

2022  
BRFSS Data Collection Protocol with  
Disposition Table



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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, cell phones; 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 noninstitutionalized adult US residents regarding their risk behaviors and preventive health practices that can affect their health. 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 2020, over 400,000 interviews were conducted in the states, the District of Columbia, and participating US territories and other geographic areas.

This document provides data collectors with a BRFSS overview and outlines the processes involved with calling, disposition-code assignment, and data submission. This document does not cover details of sampling and weighting, as they are not data-collectors' responsibilities. Specific information regarding data quality, response and/or cooperation rates, or calling outcome can be found in the yearly Summary Data Quality Report released with the annual data set.

Find yearly data and support documents here: [http://www.cdc.gov/brfss/data\\_documentation/index.htm](http://www.cdc.gov/brfss/data_documentation/index.htm).

Details of the data collection process are discussed in regularly scheduled conference calls and at the annual BRFSS meetings/training workshops. BRFSS encourages data collectors to participate in these events, as updating BRFSS data-collection protocol is a collective process that is strengthened when organizations and day-to-day stakeholders provide their input.

## **The BRFSS Process**

The BRFSS questionnaire was developed in collaboration with CDC and public health departments in each of the states, the District of Columbia, and participating territories. Data derived from the questionnaire provide health departments, public health officials, and policy makers with behavioral and health status information that, when combined with mortality and morbidity statistics, guide 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. CDC also provides computer-assisted telephone interviewing (CATI) programming to states, but they may opt to use their own CATI programming software using the final version of the BRFSS questionnaire as a guide. States which develop their own programming systems are required to test it accurately against the CDC provided programming. 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). Spanish versions of the BRFSS questionnaire are provided annually to the state health departments and the data collectors. States may modify the translation to meet the specific needs of the Spanish speaking population within their state. However, modifications of the translation must be made at the state level. States and data collectors should not use different versions of the Spanish translations within the same year. In some instances, states may insert state-added questions into the questionnaire--with permission

from CDC--when such questions fit into the context of extant topics/sections and do not impede the flow of the interview. Requests should be submitted to the state project officer or the survey methodologist on the Survey Operations Team.

*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 includes questions asked only in even- or odd-numbered years; **three-year and four-year rotation components**, which includes some questions collected on the core questionnaire every third or fourth year; **optional modules**, which include standardized questions adopted verbatim by the states; and **state-added questions**, which states individually customized. Appendix A provides a copy of the 2022 BRFSS questionnaire, including modules with skip patterns. Data collectors will note that the 2022 questionnaire includes skip patterns for landline and cell phone interviews that administrators should follow when they are conducting interviews using a sample provided by CDC (see Sampling below). Beginning in 2021, states were be highly encouraged to adhere to high proportions of cell phone samples and lower proportions of landline samples. This is also encouraged in 2022. The table below outlines the core sections that are anticipated to be offered through 2026.

Table 1 Core Sections 2022-2026					
	2022	2023	2024	2025	2026
Health Status	√	√	√	√	√
Healthy Days	√	√	√	√	√
Health Care Access	√	√	√	√	√
Exercise	√	√	√	√	√
Hypertension Awareness		√		√	
Cholesterol Awareness		√		√	
Chronic Health Conditions	√	√	√	√	√
Demographics	√	√	√	√	√
Disability	√	√	√	√	√

Tobacco Use	√	√	√	√	√
Alcohol Consumption	√	√	√	√	√
Immunization	√	√	√	√	√
	(TDAP)	(shingles)	(place flu shot)	(TDAP)	(shingles)
H.I.V./AIDS	√	√	√	√	√
	(with risk Q)		(with risk Q)		(with risk Q)
Falls		√			√
Physical Activity		√			
Breast and Cervical Cancer	√		√		√
Lung Cancer	√		√		√
Colorectal Cancer	√		√		√
Drinking Driving/ Seat Belt Use		√			√
Inadequate Sleep	√			√	
Oral Health	√		√		√
Fruits and Vegetables				√	

**Standard Core Questions:** The portion of the questionnaire that is included each year and must be asked by all states. The core may include Emerging Core questions about “late-breaking” health issues. After 1 year, these questions are either discontinued, incorporated back into the standard core or become part of the rotating core or optional modules.

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

**Three-year Core Rotation Questions:** A few questions (dealing with immunization) have been scheduled in the past to appear on the BRFSS core in three-year rotating cycles. States may use rotation core questions as optional modules in off-year questionnaires. Since 2021, additional core sections were moved from the two-year Rotating Core to the Three-Year Core Rotation. There are also a few questions which appear every four years on the questionnaire.

**Optional Modules:** Optional modules are 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 in order to give different modules to each smaller group of participants. For example, if a state adopts a questionnaire that is too long to ensure respondent cooperation, the state may choose to provide a version of the questionnaire with the core and a subset of modules. In this way a greater number of modules may be used if the state uses different modules on different versions of the questionnaire. Some respondents, therefore, 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 split questionnaire in order to have enough responses for weighting purposes. States may adopt 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. States must include modules on both landline and cell phone interviews. Versions must also be included in both samples.

In many instances, states may prefer to insert optional modules into the core questionnaire. This may be done to improve the flow of the questionnaire by grouping questions on similar topics. The following optional modules may be inserted into the questionnaire **at the discretion** of the BRFSS coordinators:

Name of Optional Module	Approved section of questionnaire
Industry and Occupation	After the employment question in the demographics section
Food Stamps	After employment question or (I/O module) in demographics
Diabetes/ Pre-diabetes	After the diabetes question in the chronic disease section
Healthcare access	After core healthcare access questions
Adult HPV, Place of Flu vaccination, Shingles	In Immunization section
Sex at Birth	In screening section or in demographics
Sexual Orientation and Gender Identity	In Demographics section just after the question on sex at birth (C08.05), if asked or just after C08.04 if C08.05 is not asked.
Home/ Self-measured Blood Pressure	Just after the Hypertension Awareness section of the core

All other insertions of optional modules into the core sections should be approved by CDC prior to implementation of the survey.

**State-added Questions:** BRFSS encourages states to add their own extra questions to their questionnaire, so they can gather data on additional topics related to their specific health priorities. All questions included in the BRFSS, with the exception of state-added questions, are cognitively tested prior to inclusion in the questionnaire. It is up to each state to decide whether or not it will cognitively test its state-added questions before use. State-added questions may not be inserted into the text of the core questionnaire or optional modules without approval from BRFSS. States should contact their project officers to request insertion of state-added questions into text that has been approved for use by all states.

The wording of the questions in any part of the BRFSS, with the exception of state-added questions, is determined at the annual BRFSS meeting (in spring or early summer), where BRFSS partners vote to adopt questions submitted by CDC programs. A governing group including state BRFSS coordinators, CDC staff and others known as the BRFSS Working Group, may add questions on emerging issues (such as the H1N1 flu questions added in 2009 and e-cigarette use in 2014). In 2022 an emerging core section on long-term effects of COVID is included in the questionnaire. A field test of new questions, modules and those sections of the questionnaire affected by new questions is conducted after the state voting process. CDC then designs core components and optional modules and produces data processing layouts, while considering state priorities, potential funding, and other practical aspects. Minor changes in question wording and format may be made after the field test. The new BRFSS materials for the next surveillance year are then sent to the states, which may add their own questions that they have designed or acquired. A target of November 1 is set for finalization of the questionnaire for the upcoming year.

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 in the same sample month if possible. In some cases, samples begun in one month may be completed in the first 7-10 days of the next month. Up to 6 calling attempts may be made for each landline and cell phone number in the sample, depending on state regulations for calling and outcomes of previous calling attempts. Although states have some flexibility in distribution of calling times, *in general*, surveys are conducted using the following calling occasions<sup>1</sup>:

Landline calling hours:

- Conduct 40% of landline calling attempts on weekdays (before 5:00 PM)
- Conduct 40% of landline calling attempts on weeknights (after 5:00 PM) and weekends
- Conduct 20% of landline calling attempts on the weekend.

Cellphone calling hours:

- Conduct cell phone calling attempts during all three calling occasions (weekday, weeknight, and weekend), with approximately 30% on weekend calling occasions.
- Change schedules to accommodate holidays and special events.
- Make weeknight calls after 5:00 PM.
- Adhere to respondents' requests for specific callback/appointment times whenever possible. Weekends have been shown to be good times for callback scheduling.

With larger portions of state-level samples or the entire sample allocated to cell phone numbers, states may modify the calling schedule for efficiency. 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. CDC does not authorize the taping of interviews. Data collectors should keep in mind that state laws on recording conversations may vary, and there is no certainty when dialing a cell phone number as to where respondents are currently residing and accepting calls. Should a data collector record a call for

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<sup>1</sup> Vicente P., Marques C. & Reis E. (2017). Effects of call patterns on the likelihood of contact and of interview in mobile CATI surveys. Retrieved from <https://surveyinsights.org/?p=9044>  
DOI:10.13094/SMIF-2017-00003; Reimer B, Roth V, Montgomery R (2012) Optimizing Call Patterns for Landline and Cell Phone Surveys. Am Stat Assoc. 2012 ; 2012: 4648–4660.



any reason (such as training), CDC must be notified and approve of the procedure. In all cases where quality is being monitored by recording calls, respondents should be notified before the first questions are posed.

