

The BRFSS Data Collection Protocol

May 8, 2014



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Introduction

In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS)—a cross-sectional telephone survey that state health departments conduct monthly over landline telephones and, since 2011, cellular telephones; the states conduct the BRFSS survey with the use of a standardized questionnaire and the technical and methodologic assistance from CDC. BRFSS collects prevalence data among non-institutionalized adult U.S. residents regarding their risk behaviors and preventive health practices that can affect their health status. Respondent data are forwarded to CDC to be aggregated for each state, returned with standard tabulations, and published at year's end by each state. In 2013, approximately 400,000 interviews were conducted in the states, the District of Columbia, and participating U.S. territories and other geographic areas.

This document is intended to provide an overview of BRFSS to data collectors. It outlines the calling process, assignment of disposition codes, and submission of data. Sampling and weighting issues are not covered in detail in this document; these functions are beyond the responsibility of the data collectors. Specific information regarding data quality, response and/or cooperation rates, or calling outcome can be found in the Summary Data Quality Report produced each year in conjunction with the annual data release. (To find data and support documentation organized by year, see http://www.cdc.gov/brfss/annual_data/annual_data.htm).

The BRFSS Process

The BRFSS questionnaire was developed in collaboration between CDC and public health departments in each of the states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. Data derived from the questionnaire provide health departments, public health officials, and policymakers with behavioral information that, when combined with mortality and morbidity statistics, inform the development of health-related policies and priorities as well as help decision-makers address and assess strategies to promote good health. A finalized version of the questionnaire is sent to the states each year. In addition, Computer-Assisted Telephone Interviewing (CATI) programming is provided by the CDC to states for their use. States may opt to use their own CATI programming software using the final version of the BRFSS questionnaire as a guide. States may not change the skip patterns or wording of questions in the questionnaire but are free to create state-added questions that can be customized to states' individual needs (see below).

Annual questionnaire construction

The BRFSS questionnaire is comprised of an annual standard core which includes questions asked of respondents each year, a biannual rotating core which include questions asked only in even or odd numbered years, optional modules which includes standardized questions adopted verbatim by the states, and state-added questions which can be individually customized by states. Appendix A provides a **draft** copy of the 2014 BRFSS landline questionnaire, including modules with skip patterns. A copy of the cell phone screener questions is also provided in this appendix.

Standard Core Questions: The portion of the questionnaire that is included each year and must be asked by all states. Each year, the core includes questions about emerging or “late-breaking” health issues. After one year, these questions are either discontinued or incorporated into the standard core, rotating core, or optional modules.

Rotating Core Questions: The portion of the questionnaire asked by all states on an every-other year basis. There are questions which regularly appear in even and odd numbered years.

Optional Modules: Sets of standardized questions on various topics that each state may select and include in its questionnaire. Once selected, a module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way (e.g., if a question is omitted), then the questions will be treated as state-added questions (see below).

In order to achieve a wide range of data, states may choose to “split” samples that include only selected modules. For example, if the questionnaire adopted by a state is too long to ensure respondent cooperation, different modules may be separated among groups of 2,500 or more respondents in order to include more modules. Therefore some respondents will answer the core questionnaire and one set of modules while others answer the core questionnaire and a different set of modules. States are required to conduct at least 2,500 interviews for each of the versions of the questionnaire in order to have enough responses for weighting purposes. When states split their modules among respondents this results in questionnaire versions. States may have up to three versions of the questionnaire, each including the core (with standard and rotating core questions) and a specified number of modules which will differ by version.

State-added Questions: States are encouraged to gather data on additional topics related to their specific health priorities through the use of extra questions they choose to add to their questionnaire. All questions included in the BRFSS, with the exception of state-added questions, are cognitively tested prior to inclusion in the questionnaire. State added questions may/may not be cognitively tested by individual states before inclusion.

The exact wording of the questions in any part of the BRFSS is determined at the annual BRFSS meeting in March, where BRFSS State Coordinators vote to adopt questions submitted by CDC programs. A governing group of state BRFSS coordinators, known as the BRFSS Working Group, may add questions on emerging issues (such as the H1N1 flu questions added in 2009). After the BRFSS meeting, CDC then designs core components and optional modules as well as produces data processing layouts, while taking state priorities, potential funding, and other practical aspects into consideration. The new BRFSS materials for the next surveillance year are then sent to the states, which then may add their own state-added questions that they have designed or acquired.

Data collectors should have the capacity to make modifications, including addition of questions, during the course of the year. In addition, data collectors must be capable of adjusting screening questions that determine eligibility during the course of the year.

Data Collection

Data collection follows a suggested BRFSS interviewing schedule; all calls for a given survey month should be completed within the same sample month. Up to 15 calling attempts may be made for each landline phone number and up to 8 for each cell phone number in the sample, depending on state regulations for calling and outcomes of previous calling attempts. Although states may have some flexibility in distribution of calling times, *in general*, surveys are conducted using the following calling occasions:

- Conduct 20% of the landline interviews on weekdays (prior to 5:00 pm)
- Conduct 80% of the landline interviews on weeknights (after 5:00 pm) and weekends
- Conduct cell phone interviews during all three calling occasions (weekday, weeknight and weekend) approximately 30% of cell phone calls on weekend calling occasions.
- Change schedules to accommodate holidays and special events
- Make weeknight calls just after the 5:00 pm
- Make callbacks during hours that are not scheduled for other interviews, generally on weekdays
- Adhere to respondents' requests for specific callback times whenever possible

Data collectors must develop and maintain procedures to ensure respondents' confidentiality, assure and document the quality of the interviewing process, and supervise and monitor the interviewers.

Each telephone number in the CDC-provided sample must be assigned a final disposition code to indicate a particular result of calling the number:

- A completed or partially completed interview or
- A determination that:
 - A household was eligible to be included but an interview was not completed or
 - A telephone number was ineligible or could not have its eligibility determined.

The final disposition codes are then used to calculate response rates, cooperation rates and refusal rates. The distribution of individual disposition codes and the rates of cooperation, refusal, and response are published annually in the Summary Data Quality Reports. The BRFSS uses standards set by the American Association of Public Opinion Research (AAPOR) to determine disposition codes and response rates. All BRFSS disposition codes and rules for assigning disposition codes are provided in Appendix B: Disposition Table with Callback Rules. Given the myriad outcomes for assigning specific codes associated with technological barriers, additional guidance is provided in Appendix C: Understanding Coding for Technological / Telecommunication Barriers. Data collectors must adhere to the rules for assigning disposition codes and train and monitor interviewers in the use of specific dispositions.

Survey Protocol

In order to maintain consistency across states, the BRFSS sets standard protocols for data collection. These standards allow for state-to-state data comparison in data. The following items are included in the BRFSS survey protocol:

1. All states must ask the core questions without modification. States may choose to add any, all, or none of the optional modules and state-added questions after the core component. Interviewers may not offer information to respondents on the meaning of questions, words or phrases beyond the interviewer instructions provided by CDC and/or the state BRFSS coordinators.
2. Systematic, unobtrusive electronic monitoring is a routine and integral part of monthly survey procedures for all interviewers. States may also use callback verification procedures to ensure data quality. Unless electronic monitoring of 10% of all interviews is being routinely conducted, a 5% random sample of each month's interviews must be called back to verify selected responses for quality assurance.
3. An eligible household is defined as a housing unit that has a separate entrance, where occupants eat separately from other persons on the property, and that is occupied by its members as their principal or secondary place of residence. The following are non-eligible households: vacation homes not occupied by household members for more than 30 days per year, group homes, institutions, and (in the landline telephone sample) households in states other than the one conducting the particular BRFSS questionnaire. Since 2012, adult students living in college housing were included as eligible respondents.
4. Eligible household members include all related adults (aged 18 years or older), unrelated adults, boarders/roomers, and domestic workers who consider the household their home, even though they may not be home at the time of the call. Persons living in college housing are treated as single adult households. Household members do not include adult family members who are currently living elsewhere.
5. Proxy interviews are not conducted within the BRFSS. For persons interviewed on landline telephones, individual respondents are randomly selected from all adults, aged 18 years and older, living in a household and are interviewed in accordance with BRFSS protocol. Cellular telephone interviews are conducted with respondents who answer the number called and are treated as one-person households.
6. An interview is considered complete if data are collected for age, race, and sex (approximately half-way through the core BRFSS questionnaire). If values on age or race are not entered, imputed values will be generated and used only to assign weights.
7. With the exception of verbally abusive respondents, eligible persons who initially refuse to be interviewed may be contacted at least one additional time and given the opportunity to be interviewed. Preferably, this second contact will be made by a supervisor or a different interviewer. Some states have regulations on whether refusals should be called again. Data

collectors should contact the state BRFSS coordinator to determine the state's policy on calling back refusals.

8. States are required to give a final disposition for every number in the sample, usually within the same month of the sample. States should complete all calling on each monthly sample within that month. A few states receive and account for all calling on a sample on a quarterly basis. Data collectors should contact the state BRFSS coordinator to verify whether the state is receiving a monthly or quarterly sample from the CDC.

General calling rules are established by the CDC and states are encouraged to adhere to them whenever possible. It is understood that the calling rules are not universally applicable to each state. Data collectors contracted by the states should have the capacity to adhere to the calling rules listed below as well as the callback rules in Appendix B.

1. All cellular telephone numbers must be hand-dialed.
2. Interviewers should be trained specifically for the BRFSS and retrained each year.
3. If possible, calls made to non-English speaking households and assigned the interim disposition code of 5330 (household language barrier), should be attempted again with an interviewer who is fluent in the household language (i.e. Spanish).
4. States should maximize calling attempts as outlined in Appendix B. The maximum number of attempts (15 for landline telephone and 8 for cellular telephone) may be exceeded if formal appointments are made with potential respondents.
5. Calling attempts should allow for a minimum of 6 rings and up to 10 rings if not answered or diverted to answering devices.
6. The maximum number of attempts for may be set by the states. CDC recommendations for the minimum number of attempts are 15 for landline and 8 for cell phones.
7. All numbers must be assigned a final disposition. Data should not be submitted with interim dispositions.

Using the BRFSS Sample

In some instances, states design samples within boundaries of substate geographic regions. States may determine that they would like to sample by county, public health district or other sub-state geography in order to make comparisons of geographic areas with their states. In order to conduct the BRFSS, states obtain samples of telephone numbers from CDC. States then review their sampling methodology with a state statistician and CDC to make sure data collection procedures are in place to follow the methodology. If any change in sampling methodology is considered, states consult with CDC before making changes. States must maintain sample phone numbers in files that are separate from responses, in order to maintain standards of respondent confidentiality.

