- 9 Refused **[Go to QSA5.10]**

SA5.7 What was the longest time you were knocked out or unconscious (choose just one)?

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

**Do not read:**

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



SA5.8 How old were you the first time you were knocked out or lost consciousness?

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

SA5.9 How old were you the last time you were knocked out or lost consciousness? If you were only knocked out once, this will be the same as your answer to the last question.

- \_\_ Code age in years [97 = 97 and older] **[Go to QSA5.11]**
- 98 Don't know / Not sure **[Go to QSA5.11]**
- 99 Refused **[Go to QSA5.11]**

SA5.10 If you were not knocked out by any of these injuries, did any of them cause you to be dazed or confused, or create a gap in your memory?

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

SA5.11 Have you ever had a period of time in which you experienced multiple, repeated blows or impacts to your head – for example, a history of physical abuse, playing sports, or during military duty?

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

## State Added 6: Reaction to Race - Path B

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

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

SA6.1 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

SA6.2 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."

SA6.3 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

SA6.4 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 7: Race - Path B

---

**CATI Note: If African American (Q9.3 = 20), continue. If American Indian (Q9.3 = 30) go to QSA7.2. Otherwise, go to QSA7.3.**

SA7.1 Which black or African American group do you consider yourself to be?

**Please read:**

- 1 African (born) [Go to QSA7.3]
- 2 African American [Go to QSA7.3]
- 3 Black-Caribbean [Go to QSA7.3]
- 4 Other background [specify] \_\_\_\_\_ [Go to QSA7.3]

**Do not read:**

- 7 Don't know / Not sure [Go to QSA7.3]
- 9 Refused [Go to QSA7.3]

SA7.2 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

SA7.3 Where were you born?

**Please read:**

- 1 In the United States [Go to QSA7.8]
- 2 Outside the United States

**Do not read:**

- 7 Don't know / Not sure [Go to QSA7.8]
- 9 Refused [Go to QSA7.8]

SA7.4 In what Country were you born? \_\_\_\_\_

SA7.5 Did you come to America as a refugee?

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

SA7.6 From what country did you come to America? \_\_\_\_\_

SA7.7 In what year did you come to America?

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

SA7.8 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]**

SA7.9 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

SA7.10 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 8: 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

## 2021 Nebraska BRFSS Question Order for Path A and Path B

### **Survey Path A**

***(following Core Question 7.12):***

Optional Module 2: Diabetes

***(following Core Question 9.14):***

Optional Module 24: Industry and Occupation

Optional Module 8: COVID Vaccination

State-Added 1: COVID Vaccination Intentions

Optional Module 13: Cancer Survivorship: Type of Cancer

Optional Module 14: Cancer Survivorship: Course of Treatment

Optional Module 15: Cancer Survivorship: Pain Management

Optional Module 16: Home/Self-measured Blood Pressure

Optional Module 19: Caregiver

Optional Module 22: Tobacco Cessation

State Added 2: Health Literacy

Optional Module 25: Random Child Selection

Optional Module 26: Childhood Asthma Prevalence

### **Survey Path B:**

***(following Core Question 9.14):***

Optional Module 24: Industry and Occupation

Optional Module 8: COVID Vaccination

State-Added 1: COVID Vaccination Intentions

State Added 2: Health Literacy

Optional Module 22: Tobacco Cessation

State-Added 3: Smoking Inside Home

State Added 4: Binge Drinking

Optional Module 21: Marijuana Use

State Added 5: Traumatic Brain Injury

State Added 6: Reaction to Race

State Added 7: Race

Optional Module 25: Random Child Selection

Optional Module 26: Childhood Asthma Prevalence