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

- A completed or partially completed interview (see definitions in Appendix B) 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. 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. Data collectors must follow the rules for assigning disposition codes and train and monitor interviewers in the use of specific dispositions.

## **Survey Protocol**

BRFSS sets standard protocols for data collection, in order to maintain consistency across states that permits state-to-state data comparison. Data collectors should follow the assignment of disposition codes provided in Appendix B: Disposition Table with Callback Rules. Disposition codes follow the format of 1000-1999 completed/partially completed; 2000-2999 non-completed interviews with eligible respondents/households; 3000-3999 non-completed interviews with unknown eligible persons/households; 4000-4999 ineligible numbers; 5000-5999 interim dispositions. A 2000 level disposition should not be assigned unless the interviewer is certain that both the household and respondent are eligible for the survey. Assigning incorrect disposition codes can lower response rates and efficient use of the sample. The following items are included in the BRFSS survey protocol:

1. All states must include the core questions and introductory scripts 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. States may not insert state-added questions into the core component or into optional modules without permission. State coordinators should contact their CDC project officers to request the placement of state-added questions into text that has been approved for use by all states.
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 supervisory 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. Recording calls as part of quality assurance is not part of the BRFSS methodology and recording interviews without respondent knowledge is not legal in all states. Data collectors should remember that cell phone numbers may reach respondents in any state or country, where laws on recording calls may be different than in the state where the call originated.

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 consecutive days per year, group homes, institutions, and (in the landline telephone sample) households in states other than the one conducting the BRFSS questionnaire. Persons in a state's cell phone sample who are residents of other states are eligible for interview. The state contacting the respondent should complete the core questionnaire and then provide the data to CDC for transfer to the appropriate state of the respondents' residence. States should especially attempt to obtain the state of residence of respondents who indicate that they have moved and retained their cell phone number from another state. States should collect verbatim county information on persons who live in other states in order to permit the correct weight for the respondent after data are transferred. Since 2012, persons living in college housing have been included as eligible respondents. Although it is rare to contact a college housing resident in the landline sample, this person would also be included as a single adult household. The BRFSS is a self-reported survey. If respondents report that they live in private residences, it is not the role of interviewers to question them. The only instances under which there is discussion of information on whether households qualify as private residences is when respondents initiate the question.

4. Eligible household members include all related adults (aged 18 years or older), unrelated adults, boarders/roomers, live-in au pairs or students and domestic workers who consider the household their home, even though they may not be home at the time of the call. College housing residents are treated as single adult households. Household members do not include adult family members (including students) who are currently living elsewhere.

5. Questions should be read verbatim. In many cases introductory phrases are provided which should also be read as written. Interviewer instructions are optional and can be read if the respondent is confused or needs additional information. Items in parentheses in statements are also optional and may be read for clarification. Interviewers should not offer their own interpretation of questions or response options.

6. Proxy interviews are not conducted in the BRFSS. For people interviewed on landline telephones, individual respondents are randomly selected from all adults living in a household and are interviewed in accordance with BRFSS protocol. Household members include all family members, domestic servants, and au pair or live-in students who have resided at the residence for at least 3 months. Cell phone interviews are conducted with respondents who answer the number called and are treated as one-person households.

7. An interview is considered complete if data are collected for all questions which would have normally been asked for any selected respondent. Partially completed interviews are defined as those where the first sections of the interview are completed and the portions of the demographic section which are used for weighting are also asked of the selected respondent in regular order of the questionnaire. For the 2022 questionnaire this will include through question CDEM.12 for landline respondents and CDEM.07 for cell phone respondents. If the respondent does not provide substantive responses for weighting variables (that is, the respondent refuses to answer or responds that he/she does not know), imputed values will be generated and used only to assign weights. Respondent sex is the only variable which is not imputed if respondents fail to answer. If a respondent will not answer questions on sex and sex at birth (in states where this module is included) the interviewer should terminate the interview. This is due to the fact that data from persons who refuse these questions cannot be weighted to a known population margin. **If an interviewer codes a number of responses as “don’t know” or “refused” just prior to cut off in order to have an interview count as a partial complete, this will be noted by the CDC staff as potential falsification of data. States should monitor data collection to ensure that the percentage of partial completes is not greater than 15% of the number of completes. A large percentage of partial completes could result in missing data for variables that follow the demographic sections including all optional modules. The number of partial completes which are not part of the RFP may be higher, if the state has contracted with the data collector ONLY on the number of 1100 dispositions.**

8. Data collectors are responsible for ensuring that codes for refusal or DNK are not entered as data for questions which have been skipped and/or not asked due to termination/refusal/drop off.

9. With the exception of verbally abusive respondents, eligible people 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 and the manner of the refusal conversion. For example, a period of two days between the initial refusal and second attempt is often standard protocol. Data collectors should contact the state BRFSS coordinator to determine the state’s policy on calling back refusals. Some states maintain an internal list of numbers which connect to households/persons who have been particularly adamant about being taken off calling lists. Numbers from new samples are matched against these lists to prevent calling the numbers. States generally maintain a number on the list for up to two years. Numbers de-duped as a result of such lists should be coded with dispositions of 3700. Just because a potential respondent says that they are on the “do-not-call” list does not mean that this is accurate. Moreover, the do not call lists do not apply to legitimate research calls.

10. 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 rather than a monthly basis. Data collectors should contact the state BRFSS coordinator to verify whether the state is receiving a monthly or quarterly sample from CDC.

11. The BRFSS OMB number and burden statement must appear on the header page of all interviewer forms. The CDC will provide the header with the questionnaire each year. Please note that the interviewers do not need to read any part of the OMB number or burden statement to the respondents unless asked. The entire burden statement does not need to be read if the respondent is simply asking how long the interview will take. If the respondent asks for any information at any time about the authority by which information is being collected, it is imperative that the OMB approval information be available to the interviewer. The interviewer may then cite the OMB control information, which would allow the respondent to review the project plan online.

12. CDC provides the states with a Spanish translation of the BRFSS questionnaire. Unlike the English version, states may change wording of the Spanish version in order to match local dialects. The Spanish version may not include translation of CATI programming, but will include questions, responses and any interviewer note which might be read to respondents. Instructions to interviewers which are not read to respondents may not appear on the translated version of the questionnaire.

13. Each data collector must assign a unique identifier to each interviewer, so that state health departments and the CDC may conduct interviewer-level analyses. This identifier should not be assigned to other interviewers working on the BRFSS for that state. Responses by interviewer ID numbers should be conducted periodically to check for unusual responses and productivity by interviewer. The use of the interviewer ID can be helpful to insure that the questionnaire is being correctly administered.

General callback and disposition coding rules are established by CDC (see Appendix B), and states are encouraged to adhere to them whenever possible. 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 those to in Appendix B.

1. ***All cell phone numbers must be hand dialed.*** Data collectors should seek legal advice if they are uncertain whether their practices are in any way contradictory to the regulations.
2. New callback rules allow for phone numbers without contact to have a maximum number of calling attempts at 6. If any interim disposition indicates that contact has been made, the number of calling attempts will be increased to 8. Interim disposition codes beginning with 5 indicate contact has been made; interim disposition codes beginning with 6 indicate that no person was actually contacted by the calling attempt.
3. Interviewers should be trained specifically for the BRFSS and retrained each year.
4. 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 (e.g., Spanish).
5. States should maximize calling attempts as outlined in Appendix B. The maximum number of attempts (8) may be exceeded if formal appointments are made with potential respondents. There are many instances in which the maximum number of callbacks is not required. States and data collectors should refer to the callback table provided in Appendix B with this document for the required number of callbacks for each calling outcome/ disposition.

6. Calling attempts should allow for a minimum of 6 rings and up to 10 rings if not answered or diverted to answering devices.
7. The maximum number of attempts may be set by the states. CDC recommends a maximum of 8 calling attempts. All numbers must be assigned a final disposition. Data should not be submitted with interim dispositions.
8. Messages left on answering devices/voice mail devices should be left by interviewers. **Messages should never be left by any automated voice devices.** States may have their own standard scripts for messages, describing the reasons for the call and when respondents might expect a return call. Messages can be left after any attempt. It is not recommended that respondents be burdened by repeated messages. States should adopt protocols to leave one or two messages during the calling attempts for a single number during the calling period. In order to minimize the potential effects of spam filters, it is recommended that messages be left on the first or second attempt. Some states have noted that leaving messages may hinder subsequent contact. States may track the benefits associated with leaving messages.
9. States may use text messages to remind respondents of an upcoming appointment for interview, However text messages may not be sent without respondent permission to do so.
10. If a respondent indicates that they will be available for a callback at a specific time/date, appointments may be made. Data collectors may send texts reminding cell phone respondents of the appointments after receiving verbal permission to text that information.
11. States adopting the Adverse Childhood Experience (ACE) Module, should train interviewers on how to handle respondents who become upset or stressed as a result of the questions.