The BRFSS uses two samples: one for landline telephone respondents and one for cellular telephone respondents. State BRFSS coordinators work with CDC to produce all samples. Since

landline telephones are often shared among persons living within a residence, household sampling is used in the landline telephone sample. Household sampling requires interviewers to collect information on the number of adults living within a residence and then select randomly from all eligible adults (see questionnaire). Cellular telephone respondents are treated as single adult households and therefore do not include household sampling. The sample is received monthly/ quarterly by the states, approximately by the 15th. States that send advance letters or are participating in pilots requiring mailing will have addresses appended to landline telephone numbers. Data collections should release all replicates (of 30 numbers) within the sample in the first week of each month. Each phone number will be assigned a precall status to indicate whether the number should be called. States may opt to call telephone numbers with precall status > 1 but are not required to do so. Given that the precall status indicates the potential for reaching an eligible respondent, calling numbers with precall > 1 may reduce response rates. Data collectors should work closely with state BRFSS coordinators to ensure that the sample is properly managed. The CDC will send out quarterly sample productivity tables to alert the states of any problems with sample management.

Data Submission

The CDC will provide a data layout file for monthly data submission. The Behavioral Risk Factor Surveillance System (BRFSS) provides a data submission Web site to be used for uploading states' data and monitoring the progress of processing. Access to this site is limited and requires a login accepted by the CDC. Details on data submission are included in Appendix D: Preparing for BRFSS Data for Submission. Submission procedures may change from one year to the next, based on protocol. Data collectors should download and run edit fix programs from the upload site prior to submitting data. Errors in submitted data will delay processing and may result in data sets being returned to states for corrections.



2014

**Behavioral Risk Factor Surveillance System
Questionnaire
And Cell Phone Screening Questions**

DRAFT

Cell Phone Screening Questions

Interviewer's Script

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this a safe time to talk with you?

Yes **[Go to phone]**
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes **[Go to cellular phone]**
No **[Confirm phone number]**

If "No",

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Cellular Phone

Is this a cellular telephone?

READ ONLY IF NECESSARY: "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

Yes **[Go to adult]**
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1	Yes, respondent is male	[Go to Private Residence]
2	Yes, respondent is female	[Go to Private Residence]
3	No	

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.
STOP

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes
No

If "Yes", do not ask NADULT Questions

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of _____ (state) _____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes [Go to cellular phone usage]

No [Go to Core]

Don't know/ Not Sure [Go to Core]

Refused [Go to Core]

How many members of your household, including yourself, are 18 years of age or older?

— Number of adults

Behavioral Risk Factor Surveillance System 2014 Questionnaire

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Interviewer's Script

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "No"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes [Go to state of residence]
No [Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes [Go to state of residence]
No

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Do you reside in ____ (state) ____?

Yes [Go to Cellular Phone]
No

If “No”

Thank you very much, but we are only interviewing persons who live in the state of _____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: “By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

If “Yes”

Thank you very much, but we are only interviewing by landline telephones and for private residences or college housing. **STOP**

No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection

Adult

Are you 18 years of age or older?

1 Yes, respondent is male [Go to Page 6]
2 Yes, respondent is female [Go to Page 6]
3 No

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 6

To the correct respondent:

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

1.1 Would you say that in general your health is —?

(80)

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?

82)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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?

(83–

84)

- – Number of days
- 8 8 None **[If Q2.1 and Q2.2 = 88 (None), go to next section]**
- 7 7 Don't know / Not sure
- 9 9 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?

(85-86)

- – Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 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?

(87)

- 1 Yes **[If PPHF state go to Module 4, Question 1, else continue]**
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

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?”

(88)

- 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?

(89)

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

CATI Note: If PPHF State go to Module 4, Question 3, else continue

3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

(90)

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

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State 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?

(91)

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

9 Refused

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

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.

(92-93)

-- Number of hours [01-24]

7 7 Don't know / Not sure

9 9 Refused

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general 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?

(94)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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

(95)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

6.3 (Ever told) you had a stroke?

(96)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

6.4 (Ever told) you had asthma?

(97)

- 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?

(98)

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

6.6 (Ever told) you had skin cancer?

(99)

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

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

(100)

- 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?

(101)

- 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?

(102)

- 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?

(103)

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

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection, or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

(104)

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

6.12 (Ever told) you have diabetes?
(105)

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 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?
(106-107)

- – Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.
(108)

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 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

(109)

- 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

8.1 What is your age?
(110-111)

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

8.2 Are you Hispanic, Latino/a, or Spanish origin?
(112-115)

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?
(116-143)

Interviewer Note: Select all that apply.

Interviewer Note: 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.

(144-145)

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

8.5 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.
(146)

- 1 Yes
- 2 No

Do not read:

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

8.6 Are you...?
(147)

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

8.7 How many children less than 18 years of age live in your household?
(148-149)

— — Number of children
8 8 None
9 9 Refused

8.8 What is the highest grade or year of school you completed?
(150)

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

8.9 Are you currently...?
(151)

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

8.10 Is your annual household income from all sources—
(152-153)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 **If “no,” ask 05; if “yes,” ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If “no,” code 04; if “yes,” ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If “no,” code 03; if “yes,” ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If “no,” code 02**
- 0 5 Less than \$35,000 **If “no,” ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If “no,” ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

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

8.11 About how much do you weigh without shoes?
(154-157)

NOTE: If respondent answers in metrics, put “9” in column 147.

Round fractions up

— — — — Weight
(pounds/kilograms)

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

8.12 About how tall are you without shoes?
(158-161)

NOTE: If respondent answers in metrics, put "9" in column 158.

Round fractions down

-- / -- Height
(ft / inches/meters/centimeters)
7 7 / 7 7 Don't know / Not sure
9 9 / 9 9 Refused

8.13 What county do you live in? (162-164)

-- -- ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

8.14 What is the ZIP Code where you live? (165-169)

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

8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
(170)

- 1 Yes
- 2 No [Go to Q8.17]
- 7 Don't know / Not sure [Go to Q8.17]
- 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers?
(171)

- _ Residential telephone numbers [6 = 6 or more]
- 7 Don't know / Not sure
- 9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
(172)

- 1 Yes
- 2 No [Go to Q8.19]
- 7 Don't know / Not sure [Go to Q8.19]
- 9 Refused [Go to Q8.19]

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?
(173-175)

- _ _ _ Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.19 Have you used the internet in the past 30 days? (176)

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

8.20 Do you own or rent your home?
(177)

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

Note: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

8.21 Indicate sex of respondent. **Ask only if necessary.**
(178)

- 1 Male [Go to Q8.23]
- 2 Female [If respondent is 45 years old or older, go to Q8.23]

8.22 To your knowledge, are you now pregnant?
(179)

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

The following questions are about health problems or impairments you may have.

8.23 Are you limited in any way in any activities because of physical, mental, or emotional problems?
(180)

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

8.24 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
(181)

NOTE: Include occasional use or use in certain circumstances.

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

8.25 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)

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

8.26 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

(183)

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

8.27 Do you have serious difficulty walking or climbing stairs?
(184)

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

8.28 Do you have difficulty dressing or bathing? (185)

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

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

(186)

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

Section 9: Tobacco Use

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

(187)

NOTE: 5 packs = 100 cigarettes

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

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."

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

(188)

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

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

(189)

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

9.4 How long has it been since you last smoked a cigarette, even one or two puffs?

(190-

191)

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 7 7 Don't know / Not sure
- 9 9 Refused

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

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

(192)

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

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

Section 10: Alcohol Consumption

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

(193-195)

- 1 __ Days per week
- 2 __ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 9 Refused **[Go to next section]**

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(196-197)

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

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?

(198-199)

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

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

(200-201)

- Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 11: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

(202)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 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 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(203-208)

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

11.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
(209)

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

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

The next question is about the Shingles vaccine.

11.4 Have you ever had the shingles or zoster vaccine?
(210)

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

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for

shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Section 12: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

12.1 In the past 12 months, how many times have you fallen?
(211-212)

— —	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]

12.2 [Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.

How many of these falls caused an injury? 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.
(213-214)

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

Section 13: Seatbelt Use

13.1 How often do you use seat belts when you drive or ride in a car? Would you say—
(215)

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
- 9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

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

(216-217)

- — 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 respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

(218)

- | | | |
|---|-----------------------|---------------|
| 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?

(219)

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 |

15.3 A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

(220)

- | | | |
|---|-----------------------|---------------|
| 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 your last breast exam?
(221)

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

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?
(222)

- 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 Pap test?
(223)

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

CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy?
(224)

Read only 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 ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test?
(225)

- 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 PSA test?
(226)

- 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 PSA test?
(227)

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

16.4. Have you EVER HAD a PSA test?
(228)

- 1 Yes
- 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 PSA test? (229)

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 ...? (230)

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 ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
(231)

- 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 had your last blood stool test using a home kit?
(232)

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

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?
(233)

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

17.4 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems.

A COLONOSCOPY is similar, but uses a longer tube, and 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. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

(234)

- 1 Sigmoidoscopy
- 2 Colonoscopy

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

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy?
(235)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

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

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(236)

- | | | |
|---|-----------------------|------------------------------------|
| 1 | Yes | |
| 2 | No | [Go to optional module transition] |
| 7 | Don't know / Not sure | [Go to optional module transition] |
| 9 | Refused | [Go to optional module transition] |

18.2 Not including blood donations, in what month and year was your last HIV test?
(237-242)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: 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 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

(243-244)

- | | |
|----|---|
| 01 | Private doctor or HMO office |
| 02 | Counseling and testing site |
| 09 | Emergency room |
| 03 | Hospital inpatient |
| 04 | Clinic |
| 05 | Jail or prison (or other correctional facility) |
| 06 | Drug treatment facility |
| 07 | At home |
| 08 | Somewhere else |
| 77 | Don't know / Not sure |
| 99 | Refused |

Closing Statement or Transition to Modules and/or State-Added Questions

Closing statement

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.

Or

Transition to modules and/or state-added questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 1: Pre-Diabetes

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?

(255)

- 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?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

(256)

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

Module 2: Diabetes

CATI note: To be asked following Core Q6.13; if response to Q6.12 is "Yes" (code = 1)

1. Are you now taking insulin?

(257)

- 1 Yes
- 2 No
- 9 Refused

2. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
(258-260)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

3. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
(261-263)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

4. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
(264-265)

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

5. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other

health professional checked you for "A one C"?
(266-267)

—	—	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of "A one C" test
7	7	Don't know / Not sure
9	9	Refused

CATI note: If Q4 = 555 (No feet), go to Q8.

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

(268-269)

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

7. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(270)

Read only 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 |

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

(271)

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

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

(272)

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

Module 3: Healthy Days (Symptoms)

The next few questions are about health-related problems or symptoms.

1. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?

(273-274)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

2. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

(275-276)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

3. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

(277-278)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

4. During the past 30 days, for about how many days have you felt very healthy and full of energy?

(279-280)

–	–	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Module 4: Health Care Access

1. Do you have Medicare? (281)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. What is the primary source of your health care coverage? Is it... (282-283)

Please Read

- 01 A plan purchased through an employer or union
(includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services

Or

- 07 Some other source
- 08 None (no coverage)

Do not read:

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

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: If PPHF State, go to Core Q3.2.

3. Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (284)

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If PPHF State, go to Core Q3.4.

CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.

4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

(310)

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).

4b. About how long has it been since you last had health care coverage?

(311)

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years

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

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

(312-313)

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

6. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)

- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7. In general, how satisfied are you with the health care you received? Would you say—

Please read: (315)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

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

8. Do you currently have any health care bills that are being paid off over time?
(316)

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

CATI NOTE: If PPHF state, Go to Core Section 4.

Module 5: Alcohol Screening & Brief Intervention (ASBI)

If Core Q3.4 = 1, or 2 (had a checkup within the past 2 years) continue, else go to next module.

Healthcare providers may ask during routine checkups about behaviors like alcohol use, whether you drink or not. We want to know about their questions.

- 1 You told me earlier that your last routine checkup was [within the past year/within the past 2 years]. At that checkup, were you asked in person or on a form if you drink alcohol? (317)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 2. Did the health care provider ask you in person or on a form how much you drink?
(318)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

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

(319)

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

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

(320)

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

CATI: If question 1, 2, or 3 = 1 (Yes) continue, else go to next module.

5. Health care providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking? (321)

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

Module 6: Sodium or Salt-Related Behavior

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

1. Are you currently watching or reducing your sodium or salt intake? (322)

- 1 Yes
- 2 No [Go to Q3]
- 7 Don't know/not sure [Go to Q3]
- 9 Refused [Go to Q3]

2. How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

(323-325)

- 1__ Day(s)
- 2__ Week(s)
- 3__ Month(s)
- 4__ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know / not sure
- 9 9 9 Refused

3. Has a doctor or other health professional ever advised you to reduce sodium or salt intake? (326)

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

Module 7: Adult Asthma History

CATI note: If "Yes" (ever told you had asthma) Go to Core Q6.4; continue. Otherwise, go to next module.

Previously you said you were told by a doctor, nurse, or other health professional that you had asthma.

1. How old were you when you were first told by a doctor, nurse, or other health professional that you had asthma?

(327-328)

- Age in years 11 or older [**96 = 96 and older**]
- 9 7 Age 10 or younger
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If "Yes" to Core Q6.5, continue. Otherwise, go to next module.

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

(329)

- 1 Yes

- 2 No [Go to Q5]
- 7 Don't know / Not sure [Go to Q5]
- 9 Refused [Go to Q5]

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?
(330-331)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

4. [If one or more visits to Q3, fill in “Besides those emergency room or urgent care center visits,”] During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?
(332-333)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?
(334-335)

- — Number of visits [**87 = 87 or more**]
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?
(336-338)

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

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —
(339)

NOTE: Phlegm ('flem')

Please read:

- 8 Not at any time [Go to Q9]
- 1 Less than once a week
- 2 Once or twice a week
- 3 More than 2 times a week, but not every day
- 4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read:

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

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say —
(340)

Please read:

- 8 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten

Or

- 5 More than ten

Do not read:

- 7 Don't know / Not sure

9 Refused

9. During the past 30 days, how many days did you take a prescription asthma medication to PREVENT an asthma attack from occurring?

(341)

Please read:

8 Never

1 1 to 14 days

2 15 to 24 days

3 25 to 30 days

Do not read:

7 Don't know / Not sure

9 Refused

10. During the past 30 days, how often did you use a prescription asthma inhaler DURING AN ASTHMA ATTACK to stop it?

(342)

INTERVIEWER INSTRUCTION: How often (number of times) does NOT equal number of puffs. Two to three puffs are usually taken each time the inhaler is used.

Read only if necessary:

- 8 Never (include no attack in past 30 days)
- 1 1 to 4 times (in the past 30 days)
- 2 5 to 14 times (in the past 30 days)
- 3 15 to 29 times (in the past 30 days)
- 4 30 to 59 times (in the past 30 days)
- 5 60 to 99 times (in the past 30 days)
- 6 100 or more times (in the past 30 days)

Do not read:

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

Module 8: Influenza

CATI Note: If Q11.1 = 1 (Yes) then continue, else go to next module.

Earlier, you told me you had received an influenza vaccination in the past 12 months.

Please read only if necessary:

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

(343-344)

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 0 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 1 1 A school
- 7 7 Don't know / Not sure (**Probe: "How would you describe the place where you went to get your most recent flu vaccine?"**)

Do not read:

9 9 Refused

Module 9: Tetanus Diphtheria (Tdap) (Adults)

Next, I will ask you about the tetanus diphtheria vaccination.

1. Since 2005, have you had a tetanus shot? (345)

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

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005
- 7 Don't know/Not sure
- 9 Refused

Module 10: Adult Human Papillomavirus (HPV) -- Testing

CATI NOTE: If female continue, else go to next module.

Now, I would like to ask you about the Human Papillomavirus (**Pap·uh·loh·muh virus**) or HPV.

1. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test?

(346)

- 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. How long has it been since you had your last HPV test? (347)

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

Module 11: Adult Human Papillomavirus (HPV) - Vaccination

CATI note: To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.

NOTE: Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female “GARDASIL or CERVARIX”; if male “or GARDASIL”]. Have you EVER had an HPV vaccination? (348)

- 1 Yes
- 2 No [Go to next module]
- 3 Doctor refused when asked [Go to next module]
- 7 Don't know / Not sure [Go to next module]
- 9 Refused [Go to next module]

2. How many HPV shots did you receive? (349-350)

- – Number of shots
- 0 3 All shots
- 7 7 Don't know / Not sure
- 9 9 Refused

Module 12: Cancer Survivorship

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? (351)

- 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?
(352-353)

- _ _ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI note: If Q1= 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

INTERVIEWER NOTE: 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 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 19.

3. What type of cancer was it?
(354-355)

If Q1 = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnosis 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

- 0 1 Breast cancer

Female reproductive (Gynecologic)

- 0 2 Cervical cancer (cancer of the cervix)
- 0 3 Endometrial cancer (cancer of the uterus)
- 0 4 Ovarian cancer (cancer of the ovary)

Head/Neck

- 0 5 Head and neck cancer
- 0 6 Oral cancer
- 0 7 Pharyngeal (throat) cancer
- 0 8 Thyroid
- 0 9 Larynx

Gastrointestinal

- 1 0 Colon (intestine) cancer
- 1 1 Esophageal (esophagus)
- 1 2 Liver cancer
- 1 3 Pancreatic (pancreas) cancer
- 1 4 Rectal (rectum) cancer
- 1 5 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 1 6 Hodgkin's Lymphoma (Hodgkin's disease)
- 1 7 Leukemia (blood) cancer
- 1 8 Non-Hodgkin's Lymphoma

Male reproductive

- 1 9 Prostate cancer
- 2 0 Testicular cancer

Skin

- 2 1 Melanoma
- 2 2 Other skin cancer

Thoracic

- 2 3 Heart
- 2 4 Lung

Urinary cancer:

- 2 5 Bladder cancer
- 2 6 Renal (kidney) cancer

Others

- 2 7 Bone
- 2 8 Brain
- 2 9 Neuroblastoma
- 3 0 Other

Do not read:

7 7 Don't know / Not sure

9 9 Refused

- 4.** Are you currently receiving treatment for cancer? By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

(356)

- | | | |
|---|---------------------------------|---------------------|
| 1 | Yes | [Go to next module] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [Go to next module] |
| 4 | No, I haven't started treatment | [Go to next module] |
| 7 | Don't know / Not sure | [Go to next module] |
| 9 | Refused | [Go to next module] |

- 5.** What type of doctor provides the majority of your health care?

(357-358)

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.)."

Please read [1-10]:

- 0 1 Cancer Surgeon
- 0 2 Family Practitioner
- 0 3 General Surgeon
- 0 4 Gynecologic Oncologist
- 0 5 General Practitioner, Internist
- 0 6 Plastic Surgeon, Reconstructive Surgeon
- 0 7 Medical Oncologist
- 0 8 Radiation Oncologist
- 0 9 Urologist
- 1 0 Other

Do not read:

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

6. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?
(359)

Read only 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

7. 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?
(360)

- 1 Yes
- 2 No [Go to Q9]
- 7 Don't know / Not sure [Go to Q9]
- 9 Refused [Go to Q9]

8. Were these instructions written down or printed on paper for you? (361)

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

9. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?
(362)

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

INTERVIEWER NOTE: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

10. Were you EVER denied health insurance or life insurance coverage because of your cancer?
(363)

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

11. Did you participate in a clinical trial as part of your cancer treatment?
(364)

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

12. Do you currently have physical pain caused by your cancer or cancer treatment?
(365)

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

13. Is your pain currently under control?
(366)

Please read:

- 1 Yes, with medication (or treatment)
- 2 Yes, without medication (or treatment)
- 3 No, with medication (or treatment)
- 4 No, without medication (or treatment)

Do not read:

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

Module 13: Reactions to Race

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

1. How do other people usually classify you in this country? Would you say: white, black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?
(367)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify) _____
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?
(368)

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

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

[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.”]

- 3.** 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?
(369)

- 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

- 4.** 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?
(370)

- 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 respondents indicate 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."

5. 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?
(371)

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

6. 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?
(372)

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

Module 14: Industry and Occupation

If Core Q8.9 = 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.

Now I am going to ask you about your work.

If Core Q8.9 = 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)

(373-472)

INTERVIEWER NOTE: If respondent is unclear, ask “What is your job title?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “What is your main job?”

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 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)
(429-453)

INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”

INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”

[Record answer] _____
99 Refused

If Core Q8.9 = 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)

(473-572)

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 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 15: Social Context

Now, I am going to ask you about several factors that can affect a person's health.

If Core Q8.20 = 1 or 2 (own or rent) continue, else go to Q2.

1. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say
(573)

Please read:

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

Do not read:

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

NOTE: We ask this question in order to compare health indicators among people in different housing situations

2. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say

(574)

Please read:

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

Do not read:

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

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed), go to Q3 and Q4.