### **Using the BRFSS Sample**

In some instances, states design samples within boundaries of sub-state 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. To conduct the BRFSS, states get 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. States must consult with CDC before making changes to methodology. States must maintain sample phone numbers in files that are separate from responses, in order to maintain standards of respondent confidentiality.

In states where landline calls are still being made, the BRFSS uses two separate samples: one for landline telephone respondents and one for cell phone respondents. State BRFSS coordinators work with CDC to produce all samples. The states are ultimately responsible for the distribution between landline and cell phones. Since landline telephones are often shared, household sampling is used in the landline telephone sample. Household sampling requires interviewers to collect information on the number of adults living in a residence and then select randomly from all eligible adults (see questionnaire). Cell phone respondents are treated as single adult households and therefore do not require household sampling. The samples are fully overlapping, so that any eligible person in the landline frame may also be eligible in the cell phone frame. States receive the sample monthly or quarterly, approximately by the 15th. Note that the BRFSS

is a sample with replacement. It is possible, therefore, for a single household/respondent to be eligible and appear in a sample more than once within a year. Some states eliminate duplicate (“de-dup”) numbers that appear within the same quarter. A state with sub-state regions that represent small areas is more likely to encounter repeat numbers in the sample. States that wish to send advance letters should request addresses with their regular landline and cell phone samples. For states that send advance letters, mailing addresses are appended to telephone numbers. Data collections should release all replicates (of 30 numbers) in the sample in the first week of each month. Those who receive samples quarterly should release them in a manner that allows for sufficient calling prior to the end of the quarter. Beginning in late 2021 cell phone respondents who live in other states have been included in the cell phone sample. Therefore it is not unusual to have area codes which are outside the state appear in the state sample. The table below provides the format for the landline and cell phone sample files received by the states.

Field Name	Size	Position	Format/Values/Explanation
Phone Number (AREACODS, PREFIXS, SUFFIXS)	22	1-22	9,1-NNN-NNN-NNNNv20221
Geographic Stratum (_GEOSTRS)	3	23-25	First position = 2 for Cell Phone. Then States with no geographic strata=01 in each record. Others according to provided information.
Density Stratum (_DENST2S)	1	26	1=Listed number, 2=Not listed one-plus block, 3=Zero block, 9=Not applicable (GU, PR, VI).
Sequence Number (SEQNO)	10	27-36	A unique 10-digit number for a state for a year with year in the first four digits. For example: 2022000001.
Number of Records Selected From Stratum (NRECSELS)	6	37-42	Number of telephone numbers (eligible sampling units) selected from stratum.
Number of Records in Stratum (NRECSTRS)	9	43-51	Number of telephone numbers in the stratum from which sample was selected.
Precalling [Cell-WINS Screening] Status (PRECALLS)	1	52	1=Active, 3=Inactive, 7=Unknown Status, 8=Non-Answerable Device, 9=Temporarily Out of Service
Replicate Number (SMONTH, REPNUM)	6	53-58	The first two digits, 01-12, represent months, the last four digits a sequential number starting with 0001 each month.
Replicate Depth (REPDEPTH)	2	59-60	A sequential number from 01-30 in each replicate.
State FIPS Code (_STATE)	2	61-62	FIPS code of assigned state.
County FIPS Code (ASGCNTY)	3	63-65	Blank
County FIPS Code of Listed Number (LISTCNTY)	3	66-68	Blank
Number of Listed Household Numbers in Prefix in Assigned County (NOHHCTY)	4	69-72	Blank.

<b>Field Name</b>	<b>Size</b>	<b>Position</b>	<b>Format/Values/Explanation</b>
NXX Type (NXXTYPE)	2	73-74	Blank
Block Size (BLCKSIZE)	3	75-77	Blank
Number of Listed Households in Prefix (LSTHHPRE)	5	78-82	Blank
Estimated Total Households in Prefix (TOTHHPRE)	5	83-87	Blank
Core Based Statistical Area (CBSACODE)	5	88-92	Blank
Metropolitan Status Code (MSCODE)	1	93	Blank
Rate Center Name	30	94-123	The name of the rate center associated with the phone number.
V&H Coordinate (VNHCOORD)	10	124-133	Blank
Date Sample Generated (DATESMP)	10	134-143	<i>mm/dd/yyyy</i>
Pre-screening Process Used (PRESCREEN)	1	144	0= Not screened 1=ID 2=ID Plus 3 = CSS 4=Cell-WINS
Date Sample Pre-screened (DATESCRN)	10	145-154	Blank
Release Date of Active Prefix Database (PHNRLDAT)	10	155-164	Blank
Release Date of Listed Phone Number Database (LSTRLDAT)	10	165-174	Blank
CLEC Number (CLEC)	1	175	Blank
Replicate designated for inclusion in Multi-Mode Mail Survey and address match status (MSREPMCH)	1	176	Blank
Time Zone	1	177	Blank
Primary or Secondary Phone (PRISECPH)	1	178	Blank
Listed in one of the following Databases: InfoUSA, Experian, (DIRLST)	1	179	Blank
Secondary Screening Flags	1	180	Blank
Indication of Address Matching	1	181	Blank

Field Name	Size	Position	Format/Values/Explanation
Path variable (PATH) used to help identify which questionnaire is used when there are dual questionnaires.	2	182-183	10 = Default Genesys value Landline Survey Sample 20 = Default Genesys value Cell Phone Survey Sample
Note: Monthly files will be sorted by stratum, replicate, and depth. The order of numbers within a replicate will be randomized before assignment of depth numbers. All numeric fields are right aligned and padded with leading zeros. All character fields are left aligned with trailing blanks.			

Each phone number is assigned a precall status to indicate whether the number should be called. States may opt to call landline telephone numbers with precall status >1 but are not required to do so. States may also choose not to call landline numbers from the unlisted portion of the sample with precall status = 1 which also have secondary screening status as fax/modem lines or are listed as “busy” by the precall screener. Late in 2019, additional options to not call landline numbers with precall=1, density strata =2 and which also have secondary screeners of 2 or 3. This will continue in the 2022 administration.

States are not required to call cell phone sample numbers with an “inactive” precall status but may choose to do so. States should call all cell phone numbers with active and unknown precall status in the cell phone samples. In 2022, new screening is provided for cell phone numbers which are likely to be used for a device other than a phone (such as a security system or tablet) and numbers which are identified as “temporarily out of service”. States are not required to call cell phone numbers with these new pre-codes (8 and 9, respectively). A review of the portion of the cell phone sample which was categorized as 8 and 9 was conducted in October 2019. It was noted that some states had a very small number of screened cell phone numbers, while in other states, the percentage screened out by using precall 8 or 9 was up to 8% of the sample. The following states had higher than 3% of the sample screened as 8 included CT, IN, ME, MI, MO, OH, and SD. States which have higher proportions of numbers with precall status 8 may choose to dial the numbers once or twice to ensure that the screening is not eliminating active numbers. Given that the precall status indicates the potential for reaching an eligible respondent, calling landline numbers with precall >1 or cell phone numbers with inactive precall status may reduce response rates. States may also use the secondary precall status to assign bilingual interviewers to numbers with language barrier precall assignments or make extra efforts to reach numbers which have precall status indicating residence/household status. In 2022, landline phone numbers will be differentiated in the sample as precall > 1 if a technical review indicates that the number is never answered or a business. This should reduce the calling efforts for landline no answers, which typically represent more than half of the final dispositions for landline sample. In 2022 the number and percentage of landline numbers in the sample will be reduced substantially for many states. Although the BRFSS may maintain the landline sample for several more years, it will eventually be phased out of the sampling process. For some states landline numbers are an important way to ensure that rural residents are included in the sample. As cell phone sampling improves in terms of geographic specificity, the need for landline numbers in the sample will diminish. The 2022 landline sample will also include fewer unlisted numbers (that is that the numbers are not from unlisted blocks). During the course of the year, if internal checks on the



use of listed blocks shows that it is feasible, numbers from unlisted blocks may be eliminated from the sample. Data collectors should not change their practices for calling landline numbers in the sample until such a determination is made.

The landline sample is taken from listed and unlisted numbers at a ratio of 1:4. The ratio has changed from previous years due to the changes in stability of the landline samples. In 2022 the landline ratio of listed/unlisted numbers may change as landline sampling continues to be dynamic. Data collectors should expect changes in this ratio, and/or the elimination of unlisted numbers from the landline sample in 2022.