If Core Q8.9 = 3 (Out of work for more than 1 year), 4 (Out of work for less than 1 year), or 7 (Retired), go to Q5 and Q6.

If Core Q8.9 = 5 (A homemaker), 6 (A student), or 8 (Unable to work), go to Q7.

3. At your main job or business, how are you generally paid for the work you do. Are you:

(575)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: If paid in multiple ways at their main job, select option 4 (Paid some other way).

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people who are paid in different ways.

4. About how many hours do you work per week at all of your jobs and businesses combined?

(576-577)

- – Hours (01-96 or more) **[Go to Q7]**
- 9 7 Don't know / Not sure **[Go to Q7]**
- 9 8 Does not work **[Go to Q7]**
- 9 9 Refused **[Go to Q7]**

5. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you:
(578)

- 1 Paid by salary
- 2 Paid by the hour
- 3 Paid by the job/task (e.g. commission, piecework)
- 4 Paid some other way
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people who are paid in different ways.

6. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?
(579-580)

- - Hours (01-96 or more)
- 9 7 Don't know / Not sure
- 9 8 Does not work
- 9 9 Refused

7. Did you vote in the last presidential election?

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different community participation.

INTERVIEWER NOTE: The November 2012 election between Barack Obama and Mitt Romney.
(581)

- 1 Yes
- 2 No
- 8 Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote)
- 7 Don't know / Not sure
- 9 Refused

Module 16: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1. Do you consider yourself to be:

(582)

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

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

2. Do you consider yourself to be transgender? (583)

If yes, ask “Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming?”

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

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

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their

physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Module 17: Random Child Selection

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 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]

If Core Q8.7 is >1 and Core Q8.7 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 INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

1. What is the birth month and year of the “Xth” child?
(584-589)

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

CATI INSTRUCTION: 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?
(590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

If yes, ask: Are they...

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

4. Which one or more of the following would you say is the race of the child?
(595-622)

(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

5. Which one of these groups would you say best represents the child's race?
(623-624)

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

6. How are you related to the child?
(625)

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 18: Childhood Asthma Prevalence

CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" [CATI: please fill in correct number] child.

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?
(626)

- 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?
(627)

- 1 Yes
- 2 No

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

Module 19: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

1. How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”
(628)

Please read:

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

Do not read:

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

2. In general, how satisfied are you with your life? (629)

Please read:

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

Do not read:

- 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?

(630)

- 1 Yes
- 2 No

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

_____ Enter first name or initials

Asthma Call-Back Selection

Which person in the household was selected as the focus of the asthma call-back? (631)

- 1 Adult
- 2 Child

Asthma place holder

Appendix B: Disposition Table with Callback Rules

November 8, 2013

Definitions of terms	
Respondent	A person who is contacted by an interviewer and who may be eligible for interview.
Calling attempt	An attempt is an effort to reach a potential respondent by dialing a phone number, even if the dialing does not reach or connect with a working phone line.
Landline telephone	A telephone that is used within a specific location. Includes traditional household telephones, VOIP and internet phones connected to computers in a household.
Cellular telephone	A mobile device that is not tied to specific location for use.
Selected respondent	A person who is eligible for interview. For the cellular telephone sample a selected respondent is an adult associated with the phone number who lives in a private residence or college housing within the US or territories covered by the BRFSS. For the landline telephone sample a selected respondent is the person selected for interview during the household enumeration section of the screening questions.
Calling occasions	There are three calling occasions: weekday (before 5:00 pm on a weekday); weeknight (after 5:00 pm on a weekday), and; weekend (any time on Saturday or Sunday).
Personal Cellular Telephone	A cellular telephone that is used for personal calls. Cellular telephones that are used for both personal and business calls may be categorized as personal telephones and are eligible for interview. Telephones that are used exclusively

	as business phones are not personal telephones and, therefore, are not eligible for interview.
--	--

Disposition Code	Description	Definition	Range of number of attempts	Call back rules
1100	Complete	Assign if selected respondent completes questionnaire.	1-15 attempts (landline) 1-8 attempts (cell phone)	
1200	Partial complete	Assign if selected respondent completes gender and three other demographic questions with responses other than “don’t know/not sure” or “refused”	1-15 attempts (landline) 1-8 attempts (cell phone)	Selected respondent may be called back to fully complete the interview. Give final disposition on 15 th or subsequent call attempt even if there is only one occurrence of a refusal or termination.
2111	Household level refusal (landline telephone only)	Assign for landline telephone only if refusal after confirmation of reaching household telephone line used by adults in correct state but before household selection and core BRFSS Q1 in landline telephone. <u>Refusal can be from any member of the household (note: if refusal by selected respondent use code 2112).</u> Automated messages should not count as refusals.	1-15 attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of 5111 (household level refusal).

2112	Selected respondent refusal	Assign if <u>refusal by selected respondent</u> before Core BRFSS Q1 is answered by landline telephone. Automated messages should not count as refusals. Assign if cellular telephone respondent refuses after number determined to be personal phone and respondent confirms living in private residence or college housing.	1-15 attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of 5112 (respondent refusal).
2120	Break off/ termination within questionnaire	Assign if selected respondent has completed Core BRFSS Q1 with response other than “Don’t know” or “refused” and terminates/breaks off prior to demographics section. (NOTE: If respondent completes gender and three other demographics questions prior to break off, code 1200.)	1-15 attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts with at least one interim disposition of 5120 (break off/termination).
2210	Selected respondent never available	Assign if selected respondent is never available. Selected respondent may not have been contacted or contacted and asked to be called later. Includes repeated unsafe location for interview, respondent away during period of interview, respondent not available for appointment. Includes selected respondents who die during interview period.	1-15 attempts (landline) 1-8 attempts (cell phone)	Give final disposition when notified or after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephone. Cellular telephone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of calling attempts

				with at least one interim disposition of 5100 (appointment), or 5560 (unsafe location).
2220	Household answering device (landline telephone only)	Assign if repeated contact with answering device that confirms residential/non business number (landline telephone only). The answering device gives a message confirming private residence by using the words “home,” “family,” “residence,” or “house” or by using family name in the message (landline telephone only). Due to potential for cellular telephone answering devices to be out-of-sample and/or not be connected to eligible respondents, <u>do not assign this code to cellular telephone sample numbers.</u> For cellular telephone s use code 3140 (Answering device, unknown if eligible residence/respondent).	6-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephones. Assign after maximum number of calling attempts with at least one interim disposition of 5220 (answering device, confirms residence).
2320	Selected respondent physically or mentally unable to complete interview	Assign if selected respondent is unable to complete interview due to physical or mental impairment. This includes temporary conditions such as bereavement, which will last beyond the interview period.	1-6 attempts	Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as physically or mentally incapable of completing survey or the second time a respondent who is physically or mentally

				impaired is contacted.
2330	Language barrier, selected respondent	Selected respondent does not speak English or other language for which interviewers are available. (NOTE: If language barriers prevent completion of respondent selection, assign code 3330 (language barrier, physical or mental impairment).	1-6 attempts	Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as not speaking English or other language (i.e. Spanish) for which interviewers are available.
3100	Unknown if housing unit	Assign if hang up or call back request without confirming private residence/college housing (landline telephone and cellular telephone). Assign for landline telephone sample if contact without completion of private household/college housing screener questions.	1-15 attempts (landline) 1-8 attempts (cell phone)	Give final disposition after second hang-up / call back request / termination or when a first time hang up will not be called back because of hard refusal or special circumstances and when household eligibility is NOT established . If the first occurrence is on 15 th attempt, give final disposition. Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if housing unit).
3130	No answer	Assign if telephone rings normally but no one answers. Assign if number reaches mailbox which has not yet been set up.	6-15 attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephones.

				Cellular telephone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with plurality of interim dispositions of 5130 (no answer).
3140	Answering device, unknown whether eligible	ONLY assign if it is possible to leave a message or if a mailbox is full. Assign if answering device leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age. Assign for cellular telephone answering devices that may not be eligible.	10-15 attempts for landline telephones; up to 8 attempts for cellular telephones	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephones. Cellular telephone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of attempts with plurality of interim dispositions of 5140 (answering device, unknown if eligible residence or respondent).
3150	Telecommunication barrier	Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call	1-6 attempts	Give final disposition after up to 3 calling occasions of no more than 2 attempts with at least 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones.

		forwarded to other number and there is some potential for reaching household or actual respondent at later time.		Cellular telephone respondents may be called up to 6 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5150 (telecommunication barrier) and all others noncontact.
3200	Household, not known if respondent eligible	Assign for landline telephone sample if private residence confirmed without selecting respondent. (NOTE: If contact is made and <u>household eligibility is unknown</u> , use code 3100). Assign for cellular telephone if contact is made with household resident without determining whether cellular telephone number and respondent are eligible. Contact with group home may apply. Contact with vacation home may apply. Contact with household where residents are away for interview period may apply.	1-15 attempts (landline) 1-8 attempts (cell phone)	Give final disposition after second hang-up/ termination or when a first time hang up will not be called back because of hard refusal or special circumstances and when respondent eligibility is NOT established . If the first occurrence is on 15 th attempt, give final disposition. Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if respondent eligible).
3322	Physical or mental impairment (household level)	Assign if physical or mental impairment prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5320 (physical or mental impairment).

		selected respondent is physically or mentally impaired, assign 2320 after first attempt.		
3330	Language barrier, (household level)	Assign if language barrier prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent has language barrier assign 2330 when informed.	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5330 (household language barrier). Do not assign if there are interviewers within the calling center who could complete the interview in language spoken by household (i.e. Spanish).
3700	On never call list	Assign only if supervisor can determine that respondent/ household is on never call list. Interviewer should not assign based on respondent information. (NOTE: If respondent insists that he/she is on never call list code assign household level refusal (2111) or respondent refusal (2112).	No attempt	Assign with confirmation by supervisor. Interviewer should not assign based on respondent information.
4100	Out of sample	Assign if out of state for landline telephone or out of country for cellular telephone. Assign if indication that number reaches vacation home or household members are not living in home during interview period. (NOTE: If contact is made with respondent who indicates that they have been reached at their vacation home	1-15 attempts (landline) 1-8 attempts (cell phone)	Assigned as soon as sample ineligibility determined. This should take priority over other final dispositions.

		where they live for at least 30 days per year, interview can continue).		
4200	Fax/data/modem	Assign if call reaches fax or data line without human contact.	1-6 attempts	<p><u>May be assigned after one attempt.</u> If states choose to use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight and 2 weekend calls for landline telephones. If states choose to use six attempts, cellular telephone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. If six attempts are used, assign after maximum number of attempts with at least one interim disposition of 5200 (fax/data/modem) and all others noncontact with any person.</p>
4300	Nonworking number/ disconnected	Assign if tritone. Assign if operator message of nonworking number. States may choose to assign for temporary nonworking number message on first attempt or after repeated temporary nonworking number messages. Assign if "number changed" message. Assign	1-6 attempts. Do not call more than 6 attempts.	<p>May be assigned after one attempt. If states use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones.</p>

		<p>if correctly dialed number rings to incorrect number. Assign if respondent reports that connection has been made to wrong number. A number that does not accept incoming calls (such as a hospital line only used for outgoing calls)</p>		<p>Cellular telephone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5400 (technological barrier), 5300 (possible nonworking) or 5550 (busy) and all others noncontact.</p>
4400	Technological Barrier	<p>Assign if repeated busy, fast busy or circuit busy messages. Assign if repeated ambiguous operator messages. Assign if repeated poor audio quality. Assign if number repeatedly does not connect. Assign if cellular telephone respondent is outside calling area. Assign if respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached.</p>	<p>1-6 attempts. Do not call more than 6 attempts.</p>	<p>May be assigned after one attempt or pre assigned using precall status. Assign as soon as interviewer reaches number resulting in tritone. If states use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones. Cellular telephone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of</p>

				attempts with interim dispositions of 5200 (fax/data/modem), 5400 (technological barrier), 5300 (possible nonworking) and/or 5550 (busy) and all others noncontact.
4430	Call forwarding / pager	Assign if message indicates number has been forwarded. Assign if number reaches a pager. Assign if connection produces series of beeps. Assign if informed that number forwarded to other number. (NOTE: Do not select respondents from household or location that is different from the original number. Do not enumerate the number of adults at location which is different from original number.)	1-6 attempts. Do not call more than 6 attempts.	May be assigned after one attempt. May give final disposition after respondent or automated message informs that the number has been forwarded after multiple attempts. May give final disposition after series of beeps indicates a pager has been reached. If states use six attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephone. Cellular telephone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts.
4450	Cellular telephone (landline telephone only)	Assign if landline telephone sample number connects to cellular telephone or if sample indicates that a	1-15 attempts (landline)	Given final disposition when informed. This disposition should take priority over

		number in the landline telephone sample has been ported to a cellular telephone.	1-8 attempts (cell phone).	other possible final dispositions for the landline telephone sample. This disposition code should be pre-assigned to precall status code which indicates cellular telephone in the landline telephone sample.
4460	Landline telephone (cellular telephone only)	Assign if cellular telephone sample number connects to a landline telephone.	1-15 attempts (landline) 1-8 attempts (cell phone).	Given final disposition when informed. This disposition should take priority over other possible final dispositions for the cellular telephone sample.
4470	Cellular telephone respondent with landline telephone	Assign if cellular telephone respondent also has landline telephone and reports receiving less than 90% of all calls on cellular telephone.	1-15 attempts (landline) 1-8 attempts (cell phone).	Given final disposition when informed. This disposition should take priority over other possible final dispositions for the cell phone sample.
4500	Non-residence	Assign if business, government, or other organization. For cellular telephone, assign if telephone is used exclusively for business purposes.	1-15 attempts (landline) 1-8 attempts (cell phone)	Given final disposition when informed. This disposition should take priority over other possible final dispositions. This disposition should be assigned to numbers with a precall status of 5.
4510	Group home	Assign if respondent identifies number as reaching a group home, prison, halfway house, nursing home or hospital. College dormitories,	1-15 attempts (landline) 1-8 attempts	Given final disposition when informed. This disposition should take priority over other possible final

		graduate student housing, sorority/fraternity housing, or other college provided housing is not defined as group home. Persons living in college housing are eligible for interview.	(cell phone)	dispositions.
4700	Household, no eligible respondent	Assign if child telephone (landline telephone or cellular telephone). Assign if landline telephone household without eligible respondent.	1-15 attempts (landline) 1-8 attempts (cell phone)	Given final disposition when informed. This disposition should take priority over other possible final dispositions.
4900	Miscellaneous, non-eligible	Assign for null numbers, special data circumstances only. May be assigned if data are believed by state coordinator or data collection supervisor to be falsified or in error. Notify CDC when this code is used.	1-15 attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt. Assign only with supervisor approval.
5050	Unknown whether eligible	Respondent hangs up or refuses before establishing eligibility. The state location question is not needed to establish eligibility for cellular telephone respondents.		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5100	Appointment	Respondent asks for an appointment or asked to be called at some other time. Assign if child answers the phone and does not get an adult to come to the phone. Appointments may be formal or informal statements that the respondent is temporarily not able to complete the interview from household members or selected respondent.		Schedule a callback for appropriate time.

5111	Household level refusal (landline telephone only)	Assign for landline telephone only if refusal after confirmation of reaching household phone line used by adults in correct state but before core BRFSS Q1 in landline telephone. Refusal can be from any member of the household (note: if refusal by selected respondent, use code 2112). Automated messages should not count as refusals.		Give interim disposition when this situation occurs. Call back after an interval of at least one day. May assign final disposition of 2111 if hard refusal.
5112	Selected Respondent refusal: hang up or termination	Assign if refusal by selected respondent before Core BRFSS Q1 in landline telephone. Automated messages should not count as refusals. Assign if cellular telephone respondent refuses after number determined to be personal (nonbusiness) phone and respondent confirms living in private residence or college housing.		Give interim disposition. Schedule callback for as long as practical for up to two weeks after initial refusal.
5120	Break off / termination in questionnaire	Assign after respondent completes through Core BRFSS Q1 with an answer other than "don't know/not sure" or "refused" but breaks off prior to end of demographic section.		Give interim disposition when this situation occurs. Call back after an interval of at least one day.
5121	Call dropped	Assign for cellular telephone respondent if call is dropped.		Give interim disposition when this situation occurs. Call back may occur immediately or rescheduled after an interval of one hour.
5130	No answer	Assign if number rings normally without answer. Assign if number		Give interim disposition when this occurs. Call back after

		reaches mailbox that has not yet been set up.		an interval of at least one hour until maximum call attempts are reached.
5140	Answering device, unknown whether eligible	Assign ONLY if it is possible to leave a message or if a mailbox is full or not yet established. Assign if answering device leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age. Assign for cellular telephone answering devices that may not be eligible.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5150	Telecommunication barrier	Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5200	Fax/data/modem	Assign if number connects to data or fax line without human contact.		States may assign final disposition of 4200 at any attempt, including the first attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one day.
5220	Answering device,	The answering device gives a		Give interim disposition when

	confirms residence (landline telephone only)	message confirming private residence by using the words “home,” “family,” “residence,” or “house” (landline telephone only). Due to potential for cellular telephone answering devices to be out-of-sample and/or not be connected to eligible respondents, do not assign this code to cell phone sample numbers.		this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5300	Possible nonworking	Assign if message indicates number might be nonworking. Assign if recorded message indicates number is temporarily out of service. Assign if message indicates telephone number cannot be reached at this time. Assign if recording indicates that the number is for outgoing calls only (such as a hospital line for outgoing calls only).		States may assign final disposition of 4300 at any attempt including the first attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one hour.
5320	Physical or mental impairment	A household respondent or selected respondent is temporarily unable to be interviewed due to physical or mental impairment. NOTE: If <u>selected respondent</u> has permanent physical or mental impairment that renders him/her unable to complete the interview, assign final disposition of 2320 (physical or mental impairment) as soon as informed.		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5330	Language barrier	Assign if a respondent who is not the selected respondent does not speak		Give interim disposition when this occurs. Call back after

		English or other language for which an interviewer is available. (NOTE: If <u>selected respondent</u> does not speak English or language for which there is an interviewer available, give final disposition of 2330 as soon as informed.)		an interval of at least one day until maximum call attempts are reached.
5400	Technological barrier	Assign if fast busy or circuit busy messages. Assign if ambiguous operator messages. Assign if poor audio quality. Assign if number does not connect. Assign if cell phone respondent is outside calling area. Assign if respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached.		States may assign final disposition of 4400 at any attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one day.
5550	Busy	Assign if number produces normal busy (not fast busy) signal.		States may assign final disposition of 4400 at any attempt. If states choose to call up to six attempts, give interim disposition and schedule callback after an interval of at least one hour.
5560	Unsafe location/ activity for interview	Assign if respondent indicates he/she unable to continue due to safety concerns. May be assigned to numbers in cellular telephone or landline telephone sample.		Give interim disposition when this occurs. Schedule a callback time or call back after an interval of at least one hour until maximum call attempts are reached.
5700	Supervisor attention	Assign if special circumstances require supervisor attention		Assign only for special circumstances.

5900	Null attempt	Assign only with supervisor approval for special data circumstances.		Assign only with supervisor approval for special data circumstances.
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Appendix C: Understanding Coding for Technological / Telecommunication Barriers

Introduction

The Ci3 2013 BRFSS survey programming includes new four-digit disposition codes. Disposition code changes resulted from the move toward the standards of the American Association of Public Opinion Research (AAPOR), the increased diversity of types of telephones in the sample, and the rapid changes in telephone usage.

This document provides a quick overview of the differences between Technological Barriers and Telecommunication Barriers, and Phone Circuit Messages and Answering Device Messages. It also provides examples of Phone Circuit messages and Answering Device messages with comments on their proper coding. The number and variety of messages that phone companies use are changing rapidly. The lists provided here are not comprehensive, but they are intended to give an overview of coding for commonly heard messages. This list was developed following discussions with data collectors at the 2013 BRFSS conference.

Definitions of Technological Barriers, Telecommunication Barriers, Phone Circuit Messages and Answering Devices

One challenge with BRFSS disposition codes is the differentiation between a Telecommunication Barrier [5150] and a Technological Barrier. [5400]. The differences between these codes are based on whether the respondent initiates the barrier (Telecommunication Barrier) or the barrier is due to something outside of the control of the respondent (Technological Barrier). Technological Barriers may be due to the carrier or problems in the circuits or with the type of telephone.

Keep in mind that a Technological Barrier will be coded as ineligible while a Telecommunication Barrier is coded as unknown eligibility. Also remember that clear messages for non-working numbers should be coded as final disposition nonworking number (4300) or possible nonworking number (interim code 5300). Personal answering devices should not be coded as a Technological Barrier.

Telecommunication Barriers vs. Technological Barriers

Technological Barrier (5400 or 4400): A Technological Barrier is either:

- a) a telephone # that does not behave like a telephone line but instead acts like some other device (pager, alarm system, etc.); or
- b) a NON-connecting telephone line that a telephone owner cannot answer (fast busy, circuit busy, etc.); or
- c) a line with an ambiguous phone circuit message.