States that request addresses may send advance letters to those households to alert them to the fact that they will be receiving calls and the nature of the survey. States may include a toll-free number for potential respondents to inquire about the BRFSS. Studies have shown that the use of advance letters does improve response rates. However, the proportion of the landline sample that is accurately matched to addresses is declining. Currently about 20-30% of the landline sample is accurately matched to an address. In 2022 the BRFSS will also support sending advance letters to cell phone respondents. The ability to match cell phone numbers to addresses is improving—recent estimates show that about 40% of cell phone numbers will match to an address. Less is known about whether the phone number/address match is accurate. Since the cell phone sample is at the individual rather than household level, letters should specify which phone number connected to that address has been chosen. In order to maintain confidentiality, it is required that only portions of the phone number (such as the last four digits) be noted in the advance letters for cell phone respondents. The CDC will make every effort to provide addresses for advance letter as early as possible during each month. Data collectors should note that the cell phone sample is appended with landline numbers which have been ported to cell phone in previous months. Therefore, the landline sample files may arrive earlier in the month than cell phone samples. Data collectors should speak to their BRFSS state coordinators about advance letters.

Samples for US territories differ from those from the states. BRFSS coordinators in US territories may deviate from the calling and sampling guidelines to fit the data needs of their jurisdictions. Data collectors should work closely with state BRFSS coordinators to ensure that the sample is properly managed. CDC will provide quarterly sample productivity tables on the upload/download site to alert the state coordinators of any problems with sample management.

Data collectors can track samples and productivity using the YTD Data Quality Reports (DQR) available with assigned logins on the upload site. The following table of contents lists the information available in the YTD Data Quality Reports. Changes in the information provided in the DQRs may change according to the needs of the data collectors and state coordinators. BRFSS Coordinators and Data Collectors may attend training on using the YTD reports and Uploading Data at the annual BRFSS Questionnaire Meeting.

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Summary Data Quality Reports are also available on the BRFSS website for previous years. States may compare their data productivity to that of other states in the summary reports, but will not have access to the YTD reports from other states.

### **Data Submission**

CDC will provide a data layout file for monthly data submission. The BRFSS provides a data submission website 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 CDC. Details on data submission are included in separate documents available on the upload/download site. 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. Monthly data submission is preferable (and required during flu season, September-June). Data for each should be submitted by the 25<sup>th</sup> of April, July, October and January, respectively. Following the quarterly submissions, states will receive a data file for checking.

### **Data Sharing, Security and Rights to the Datasets**

State and territorial health departments are the owners of the datasets. Data Collectors which are contracted by health departments have NO data rights and should not share or publish from state

data sets without written permission. States should consider carefully before permitting use of data which are not part of the public use dataset. Persons seeking access to county code information, industry and occupation information or other variables which are not part of the public use dataset may apply for access through the CDC Research Data Center (RDC) at <https://www.cdc.gov/rdc/index.htm>.

While the Privacy Act is not applicable, the appropriate security controls and Rules of Behavior should be incorporated to protect the confidentiality of information, proprietary, sensitive, and Personally Identifiable Information (PII) the data collector may come in contact with during the BRFSS data collection process. The BRFSS itself does not require any PII to be provided by the respondents.

As is noted elsewhere in this document, sample files and response files should not be merged or linked. Data collections should transmit data only through the upload sites provided by CDC and not by email attachments or other means. Data collectors should maintain the most recent virus protections, operating systems patch levels and other security measures to all computers used to collect BRFSS data. While computers used for CATI data collection are not in all cases accessible to the internet, data collectors should ensure that access to data using flash drives or other devices is restricted to authorized individuals for authorized purposes.

Sample files should not be retained past the data of final use for BRFSS purposes. BRFSS sample file use is restricted to completion of BRFSS data collection and data collection for BRFSS call-back surveys. BRFSS sample files are not to be used for any other or subsequent purpose. Data collectors may not obtain permission for such use from respondents and are restricted from soliciting BRFSS respondent to take part in other surveys, internet panels or any other related use.

Data collectors should not retain sample or data files beyond the time that is necessary to finalize data. During the time that datasets are retained by data collectors, they should meet all security requirements for data storage and firewalls that are included in the most current BRFSS OMB approval. Data collectors may choose to configure computers that contain BRFSS data with the applicable United States Government Configuration Baseline (USGCB) (see <http://usgcb.nist.gov/>). Note: USGCB is applicable to all computing systems, including desktops and laptops—regardless of function—but not including servers.

## **State Pilot Projects Using Protocol Adjustments**

At any time during the data collection process, states may make greater efforts to reach respondents than the protocols listed here. These efforts may include increasing the number of attempts, increasing the ring times, calling all numbers in the sample regardless of the precall status or increased interviewer monitoring or training. On occasion states may wish to make adjustments to the data collection protocol in order to test the efficiency of a new procedure. For example, in 2017, one state determined that response rates might improve if the interviewer took a more conversational tone during the introduction of the survey. The protocol adjustment was approved and the change was made and tested by the state. States, and data collectors who wish to make protocol adjustments must have written approval from CDC in order to make

adjustments. State coordinators should contact their project officers and the survey operations team at the Public Health Surveillance Branch of the Division of Population

## **Appendix A 2022 BRFSS Questionnaire**

2022 BRFSS  
Questionnaire  
DRAFT



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US 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.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p>



## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	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.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we	

					are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
<b>LL03.</b>	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>LL04.</b>	Do you currently live in__(state)____?	STATERE1	1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we	

					are only interviewing persons who live in [STATE] at this time.	
<b>LL05.</b>	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
<b>LL06.</b>	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate;	Read: Thank you very much but we are only interviewing	

				OTHERWISE GO TO ADULT RANDOM SELECTION]	persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed.	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with.	

	Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?				If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here.  States which do not opt to use the sex at birth module TERMINATE here.		
					Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure 99 Refused			

<p><b>LL11.</b></p>	<p>So the number of women in the household is [X]. Is that correct?</p>	<p>NUMWOME N</p>			<p>Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female].</p>	
					<p>If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.</p>	
<p><b>LL12</b></p>	<p>The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?</p>	<p>RESPSLCT</p>	<p>1 Male 2 Female</p>	<p>If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)</p>		
			<p>7 Don't know/Not sure</p>	<p>TERMINATE</p>	<p>Thank you for your time, your number may be</p>	

			9 Refused		selected for another survey in the future.	
<b>Transition to Section 1.</b>			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 not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).		Do not read: Introductory text may be reread when selected respondent is reached.  Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	





## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		We ask this question to determine which health	

					related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.	
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house

					or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
<b>CP07.</b>	Do you live in college housing?	CCLGHOU S	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons	

					who live in private residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in ___(state)___ ?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
<b>CP09.</b>	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico			

			36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read 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.	
<b>CP11.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		
<b>Transition to section 1.</b>			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 not be connected to any personal information. If you have any questions			

			about the survey, please call (give appropriate state telephone number).			
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## Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			



## Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	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?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
<b>CHD.02</b>	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?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02,		

				MENTHLTH, is 88		
<b>CHD.03</b>	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?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	

### Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?		<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	

			88 No coverage of any type  77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person (or a group of doctors) that you think of as your personal health care provider?		1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?  NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury,	

	routine checkup?		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		illness, or condition.	
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## Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	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?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>C06.01</b>	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: 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.	





## Core Section 6: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>COH.01</b>	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read 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			129
<b>COH.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

## Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	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.					
<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		

<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) <b>skin cancer that is not melanoma?</b>	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) any <b>melanoma or any other types of cancer?</b>	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	

	kidney disease?					
<b>CCHC.11</b>	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, 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)	
<b>CCHC.12</b>	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		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.	
			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	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
<b>CCHC.13</b>	How old were you when you <b>were first</b> told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

## Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM. 01</b>	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
<b>CDEM. 02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you...  1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin		One or more categories may be selected.	

			Do not read: 5 No 7 Don't know / Not sure 9 Refused			
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	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: <del>60 Other</del> 88 No choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.  If respondent indicates that they are Hispanic for race, please read the race choices.	
				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represent	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories	

	s your race?		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: <del>60 Other</del> 77 Don't know / Not sure 99 Refused		underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	
				If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.		
<b>CDEM. 05</b>	Are you...	MARITAL	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			
<b>CDEM. 06</b>	What is the highest grade or year of school you completed?	EDUCA	Read 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)			

			<p>5 College 1 year to 3 years (Some college or technical school)</p> <p>6 College 4 years or more (College graduate)</p> <p>Do not read:</p> <p>9 Refused</p>			
<b>CDEM. 07</b>	Do you own or rent your home?	RENTHO M1	<p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		<p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.</p>	
<b>CDEM. 08</b>	In what county do you	CTYCODE 2	<p>_ _ _ ANSI County Code</p> <p>777 Don't know / Not sure</p>			



	currently live?		999 Refused 888 County from another state			
<b>CDEM. 09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
<b>CDEM. 10</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one <b>landline</b> telephone number in your household?	NUMHHO L3	1 Yes  2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM. 11</b>	How many of these <b>landline</b> telephone numbers are residential numbers?	NUMPHO N3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			

<b>CDEM. 12</b>	How many cell phones do you have for <b>your</b> personal use?	CPDEMO1 B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	<p><b>Do not include cell phones that are used exclusively by other members of your household.</b></p> Read if necessary: Include cell phones used for both business and personal use.	
<b>CDEM. 13</b>	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?	VETERAN 3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but <b>DOES</b> include activation, for example, for the Persian Gulf War.	
<b>CDEM. 14</b>	Are you currently ...?	EMPLOY1	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		If more than one, say "select the category which best describes you".	