Telecommunication Barrier (5150 or 3150): A Telecommunication Barrier is a device or service on the end of a telephone line put by the telephone line owner to block incoming calls. This type of barrier includes call blocking devices or requirements for codes prior to connection but does not include personal answering devices (such as voice mail). Telecommunication Barriers result from screening by potential respondents.

Code a result as a telecommunication barrier only when there is assurance that the respondent put the block on the phone line. Otherwise, code the call as a technological barrier.

Interviewers often encounter messages from a phone company, or a phone circuit message. Phone circuit messages are not specific to a potential respondent and DO NOT ALLOW INTERVIEWERS TO LEAVE MESSAGES. Answering devices, on the other hand, do allow for interviewers to leave messages, unless the mailbox is full. Answering devices are set up by respondents or are specific to their telephone numbers. Even if a recorded message is heard on the answering device, it is still specific to that number and should be coded appropriately.

Phone Circuit Messages vs. Answering Devices

Phone Circuit Messages: A phone circuit message is produced by a telephone company. It is not specific to a potential respondent. Phone circuit messages do not permit interviewers to leave messages for potential respondents. Phone circuit messages may result in technological barrier dispositions (5400 or 4400), nonworking number dispositions (5300 or 4300) or other ineligible dispositions.

Answering Devices: Answering devices must allow interviewers to leave messages or indicate that a specific mailbox is full. An answering device is specific to a potential respondent, even if it is a recorded message. For example, a recording which indicates that the interviewer has reached a specific number and allows the interviewer to leave a message is an answering device, not a phone circuit message. Answering devices may indicate that the number dialed is a household in the landline telephone sample. Codes for answering devices are 5220/2220 for landline answering devices which are known to be households and 5140 and 3140 when the answering device is in the cell phone sample or when it is not known that the answering device is connected to an eligible household.

Code a result as an answering device only if the interviewer has the potential to leave a message (or if the mailbox is full). Do not code a household answering device for a number in the cellular telephone

Examples of Messages and Coding Suggestions

Sometimes it is difficult to tell if a number is non-working or if there is a technological barrier. If the number is identified as purely non-working (you get an operator message that says it's non-working) then use a non-working disposition code (either final non-working [4300] or possible non-working [5300]). CATI centers should define how strong the message needs to be to decide between final [4300] and possible [5300] non-working. The table below illustrates some common phone circuit messages that have been reported by states in the recent months. We have provided suggested coding for each message. This list is not exhaustive and it is likely that data collectors will continue to hear ambiguous messages in the future. Keep in mind the general rule that technological barriers are outside the control of the respondents, while telecommunication barriers are specifically placed by the respondents to block calls.

Phone Circuit Message	Comment	Suggested Coding
You have reached the (XXX) Telecom voice messaging service. If you have a mailbox on this system and would like to access it now, enter your 10-digit phone number, then press pound.	This is a number to a voicemail service, not a household.	4500--Non-residence
Tritone with and/or without a message	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number you have reached is not in service at this time.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
At the subscriber's request, this phone does not accept incoming calls.	Although this may appear to be a block, our experience with this message is that it is a hospital or group home where the phone places outgoing calls only.	5300--Possible Non-working 4300--Nonworking
Welcome to cell phone carrier. The number you have dialed is unassigned.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
We're sorry; your call cannot be completed as dialed. If you feel you have reached this recording in error, please check the area code and the number and try your call again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
We're sorry. Your call cannot be completed as dialed. Please check	This message indicates that the number may not be a working	5300--Possible Non-working 4300--Nonworking

the number and dial again or call your operator to help you.	number.	
The number you are trying to call is not reachable.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
Your call has been connected to a vacant number series. Please check the number and dial again or call an operator to assist you.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number you dialed is not a working number. Please check the number and dial again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number or code you have dialed is incorrect. Please check the number or code and try again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The mobile customer you have dialed has turned the unit off or is outside its service area.	Note that this message indicates that the call may not be blocked by the respondent but by the lack of phone coverage; therefore, this message still may be coded as a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The subscriber you have dialed is not available or has traveled outside the coverage area. Please try you call again later.	Note that this message indicates that the call may not be blocked by the respondent but by the lack of phone coverage. Therefore this message still may be coded as a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you are calling cannot accept calls at this time. We're sorry for any inconvenience this may cause.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The mobile number you dialed is unavailable. Please try your call again later.	The potential respondent could not answer this call, even if he/she wanted to therefore it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
Welcome to (cellular telephone carrier). The wireless customer you called is not available at this time. Please try your call again later.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you are trying to reach is not accepting calls at this time. Please try your call again later.	The potential respondent could not answer this call, even if he/she wanted to therefore it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier

The subscriber is off line. Please call again later.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you have called is not available right now. Please try again later.	The potential respondent could not answer this call, even if he/she wanted to therefore it is a technological barrier.	5400--Technological Barrier 4400- Technological Barrier
The party you are calling is currently unavailable.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you have dialed is not able to receive calls at this time.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400- Technological Barrier
The (cellular telephone carrier) number you dialed does not subscribe to voicemail services.	This appears to be a working number without voicemail set up.	5130--No Answer 3130--No Answer
The number you have reached has not yet set up voicemail services.	This appears to be a working number without voicemail set up.	5130--No Answer
The mobile customer you have dialed has turned the unit off.	Because this is a clear message that the call has been blocked by an action of the respondent, it is a telecommunication barrier.	5150--Telecommunication Barrier 3150--Telecommunciation Barrier
Please enter your PIN to be connected.	Because this is a clear message that the call has been blocked by an action of the respondent, it is a telecommunication barrier	5150--Telecommunication Barrier 3150--Telecommunciation Barrier

An answering device is differentiated from a phone circuit message in that it offers the interviewers the possibility to leave a message. In some cases, the answering device indicates that the number dialed has reached a residence. In other cases, messages from answering devices are less specific or seem to indicate that the answering device is attached to a business. Care should be taken to ensure that coding from answering device messages is accurate. Moreover, answering devices on cellular telephone sample numbers are coded differently in some cases than are answering devices from landline telephone sample numbers. As in the past, when assigning a disposition code for an answering device before the household selection is complete will cause a prompt to be displayed. This prompt asks if the message includes “home,” “house,” “family,” “residence” or a family name. It is important to answer this question correctly.

The table below explains the coding for the four answering device codes.

Table 2
Assigning Codes for Answering Devices

Message	Comment	Code
<p>The message indicates that the interviewer has reached a household number in the landline telephone sample. The message may include the word “residence” “home” “family” “household” or list the parents’ and children’s names.</p>	<p>Use this code only for the landline telephone sample. Due to potential for cellular telephone answering devices to be out-of-sample, do not use this disposition code for cellular telephone sample numbers.</p>	<p>2220--HH Answering device 5220--HH Answering device</p>
<p>The message does not indicate that the number is a household in the landline telephone sample. For cell phone sample numbers use this code on all answering devices where you can leave a message.</p>	<p>Assign if answering device permits the interviewer to leave a message, without indication of whether the number is connected to a household or business. Assign if answering device is reached on the cellular telephone sample.</p>	<p>3140--Answering device, unknown whether eligible 5140--Answering device, unknown whether eligible</p>
<p>The answering device indicates that the mailbox is full without indication of household status in the landline telephone sample number. Use this code for all cell phone answering devices where the mailbox is full.</p>	<p>Even though the interviewer cannot leave a message on this call, there is still potential for leaving a message on this device. Follow rules for household status on landline telephone devices.</p>	<p>2220--HH Answering device (LL only) 5220--HH Answering device (LL only) 3140-Answering device, unknown whether eligible 5140- Answering device, unknown whether eligible</p>

Appendix D: Preparing for BRFSS Data Submission

This document provides instructions for editing monthly data. The process uses the 32-bit program from the BRFSS: EdFix13. You will need to install the 2013 program to do 2013 End of Month processing. Note these new programs will coexist with the 2012 programs EdFix12 (which are used only for 2012 editing). Each year's program will be installed in its own subdirectory. If you have questions or difficulty with the process, contact information is highlighted at the bottom of page 139.

The data submission process for 2013 is similar to that of 2012, except with new programs: EdFix13.exe, which reflects the 2013 year. There also is an EdFix program for the cellular telephone study; [It will be called Cel_EdFix13.](#)

In 2013, another version of the EdFix program will be available for the [adult and child](#) Asthma callback studies as well. [It will be called AsEdFix13 \(for adult asthma\) and CAsEdFix13 \(for child asthma\).](#)

Overview:

The process assumes you have completed all interviewing for the month. All numbers called should have a last disposition code that is final (codes 1100 to 4900). Please be sure that all monthly calling is complete before you start this process.

The file naming convention specifies the state, month of data, year of data, and version by using SSMMMYYx.DAT for the monthly landline telephone survey data files. SS is the two-character USPS state abbreviation, MMM is the first three letters of the name of the month, and YY is the last two digits of the year. All letters in this part of the name are capitalized. The lowercase "x" is used for differentiating multiple submissions of a file for a given month and can be either a number from 0-9 or letter from A-Z.

For the cellular telephone data, the file naming convention is similar, with the addition of four characters to the beginning of the file name "CEL_". For example the first files submitted by a state for the month of January 2013 would be SSJAN13.DAT for the landline telephone data and CEL_SSJAN13.DAT for the cellular telephone data.