			6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused			
<b>CDEM. 15</b>	How many children less than 18 years of age live in your household?	CHILDREN	__ Number of children 88 None 99 Refused			
<b>CDEM. 16</b>	Is your annual household income from all sources—	***NEW**	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49		
<b>CDEM. 17</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM. 18</b>	About how much do you weigh without shoes?	WEIGHT2	____ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
<b>CDEM. 19</b>	About how tall are you without shoes?	HEIGHT3	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

## Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty	DIFFDRES	1 Yes 2 No			

	dressing or bathing?		7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Core Section 10: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if sex/ sex at birth = male		
<b>CBCCS.01</b>	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
<b>CBCCS.02</b>	How long has it been since you had your last mammogram?	HOWLONG	Read 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			

			7 Don't know / Not sure 9 Refused			
<b>CBCCS.03</b>	Have you ever had a cervical cancer screening test?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
<b>CBCCS.04</b>	How long has it been since you had your last cervical cancer screening test?		Read 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			
			7 Don't know / Not sure 9 Refused	Go to CBCCS.06		



<b>CBCCS.05</b>	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CBCCS.06</b>	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
<b>CBCCS.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

## Core Section 11: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01 , AGE, is less than 45 go to next module.		
<b>CCRC.01</b>	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
<b>CCRC.02</b>	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both 7 Don't know/Not sure	Go to CCRC.05		
			9 Refused	Go to CCRC.06		
<b>CCRC.03</b>	How long has it been since your most recent colonoscopy?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less</p>	Go to CCRC.06		

			<p>than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.04</b>	How long has it been since your most recent sigmoidoscopy ?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but</p>	Go to CCRC.06		

			<p>less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.05</b>	How long has it been since your most recent colonoscopy or sigmoidoscopy ?	LASTSIG3	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			

<b>CCRC.06</b>	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?		1 Yes	Go to CCRC.07		
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
<b>CCRC.07</b>	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?		1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09		
<b>CCRC.08</b>	When was your most recent CT colonography or virtual colonoscopy?		Read if necessary: 1 Within the past year (anytime less than 12 months ago)			

			<p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.09</b>	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>	<p>Go to CCRC.10</p> <p>Go to CCRC.11</p>	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	

<b>CCRC.10</b>	How long has it been since you had this test?		<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.11</b>	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this <b>Cologuard</b> test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>	<p>Go to CCRC.12</p> <p>Go to Next Module</p>	<p>Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for</p>	

					your stool sample.	
<b>CCRC.12</b>	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?		1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
<b>CCRC.13</b>	How long has it been since you had this test?		<b>Read if necessary:</b> 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 <b>Do not read:</b>			



			7 Don't know / Not sure			
			9 Refused			

## Core Section 12: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CTOB.01</b>	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
<b>CTOB.02</b>	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			
<b>CTOB.03</b>	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the	

					lip against the gum.	
<b>CTOB.04</b>	Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		<p>1 Never used e-cigarettes in your entire life</p> <p>2 Use them every day</p> <p>3 Use them some days</p> <p>4 Not at all (right now)</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 9 Refused</p>		<p>Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	

## Core Section 13: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04		
<b>CLC.01</b>	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	LCSFIRST	<p>___ Age in Years (001 – 100)            777 Don't know/Not sure            999 Refused</p> <p>888 Never smoked cigarettes regularly</p>	<p>Go to CLC.04</p>	<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly</p>	

					smoking or make a note to correct the age of the respondent.	
<b>CLC.02</b>	How old were you when you last smoked cigarettes regularly?	LCSLAST	___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			
<b>CLC.03</b>	On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	___ Num ber of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5	

					pack = 30 cigarettes	
<b>CLC.04</b>	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to next section		
<b>CLC.05</b>	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to Next section		
<b>CLC.06</b>	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?		Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 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 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			
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## Core Section 14: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage <del>such as beer, wine, a malt beverage or liquor?</del>	ALCDAYS	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.02</b>	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.03</b>	Considering all types of alcoholic	DRNK3GE5	__ Number of times	CATI X = 5 for men, X = 4 for		



	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?		77 Don't know / Not sure 88 no days 99 Refused	women (states may use sex at birth to determine sex if module is adopted)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

## Core Section 15: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	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.	
<b>CIMM.02</b>	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
<b>CIMM.03</b>	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

<b>CIMM.04</b>	Have you received a tetanus shot in the past 10 years?	TETANUS2	<p>1 Yes, received Tdap</p> <p>2 Yes, received tetanus shot, but not Tdap</p> <p>3 Yes, received tetanus shot but not sure what type</p> <p>4 No, did not receive any tetanus shot in the past 10 years</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	
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Core Section 16: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		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.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__/_/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell	HIVRISK5	1 Yes 2 No  7 Don't know / Not sure 9 Refused			263

	<p>me which one.</p> <p><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p>					
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## Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
COVID.0 1	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	***NEW** *	1 Yes 3 Tested positive using home test without health professional		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.0 2	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus	***NEW** *	1 Yes		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

	or COVID-19?				the virus itself	
<b>COVID.03</b>	Which of the following was the primary symptom that you experienced ? Was it....	***NEW** *	<p>READ</p> <p>1 Tiredness or fatigue</p> <p>2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)</p> <p>3 Difficulty breathing or shortness of breath</p> <p>4 Joint or muscle pain</p> <p>5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain</p> <p>6 Dizziness on standing</p> <p>7 Depression, anxiety, or mood changes</p> <p>8 Symptoms that get worse after physical or mental activities</p> <p>9 You did not have any long-term symptoms that limited your activities.</p> <p>77 Don’t know/Not sure</p> <p>99 Refused</p>			

Closing Statement/ Transition to Modules

<b>Read if necessary</b>	<b>Read</b>	<b>CATI instructions (not read)</b>
<b>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.</b>		Read if no optional modules follow, otherwise continue to optional modules.



## Optional Modules

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>M01.01</b>	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	PDIABTST	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure			

			9 Refused			
				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)		
<b>M01.02</b>	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
<b>M02.01</b>	According to your doctor or other health professional, what type of diabetes do you have?	***NEW***	1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
<b>M02.02</b>	Insulin can be taken by shot or pump. Are you now taking insulin?	***NEW***	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M02.03</b>	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 ___ Times per day 2 ___ Times per week 3 ___ Times per month ___ 4 ___ Times per year ___ 888 Never ___ 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.  Do not read: 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.'	
<b>M02.04</b>	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 __ Times per day 2 __ Times per week 3 __ Times per month _____ 4 __ Times per year 555 No feet _____ 888 Never _____ 777 Don't know / Not sure 999 Refused			
<b>M02.05</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			
<b>M02.03</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	

<b>M02.07</b>	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? _____	FEETCHK	___ Number of times [76 =76 or more] 88 None 77 Don't know / Not sure 99 Refused	If M02.03 = 555 (No feet), go to M02.07		
<b>M02.04</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
<b>M02.05</b>	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?	***NEW***	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			<p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
<b>M02.10</b>	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	<p>1-Yes</p> <p>2-No</p> <p>7-Don't know/not sure</p> <p>9-Refused</p>			
<b>M02.06</b>	When was the last time you took a course or class in how to manage your diabetes yourself?	***NEW***	<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less than 3 years ago)</p> <p>4 Within the last 5 years (3 to 4 years but less than 5 years ago)</p> <p>5 Within the last 10 years (5 to 9 years but less than 10 years ago)</p> <p>6 10 years ago or more</p>			

			8 Never 7 Don't know / Not sure 9 Refused			
<b>M02.07</b>	<b>Have you ever had any sores or irritations on your feet that took more than four weeks to heal?</b>	<b>***NEW***</b>	1 Yes 2 No 7 Don't know / Not sure 9 Refused			



## Module 3: ME/CFS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>M03.01</b>	Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	TOLDCFS	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next module	My-al-gic En-ceph-a-lo-my-eli-tis	
<b>M03.02</b>	Do you still have Chronic Fatigue Syndrome (CFS) or (Myalgic Encephalomyelitis) ME?	HAVECFS	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		My-al-gic En-ceph-a-lo-my-eli-tis	
<b>M03.03</b>	Thinking about your CFS or ME, during the past 6 months, how many hours a week on average have you been able to work at a job or business for pay?	WORKCFS	Read if necessary 1 0 or no hours -- cannot work at all because of CFS or ME 2 1 - 10 hours a week 3 11- 20 hours a week 4 21- 30 hours a week			

			5 31 - 40 hours a week Do not read 7 Don't know/ Not sure 9 Refused			
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## Module 4: Place of Flu Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if CIMM= 1  This question may be inserted in core after CIMM.02		
<b>MFP.01</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA1	Read if necessary:  01 A doctor's office or health maintenance organization (HMO)  02 A health department  03 Another type of clinic or health		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?  If the respondent indicates that it was a drive through	348-349

				<p>center (a community health center)</p> <p>04 A senior, recreation, or community center</p> <p>05 A store (supermarket, drug store)</p> <p>06 A hospital (inpatient or outpatient)</p> <p>07 An emergency room</p> <p>08 Workplace</p> <p>09 Some other kind of place</p> <p>10 A school</p> <p>11 A drive though location at some other place than listed above</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	<p>immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "11"</p>	
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## Module 5: HPV - Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Columns
				To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module		
<b>M05.01</b>	Have you ever had an H.P.V. vaccination ?	HPVADVC4	1 Yes 2 No 3 Doctor refused when asked 7 Don't know / Not sure 9 Refused	Go to next module	<p>Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh·seel); Cervarix (Sir·var·icks)</p> <p>Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL].</p> <p>If respondent comments that this question was already asked, clarify <b>that the earlier questions was about HPV testing, and this</b> question is about vaccination.</p>	

<b>M05.02</b>	How many HPV shots did you receive?	HPVADSH T	-- Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused			
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## Module 6: Shingles Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If age ≤ 49 Go to next module.		
<b>M06.01</b>	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	

## Module 7: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MCOV.01</b>	Have you received at least one dose of a COVID-19 vaccination?	***NEW***	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
<b>MCOV.02</b>	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next section		
<b>MCOV.03</b>	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two 3 Three 4 Four or more	Go to MCOV.05		
			7 Don't know / Not sure 9 Refused	Go to next module		

				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4.		
<b>MCOV.04</b>	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
<b>MCOV.05</b>	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
<b>MCOV.06</b>	During what month and year did you receive your second COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			



## Module 8: Respiratory Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>M8.01</b>	During the past 3 months, did you have a cough on most days?	COPDCOGH	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M8.02</b>	During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?	COPDFLEM	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M8.03</b>	Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?	COPDBRTH	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M8.04</b>	Have you ever been given a breathing test to diagnose	COPDBTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	breathing problems?					
<b>M8.05</b>	Over your lifetime, how many years have you smoked tobacco products?	COPDSMOK	__ Number of years (01-76) 88 Never smoked or smoked less than one year 77 Don't know/Not sure 99 Refused			

## Module 9: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
<b>MTOC.01</b>	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	CNCRDIFF	<p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p>	Go to next module		
<b>MTOC.02</b>	At what age were you told that you had cancer?	CNCRAGE	<p>__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused</p>		If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed	

					with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	
				If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer		
<b>MTOC.03</b>	What kind of cancer is it?	***NEW***	Read if respondent needs prompting for cancer type: 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	

			12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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## Module 10: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
<b>MCOT.01</b>	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
<b>MCOT.02</b>	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon		If the respondent requests clarification of this question, say: We want to know which type of doctor	

			04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).  Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
<b>MCOT.03</b>	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	
<b>MCOT.04</b>	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	CSRVRTRN	1 Yes  2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		

	cancer check-ups after completing your treatment for cancer?					
<b>MCOT.05</b>	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCOT.06</b>	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	
<b>MCOT.07</b>	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>MCOT.08</b>	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			



## Module 11: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
<b>MCPM.01</b>	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCPM.02</b>	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read:			

			7 Don't know / Not sure 9 Refused			
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## Module 12: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is $\leq 39$ years of age or is female, go to next module.		
<b>M12.01</b>	Have you ever had a P.S.A. test?	PSATEST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to M11.04	A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	

<b>M12.02</b>	About how long has it been since your most recent P.S.A. test?	***NEW***	Read 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		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
<b>M12.03</b>	What was the main reason you had this P.S.A. test – was it ...?	***NEW***	Read: 1 Part of a routine exam 2 Because of a problem 3 other reason Do not read: 7 Don't know / Not sure 9 Refused		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	
<b>M12.04</b>	Who first suggested this P.S.A. test: you, your doctor, or someone else?		1 Self 2 Doctor, nurse, health care professional 3 Someone else			

			7 Don't Know / Not sure 9 Refused			
<b>M12.05</b>	When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test?	***NEW***	1 Advantages 2 Disadvantages 3 Both Advantages and disadvantages DO NOT READ 4. Neither 7 Don't know/ not sure 9 Refused		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	

### Module 13: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
<b>M13.01</b>	The next few questions ask about difficulties in thinking or remembering	CIMEMLOS	1 Yes	Go to M13.02		

<p>that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>	2 No	Go to next module		
	7 Don't know/ not sure	Go to M13.02		
	9 Refused	Go to next module		

<b>M13.02</b>	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
<b>M13.03</b>	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M13.05		
<b>M13.04</b>	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			

<b>M13.05</b>	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
<b>M13.06</b>	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 14: Caregiver

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>M14.01</b>	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes 2 No 7 Don't know/Not sure 8 Caregiving recipient died in past 30 days 9 Refused	Go to M13.09 Go to next module Go to M13.09	If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	



<b>M14.02</b>	What is his or her relationship to you?	CRGVREL3	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	
<b>M14.03</b>	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 5 years or more Do not read: 7 Don't Know/Not Sure 9 Refused			
<b>M14.04</b>	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			

<b>M14.05</b>	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer’s disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down’s Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety, depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don’t know/Not sure	If M13.05 = 5 (Alzheimer’s disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		
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			99 Refused			
<b>M14.06</b>	Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don’t know/ Not sure 9 Refused			
<b>M14.07</b>	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don’t know/ not sure 9 Refused			
<b>M14.08</b>	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOU1	1 Yes 2 No 7 Don’t know/ not sure 9 Refused			
				If M13.01 = 1 or 8, go to next module		

<b>M14.09</b>	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
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## Module 15: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	<p>I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.</p>				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>M15.01</b>	<p>Now, looking back before you were 18 years of age---</p> <p>1) Did you live with anyone who was depressed, mentally ill, or suicidal?</p>	ACEDEPRS	<p>1 Yes 2 No 7 Don't Know/Not Sure 9 Refused</p>			

<b>M15.02</b>	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M15.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M15.04</b>	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>M15.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
<b>M15.06</b>	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M15.07</b>	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

<b>M15.08</b>	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M15.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M15.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETTHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>M15.11</b>	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

<p><b>M15.12</b></p>	<p><b>For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?</b></p>		<p><b>1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused</b></p>			
<p><b>M15.13</b></p>	<p><b>For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?</b></p>		<p><b>1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused</b></p>			
	<p>Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.</p>				<p>If yes provide number [STATE TO INSERT NUMBER HERE]</p>	



## Module 16: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MSDHE.01</b>	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
<b>MSDHE.02</b>	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.03</b>	How often do you feel socially isolated from others? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

<b>MSDHE.04</b>	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.05</b>	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.06</b>	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
<b>MSDHE.07</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.08</b>	During the last 12 months was there a time when an electric, gas, oil, or water		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

	company threatened to shut off services?					
<b>MSDHE.09</b>	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.10</b>	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

## Module 17: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Preamble</b>	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
<b>MMU.01</b>	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	__ __ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to next module	Do not include hemp-based CBD-only products.	
<b>MMU.02</b>	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
<b>MMU.03</b>	...eat it or drink it (for example, in brownies, cakes, cookies, or	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

	candy, or in tea, cola, or alcohol)?					
<b>MMU.04</b>	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
<b>MMU.05</b>	...dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
<b>MMU.06</b>	...use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
				If respondent answers yes to only one type of use, skip MMU.07		
				Create CATI to only show the options of use that the respondents chose in earlier		

				questions (MMU.02-MMU.06).		
<b>MMU.07</b>	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...		<p>Read:</p> <p>1 Smoke it (for example, in a joint, bong, pipe, or blunt).</p> <p>2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)</p> <p><del>3 Drink it (for example, in tea, cola, or alcohol)</del></p> <p>3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)</p> <p>4 Dab it (for example, using a dabbing rig, knife, or dab pen), or</p> <p>5 Use it some other way.</p> <p>Do not read:</p>		<p>Select one. If respondent provides more than one say: Which way did you use it most often?</p> <p>Do not include hemp-based CBD-only products.</p>	

			7 Don't know/not sure 9 Refused			
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## Module 18: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
<b>MTC.01</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more	Go to next module		



			08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if SMOKDAY2 = 1 or 2.		
<b>MTC..02</b>	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 19: Other Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
<b>MOTU.01</b>	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
<b>MOTU.02</b>	Currently, when you use	***NEW***	1 Yes 2 No			

	e-cigarettes, do you usually use menthol e-cigarettes?		7 Don't know / Not sure 9 Refused			
	Prologue: The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.	***NEW***				
<b>MOTU.03</b>	Before today, have you heard of heated tobacco products?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CHCA.04 (CHECKUP), = 1 or 2 (had a checkup within the past 2 years) continue, else go to next module.		
<b>MASBI.01</b>	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?	ASBIALCH	1 Yes 2 No 7 Don't know/ not sure 9 Refused			410
<b>MASBI.02</b>	Did the health care provider ask you in person or on a form how much you drink?	ASBIDRNK	1 Yes 2 No 7 Don't know/ not sure 9 Refused			411

<b>MASBI.03</b>	Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?	ASBIBING	1 Yes 2 No 7 Don't know/ not sure 9 Refused			412
<b>MASBI.04</b>	Were you offered advice about what level of drinking is harmful or risky for your health?	ASBIADVC	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If question MASBI.01 =1, or MASBI.02= 1, or MASBI.03 = 1 (yes) continue, else go to next module.]		413
<b>MASBI.05</b>	Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?	ASBIRDUC	1 Yes 2 No 7 Don't know/ not sure 9 Refused			414

## Module 21: Firearm Safety

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.					
<b>MFS.01</b>	Are any firearms now kept in or around your home?		1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>MFS.02</b>	Are any of these firearms now loaded?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>MFS.03</b>	Are any of these loaded firearms also unlocked?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.	