The conceptual overview below shows the steps involved in the process:

Use EdFix13 to generate the list of warnings and errors found in the data and correct any inconsistencies:

```

<----- \EdFix13\DataFile\SSMMM11.dat)

EdFix13 -----> \EdFix13\PlayPen\SSMMM111.dat)
                (a new file you name with clean
data)

                (note 1 on end of SSMMM11 this is
                a playpen version number)

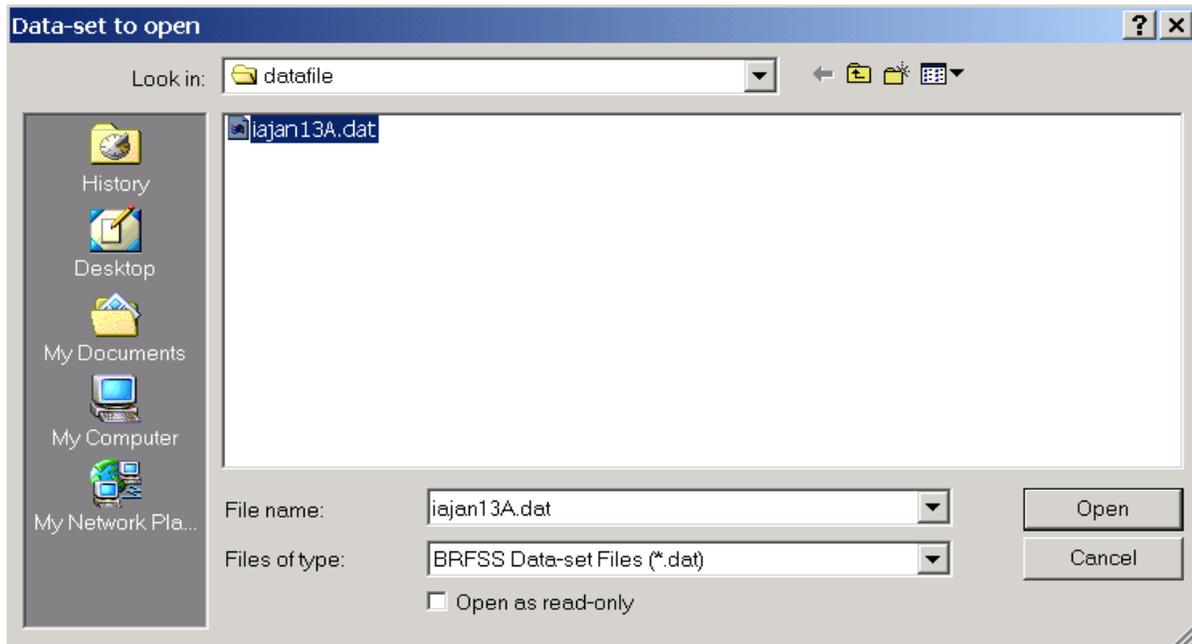
```

EdFix13:

The next step assumes the new data file has been saved to the **\EdFix13\DataFile** folder. You will use the **EdFix13.exe** program to identify the Warning and Error messages and make any necessary changes to the data.

Now you can run the **EdFix13.exe** program. This can be done from the **Start** menu **Programs\EdFix13\EdFix13**.

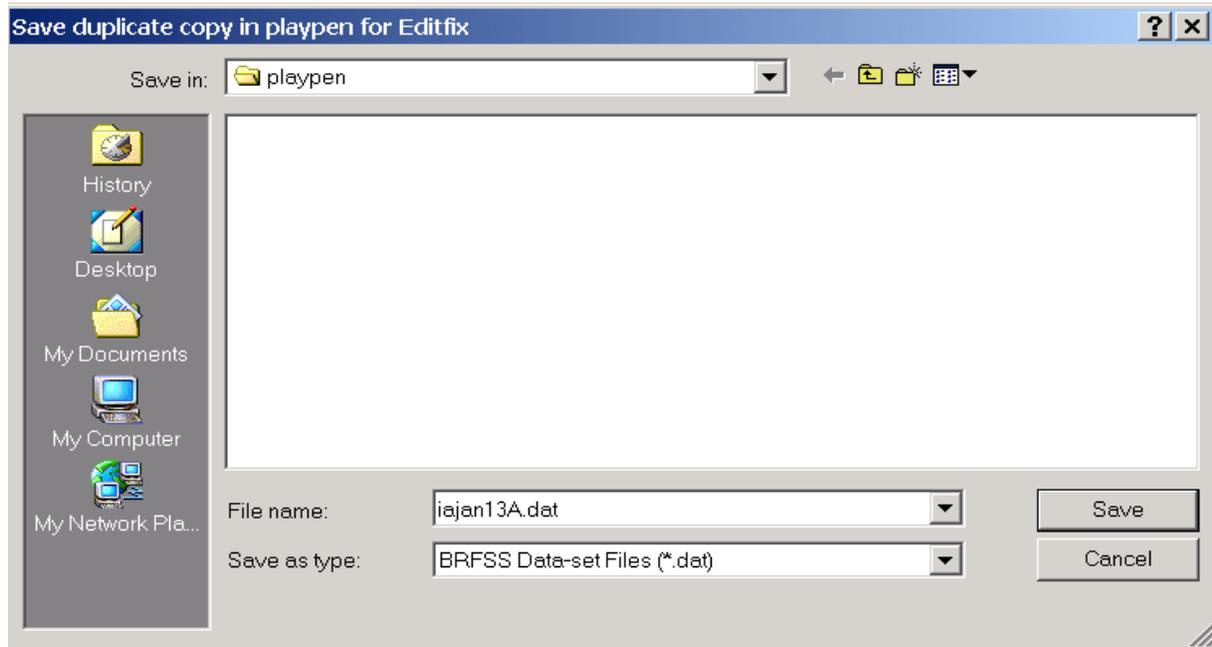
From the **File** menu select the **Open Datafile** option. A new window will be displayed. To the right of “**Look in:**” the folder **datafile** should appear as the first item in the drop-down window.



Open the current data file from the **DataFile** folder. So you should select the SSMMM11.DAT file that you copied to the **DataFile** folder. When you have selected the proper file, click the **Open** button.

The program will prompt you to open a duplicate copy in folder called the **PlayPen** folder. Note this is different than the **DataFile** folder just used above. This duplicate copy (in the **PlayPen**

folder) will be used as the file to be edited.



Name this file in the same incremental manner that has been used in previous years: (SSMMM111.DAT). Make sure the folder displayed as the top item in the dropdown window next to **Save in:** is **PlayPen**. If not, change it to **PlayPen**. Once everything is correct, click on **Save**. Any changes that are made using **EdFix13** will be reflected in the data file in the **PlayPen** folder. The original file you copied into the **DataFile** folder is not modified by the edits.

The copy in the **PlayPen** folder will then be used to generate the initial Screening Results. Click on **OK** to close the window.

Screening Result

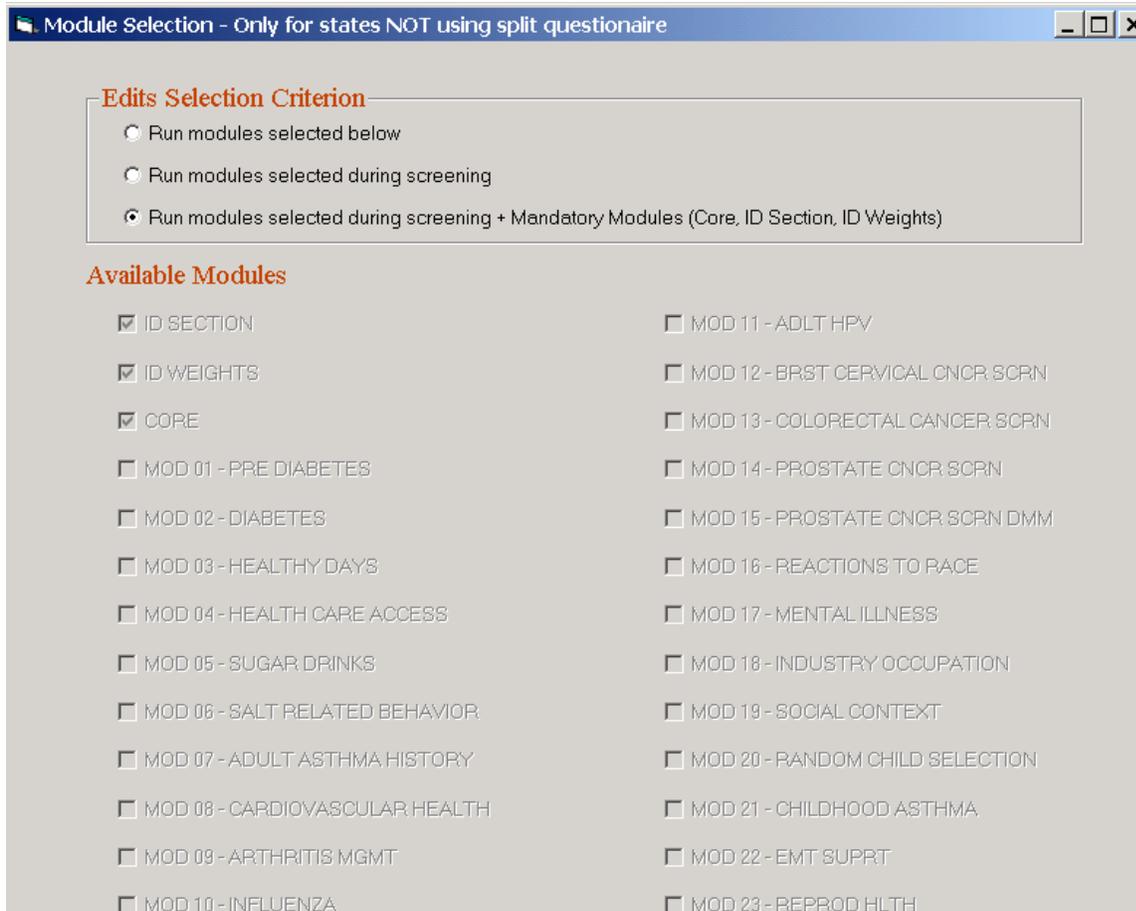
Screening Result- C:\EdFix13\playpenliajan13A.dat

Module Name	Recs W/ Resp	Recs W/ Exp. Resp	Recs No Res
MOD 01 - PRE DIABETES	88	0	114
MOD 02 - DIABETES	26	26	176
MOD 03 - HEALTHY DAYS	0	0	202
MOD 04 - HEALTH CARE ACCESS	202	0	0
MOD 05 - SUGAR DRINKS	94	0	108
MOD 06 - SALT RELATED	191	0	11
MOD 07 - ADULT ASTHMA	0	0	202
MOD 08 - CARDIOVASCULAR	191	0	11
MOD 09 - ARTHRITIS MGMT	0	0	202
MOD 10 - INFLUENZA	109	0	93
MOD 11 - ADLT HPV	0	0	202
MOD 12 - BRST CERVICAL CNCR	0	0	202
MOD 13 - COLORECTAL CANCER	0	0	202
MOD 14 - PROSTATE CNCR	0	0	202

Number of completes 202
 Number of incompletes 762
 Number of partial completes 16

Ok

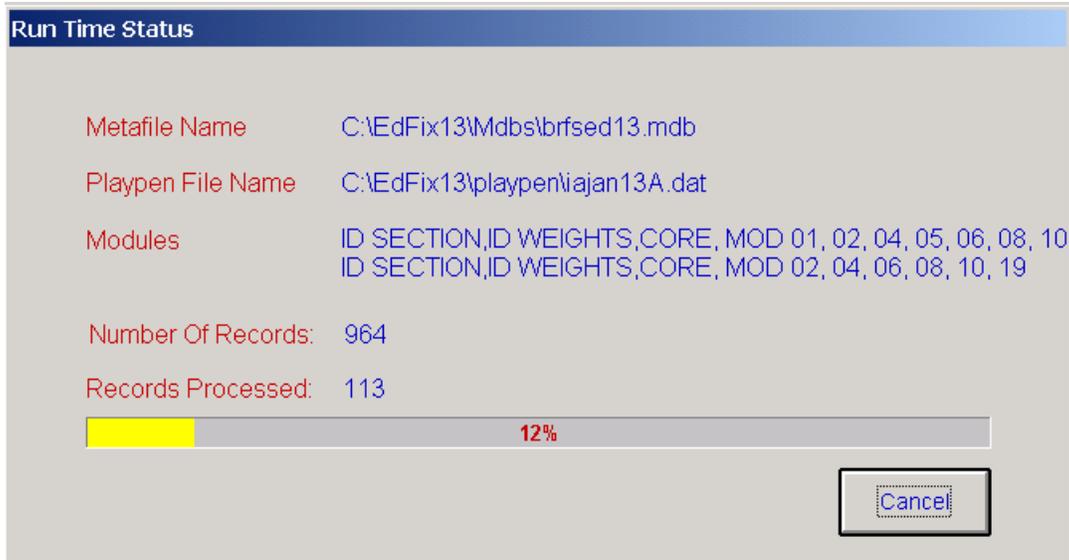
The default for **EdFix13** is to edit the id sections, core instrument, and all modules that were identified as having a response by the initial Screening Results. You can check to make sure the settings are correct by selecting **Configuration** then **Module Selection** from the main menu.