## Module 22: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	<p>If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section</p> <p>If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."</p> <p>Else go to next module</p>	<p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job ask: What is your main job?</p>	
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school,	TYPEINDS	_____Record answer 99 Refused	<p>If Core CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did</p>		

	clothing manufacturing, restaurant			you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”		
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## Module 23: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<p>If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is &gt;1 and CDEM.15 does not equal 88 or 99, Interviewer please</p>			<p>If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION : RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child’s number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one</p>		

	<p>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.</p>			<p>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.</p>		
<b>MRCS.01</b>	<p>What is the birth month and year of the [Xth] child?</p>	RCSBIRTH	<p>__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused</p>			
<b>MRCS.02</b>		RCSGEND R	<p>1 Boy 2 Girl</p>	<b>Go to MRCS.04</b>		



	Is the child a boy or a girl?		3 Nonbinary/other 9 Refused			
<b>MRCS.03</b>	What was the child's sex on their original birth certificate?		1 Boy 2 Girl			
<b>MRCS.04</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
<b>MRCS.05</b>	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: <del>60 Other</del> <b>88 No choices</b> 77 Don't know / Not sure 99 Refused			
				IF MORE THAN ONE RESPONSE TO MRCS.06; CONTINUE. OTHERWISE, GO TO MRCS.07.]		
<b>MRCS.06</b>	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific  Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategorie s underneath major heading.	

<b>MRCS.07</b>	How are you related to the child? Are you a....	RCSRLTN2	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			
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## Module 24: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
<b>MCAP.01</b>	<p>The next two questions are about the Xth child.</p> <p>Has a doctor, nurse or other health professional EVER said that the child has asthma?</p>	CASTHDX2	<p>1 Yes</p> <p>2 No 7 Don't know/ not sure 9 Refused</p>	<p>Fill in correct [Xth] number.</p> <p>Go to next module</p>		
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			

## Module 25: Sex at Birth

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSAB.01	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female 7 Don't know/Not sure 9 Refused		This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.	

## Module 26: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	551

				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No		Read if necessary: Some people describe themselves as transgender when they experience a different gender	553

			<p>7 Don't know/not sure 9 Refused</p>		<p>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 transgender. 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.</p> <p>If asked about definition of gender non-conforming: Some people think of</p>
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					<p>themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 27: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				IF RESPONDENT GREATER THAN 49 YEARS OF		

				AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE		
<b>PROLOGUE</b>	The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.					
<b>MFP.01</b>	In the past 12 months, did you have sexual intercourse ?		1 Yes			
			2 No 7 Don't know/ not sure	Go to next module		

			9 Refused			
<b>MFP.02</b>	Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.  The last time you had sexual intercourse , did you or your partner do anything to keep you from getting pregnant?		1 Yes			
			2 No		<b>GO TO MFP.06</b>	
			7 Don't know/ not sure  9 Refused		Go to <b>MFP.07</b>	

<p><b>MFP.03</b></p>	<p>The last time you had sexual intercourse , what did you or your partner do to keep you from getting pregnant?</p>		<p>Read if necessary:</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam,</p>		<p>IF RESPONDENT REPORTS USING TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. CODE THE OTHER METHOD IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. OF THE REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE</p>	
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			<p>jelly, film, or cream</p> <p>09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>		<p>SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY</p>	
<b>MFP.04</b>	The last time you had sexual intercourse , what else, if anything, did you or your partner do to keep you from getting pregnant?		<p>Read if necessary:</p> <p>00 Nothing else</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p>		<p><b>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE ADDITIONAL METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</b></p> <p><b>INTERVIEWER NOTE: IF</b></p>	

		<p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)</p>		<p><b>RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</b></p>	
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			<p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>			
				<p>Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05</p>		
<b>MP.05</b>	<p>Where did you get the [response from Q3] you used when you last had sexual intercourse ?</p>		<p>Read if necessary:</p> <p>01 Private doctor's office</p> <p>02 Community health clinic, Community clinic, Public health clinic</p> <p>03 Family planning or Planned</p>	<p>Go to MFP.07</p>		

			<p>Parenthood Clinic</p> <p>04 School or school-based clinic</p> <p>05 Hospital outpatient clinic, emergency room, regular hospital room</p> <p>06 Urgent care center, urgent care or walk-in facility</p> <p>07 In-store health clinic (like CVS, Target, or Walmart)</p> <p>08 Health care visit with a pharmacist</p> <p>09 Website or app</p> <p>10 Some other place</p> <p>77 Do not know/ not sure</p> <p>99 Refused</p>			
<b>MFP.06</b>	Some reasons people might not do anything to keep from getting		<p>Read if necessary</p> <p>01 You didn't think you were going to have sex/no</p>		<p>IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT</p>	



	<p>pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.</p> <p>What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse ?</p>		<p>regular partner</p> <p>02 You just didn't think about it</p> <p>03 You wanted a pregnancy</p> <p>04 You didn't care if you got pregnant</p> <p>05 You or your partner didn't want to use birth control (side effects, don't like birth control)</p> <p>06 You had trouble getting or paying for birth control</p> <p>07 You didn't trust giving out your personal information to medical personnel</p> <p>08 Didn't think you or your partner could get pregnant (infertile or too old)</p>		<p>THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY .</p>	
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			<p>09 You were using withdrawal or “pulling out”</p> <p>10 You had your tubes tied (sterilization)</p> <p>11 Your partner had a vasectomy (sterilization)</p> <p>12 You were breast-feeding or you just had a baby</p> <p>13 You were assigned male at birth</p> <p>14 Other reasons</p> <p>Do not read:</p> <p>77 Don’t know/Not sure</p> <p>99 Refused</p>			
<b>MFP.07</b>	If you could use any birth control method you wanted, what method would you use?		<p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p>			

			<p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestre l, ParaGard)</p> <p>05 Shots (Depo- Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p>			
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			<p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>13 I am using the method that I want to use</p> <p>14 I don't want to use any method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>			
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Module 28: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	Earlier I asked you to self-identify your race. Now I will ask you how		01 White 02 Black or African American		If the respondent requests clarification of this question,	

	<p>other people identify you and treat you.</p> <p>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?</p>		<p>03 Hispanic or Latino  04 Asian  05 Native Hawaiian or Other Pacific Islander  06 American Indian or Alaska Native  07 Mixed Race  08 Some other group  77 Don't know / Not sure  99 Refused</p>		<p>say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."  Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.</p>	
<p><b>MRTR.02</b></p>	<p>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?</p>		<p>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</p>		<p>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</p>	

					month” as the response.	
<b>MRTR.03</b>	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
				If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [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.”]		
<b>MRTR.04</b>	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races,			

			<p>better than others</p> <p>5 Only encountered people of the same race</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>MRTR.05</b>	<p>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?</p>		<p>1 Worse than other races</p> <p>2 The same as other races</p> <p>3 Better than other races</p> <p>4 Worse than some races, better than others</p> <p>5 Only encountered people of the same race</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		<p>If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences"</p>	
<b>MRTR.06</b>	<p>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?</p>		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			

## Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	<p>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 &lt;STATE&gt;. The information you gave us today and any you give us in the future will be kept</p>					



	<p>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.</p>					
<b>CB01.01</b>	<p>Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>	CALLBACK	<p>1 Yes 2 No</p>			
<b>CB01.02</b>	<p>Which person in the household was selected as the focus of the asthma call-back?</p>	ADLTCHLD	<p>1 Adult 2 Child</p>			
<b>CB01.03</b>	<p>Can I please have either (your/your child's) first</p>	<p>_____</p> <p>Enter first name or initials.</p>				

	name or initials, so we will know who to ask for when we call back?					
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## Closing Statement

### **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.**

## Appendix B: Disposition Table with Callback Rules

Definitions of terms	
Respondent	An adult 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.
Complete	An interview in which all questions are complete, including all core and module questions which would be assigned to a selected respondent.
Partial complete	An interview in which the selected respondent has been asked all questions up to those which will be used for weighting. For the 2022 questionnaire this will include through CDEM12 for landline respondents and CDEM.11 for cell phone respondents. Questions do not have to be answered substantively to be counted as asked (respondents may have provided answers of “do not know” or refused to answer questions).
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.
Cell phone	A mobile device that is not tied to specific location for use and uses cell towers to connect users.
Selected respondent	An adult who is eligible for interview. For the cell 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 Cell phone	A cell phone that is used for personal calls. Cell phones 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.
Private residence	A non-institutionalized residence in which persons aged 18 and over reside at least 30 days per year that has a separate entrance and cooking capabilities. It may also be college housing, such as a dormitory, fraternity or sorority house, campus sponsored housing or college family housing, or international student or visiting faculty housing. Personal RVs may be private residences. Group homes, military barracks, vacation homes that are not lived in for 30 days, or other temporary housing are not private residences. The determination of private residence is primarily made by the respondents. If the respondents indicate that they live in private residences, interviewers do not question their interpretation of their living situations.