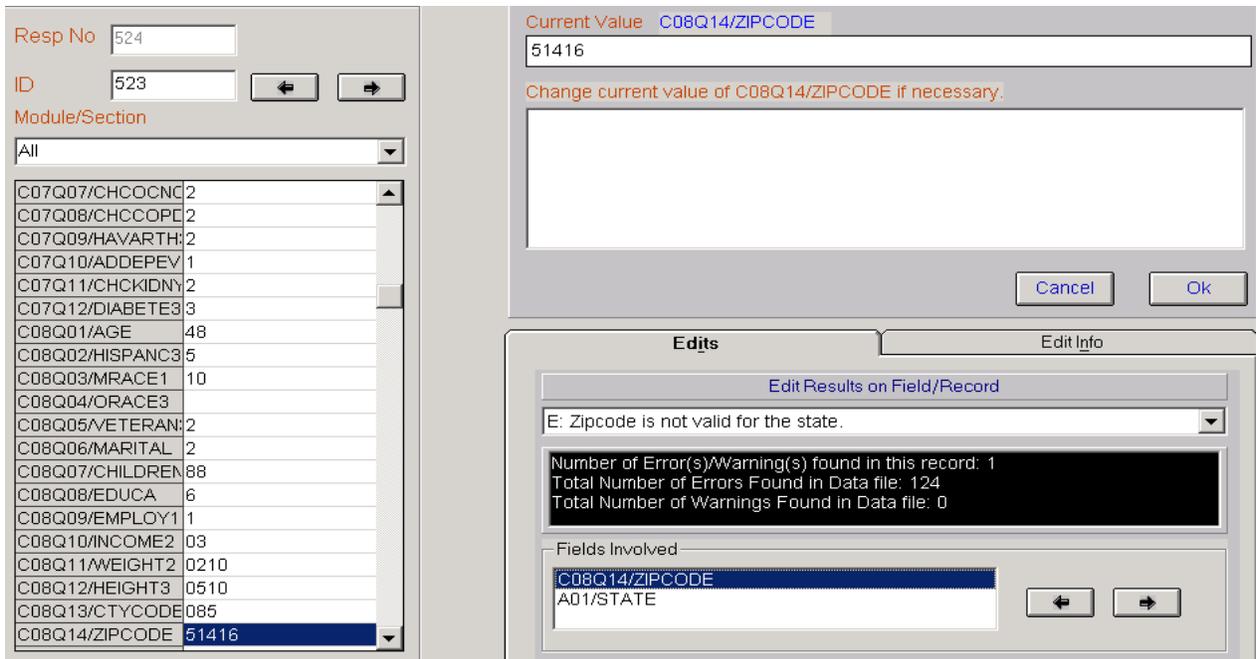
Make sure the radio button is selected next to **Run modules selected during screening + Mandatory Modules (Core, ID Section, ID Weights)**. The third option is the default until a change is made in the selection criteria. Click **OK** when the correct radio button is selected.

You can limit the edit to a particular module by changing the settings in the **Configuration** menu. To edit a particular module select **Module selection**. If you want to edit only one module, select the first of the three radio buttons and then choose from the modules available. This is not normally done; most users select the third radio button and edit all sections (which is what we suggest you do now).

To continue with the editing of the selected data file, from the main menu select the **Test Data** menu then select **Run Editset**. It can take anywhere from 1 to 10 minutes to process the file. When this is done, the new screen will close and you will be returned to the main menu.



From the main menu select **Test Data**, then select **View Data**. You can now scroll through the data file and make corrections as needed.



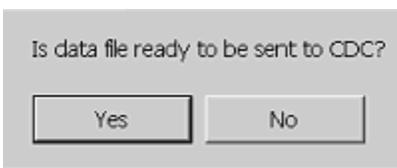
From this screen you can use the arrows on the top left to move from record to record. The arrows on the bottom right will move from one error to the next (if there is only one error in a record then it will move to the next record). If you cannot see the whole error message click on the **Edit Info** tab and a larger area with information will be shown.

The **Resp No** on the top part of the screen can be used to find the record in WinCATI. The **ID** number on the top part of the screen is a value used by **EdFix13** and has no relationship to WinCATI values. Another way to find a record is to use the Annual SEQNO value (a unique 10-

digit value for every sample record).

The reports are also available to review or print once **View Data** has been used. It is suggested that after you run **View Data** that you look at the reports of how many warnings/errors you have in your data file. You will notice that the main menu is still on the top of the screen. So while the **View Data** screen is still shown, go to the top menu bar and select **Reports**, then select **Summary Report** and **Edits Report**. You can then print these or save them to a file (We would suggest saving them in an .html format then opening them with your browser). Once you are finished viewing the reports, click on the **X** in the upper-right-hand corner of the window to close the report. You can now go back to editing the data.

When finished editing from the main menu, select **File**, then **Exit**. The following screen is displayed:



If you want to save the edits output and return to the editing later click **No**. If you are through editing this file click **Yes**. Clicking **Yes** means you are done editing the file, and it is ready to be sent to DBS.

Once you are done with your editing, the file should be ready for submission to CDC (if it is showing no errors that remain to be corrected by **EdFix13**). Send the appropriate file from the **\EdFix13\Playpen** folder to CDC. Next, use the BRFSS Web site to submit your data. Then you are all done (*yeah!*).

If you had to stop editing a file before you were finished and you want to restart the editing where you previously left off, then select **File** from the main menu. Next, select **Resume Editing** (instead of **Open Datafile**). You will then be asked what **\EdFix13\PlayPen** file you want to resume editing. Select the appropriate file and you should be where you had previously stopped your session.

If you have any questions about this procedure, contact Bill Garvin at (404) 498-0506, email wgarvin@cdc.gov. For issues with the installation of **EdFix13**, contact Ajay Sharma at (404) 498-0536, email asharmal@cdc.gov.

Behavioral Risk Factor Surveillance System

Data Submission Site

Data Submission Site Quick Reference Guide

Introduction

The Behavioral Risk Factor Surveillance System (BRFSS) provides a Data Submission site to be used for uploading your data and monitoring its progress as it is processed.

The URL for this site is <http://apps.nccd.cdc.gov/brfssstates/loginv.asp>.

This Quick Reference Guide explains the site's features. The screen below is the first screen available upon login. Some options are available for the BRFSS state coordinator only and may not be visible to a data collector.

The screenshot shows the BRFSS Data Submission website. At the top, there is a navigation bar with links for "CDC Home", "Search", and "Health Topics A-Z". Below this, the CDC logo is displayed with the tagline "SAFER • HEALTHIER • PEOPLE". The main header reads "Office of Surveillance, Epidemiology, and Laboratory Services Behavioral Risk Factor Surveillance System" with sub-links for "BRFSS Home", "FAQs", and "Contact Us". A sidebar on the left lists navigation options: "Overview", "Submit Files", "Previously Submitted Data Files", "Downloadable Files", "Forms", "Data Submission Status", "Data Quality Report", "Special Surveys", "Change Password", and "Log Out". The main content area features a green banner with the text "BRFSS Data Submission" and a dark blue banner announcing "08/01/2013 - 2013 year to date data and reports now available". Below these banners is a table with two columns: "Click on this link..." and "If you want to...".

Click on this link...	If you want to...
Submit Files	Submit monthly data file for BRFSS responded data.
Previously Submitted Data Files	View previously submitted data files.
Downloadable Files	Download program updates, reports and data files.
Forms	View, complete and submit the Data Collection and Self-Certification forms online.
Data Submission Status	View submission status and history.
Data Quality Report	View data quality issues and submission history.
Special Surveys	Upload State specific specialty reports.

To submit the monthly data file for the landline telephone survey (once the editing is complete), select “[Submit Monthly Data Files](#)” from the menu and follow the directions on the screen. To submit the monthly data file for the cellular telephone survey (once editing is complete), select “[Special Surveys](#)” and then “[Submit Monthly Data Files](#)” and follow directions on the screen.

Behavioral Risk Factor Surveillance System

[BRFSS Home](#) | [FAQs](#) | [Contact Us](#)

Centers for Disease Control and Prevention
[BRFSS Data Submission](#)



Submit BRFSS Monthly Data Files

Click **Browse** to locate the file to submit to the CDC, and then click **Upload** to submit it. For documentation including detailed instructions for submitting files, see the [Quick Reference Guide](#).

Comments Type optional comments about the file you are uploading. Maximum 250 characters.

File naming convention for files to be uploaded is (two-character state abbreviation||three-character month abbreviation||two-digit year||one optional extra character).(extension), where the optional extra character can be a number (1-9) or letter (A-M). Examples are GAAPR03.dat or WVMAR052.zip. If you choose to use an optional extra character, please start with 1, using 1-9 in numerical order before using A-M in alphabetical order. See the Quick Reference Guide for more information and examples.

Please use Internet Explorer Version 6 or higher to upload data files to this site. If you must use another browser (Firefox, Safari, etc.) please check the site within 24 hours of submission to make sure your file has been received. If you continue to have problems, please contact the BRFSS Helpdesk as soon as possible.

File

Important: File size must be 10 MB or less. Depending upon the file size, uploads may take up to 5 minutes.

Browse...

Upload