<u>Disposition Code</u>	<u>Description</u>	<u>Definition</u>	<u>Range of Number of Attempts</u>	<u>Callback Rules</u>
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Final Dispositions-- Completes				
1100	Complete	Assign if selected respondent completes questionnaire.	1-8 attempts	
1200	Partial complete	Assign if selected respondent completes demographic questions that are used for weighting. For the 2022 questionnaire this will include through question CDEM12 for landline respondents and CDEM.11 for cell phone respondents.	1-8 attempts	Selected respondent may be called back to fully complete the interview. Give final disposition on 15 <sup>th</sup> 6th or subsequent call attempt even if there is only one occurrence of a refusal or termination.
Final Dispositions- Eligible Not Interviewed				
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.	1-6 attempts	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 <b>5111</b> (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 cell phone respondent refuses after number determined to be personal phone and respondent confirms living in private residence or college housing.	1-8 attempts	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 portions of Core BRFSS with responses other than “don’t know” or “refused” and terminates/breaks off prior to the last question used for weighting (in the demographics section). (NOTE: If respondent completes questionnaire through weighting questions, code 1200.)	1-8 attempts	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 during sample period. 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	1-8 attempts	Give final disposition when notified or after at least 5 calling occasions with at least 1 weekday, 1 weeknight and 1 weekend attempt. Assign after maximum number of calling attempts with at least one interim disposition of 5100 (appointment), or 5560 (unsafe location).



		respondents who die during interview period.		
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.
Final Dispositions- Unknown Eligibility				
3100	Unknown if eligible	Assign if hang up or call back request without confirming private residence/college housing or age of respondent.	1-8 attempts	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 <b>when household eligibility is NOT established</b> . If the first occurrence is on 6th

				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.	4-6 attempts	Give final disposition after at least 4 calling occasions of no more than 1 attempts with at least 1 weekday, 1 weeknight attempt . Assign after maximum number of attempts with plurality of interim dispositions of 6130 (no answer).
3140	Answering device, unknown whether eligible	Assign 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.	4 attempts	Give final disposition after at least 4 calling occasions with at least 1 weekday, 1 weeknight and 1 weekend calls . Assign after maximum number of attempts with plurality of interim dispositions of 6140 (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	1-6 attempts	Give final disposition after up to 3 calling occasions of with at least 1 weekday, 1

		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.		weeknight, and 1 weekend attempt. Assign after maximum number of attempts with at least one interim disposition of 6150 (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). Contact with vacation home may apply. Contact with household where residents are away for interview period may apply.  Assign for cell phone if contact is made with household resident without determining whether cell phone number and respondent are eligible.	1-8 attempts	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 <b>when respondent eligibility is NOT established</b> . If the first occurrence is on 8 <sup>th</sup> 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 selected respondent is physically	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5320 (physical or mental impairment).

		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. Information may come from respondent or other household member.	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 assign household level refusal (2111) or respondent refusal (2112).	No attempt	Assign with confirmation by supervisor. Interviewer should not assign based on respondent information.
Final Dispositions- Not Eligible				
4100	Out of sample	Assign if out- of- state for landline telephone or out of country for cell phone. 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	1-8 attempts	Assigned as soon as sample ineligibility determined. This should take priority over other final dispositions.

		<p>they have been reached at their vacation home where they live for at least 30 consecutive days per year, interview can continue). Assign if no adults available on landline number (teen phone).</p> <p>Assign if landline telephone sample number connects to cell phone or if sample indicates that a number in the landline telephone sample has been ported to a cell phone.</p>		
4200	Fax/data/modem	Assign if call reaches fax or data line without human contact.	1-6 attempts	May be assigned to landline unlisted sample with secondary precall status of fax. May be assigned after one attempt. If states choose to use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight and 1 weekend calls.
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"	1-6 attempts. Do not call more than 6 attempts.	May be precall assigned (for both landline and cell phone). May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1

		<p>message. Assign if correctly dialed number rings to incorrect number. Assign if respondent reports that connection has been made to wrong number.</p> <p>A number that does not accept incoming calls (such as a hospital line only used for outgoing calls)</p>		<p>weekday, 1 weeknight, and 1 weekend calls. Assign after maximum number of attempts with at least one interim disposition of 6400 (technological barrier), 6300 (possible nonworking) or 6550 (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.</p> <p>Assign if number reaches a retrieval or connectivity system (such as Skype or OnStar).</p> <p>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.</p>	<p>1-6 attempts. Do not call more than 6 attempts.</p>	<p>May be assigned to landline unlisted sample with secondary precall status of busy. May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight, and 1 weekend calls for landline telephones. Assign after maximum number of attempts with interim dispositions of 6200 (fax/data/modem), 6400 (technological barrier), 6300 (possible nonworking) and/or 6550 (busy) and all others noncontact.</p>
4430	Call forwarding / pager	<p>Assign if <u>message</u> indicates number has been forwarded. Assign if number reaches a pager.</p>	<p>1-6 attempts.</p>	<p>May be assigned after one attempt. May give final disposition after respondent</p>

		<p>Assign if connection produces series of beeps. NOTE: Do not select respondents from landline 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.</p> <p><u>However, landline respondent may be interviewed if number has been temporarily forwarded and the respondent is still living at location of original number.</u> Cell phone respondents who have forwarded their numbers may also be interviewed.</p>	Do not call more than 6 attempts.	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 6 attempts, give final disposition after recommendation for 3 calling occasions with 1 weekday, 1 weeknight, and 1 weekend calls for landline telephone.
4460	Landline telephone (cell phone only)	Assign if cell phone sample number connects to a landline telephone.	1-8 attempts	Can be precall assigned. 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, group home, government, or other organization. For cell phone, assign if telephone is used exclusively for business purposes.	1-6 attempts	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.

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.	1-6 attempts	May be assigned after one attempt. Assign only with supervisor approval.
Interim Dispositions with Contact				
5050	Unknown whether eligible	Respondent hangs up or refuses before establishing eligibility. <u>The state location question is not needed to establish eligibility for cell phone respondents.</u>		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. States may ask for permission to text respondents and remind them of appts.		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		Give interim disposition when this situation occurs. Call back after an interval of at least one day. May



		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.		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 cell phone 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 cell phone 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.
5320	Physical or mental impairment	A household respondent or selected respondent is temporarily		Give interim disposition when this occurs. Call back

		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.		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 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.)		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
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 cell phone or landline phone 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.
No Contact Interim Dispositions				
6130	No answer	Assign if number rings normally without answer.		Give interim disposition when this occurs. Call back

				after an interval of at least one hour until maximum call attempts are reached. May be assigned as 3130 after 4 attempts
6140	Answering device, unknown whether eligible	Assign if a mailbox is full or not yet established. Assign if answering device whether or not the message leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
6141	Call is immediately directed to answering machine without ringing	This is a similar code to 6150, but included to ascertain whether cell phones are blocking calls. Should be assigned if call is immediately (within a single ring) transferred to answering machine/voice mail.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.  States may opt to final disposition of 3140 after 2 attempts with interim dispositions of 6141.
6150	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		Give interim disposition when this occurs. Call back after an interval of at least one hour. May be assigned after 4 attempts. until maximum call attempts are reached.

		reaching household or actual respondent at later time.		
6200	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 6 attempts, give interim disposition and schedule callback after an interval of at least one day.
6300	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 6 attempts, give interim disposition and schedule callback after an interval of at least one hour.
6400	Technological barrier	Assign if fast busy or circuit busy messages. Assign if ambiguous operator messages.  Assign if number reaches a retrieval or connectivity system (such as Skype or Onstar).  Assign if poor audio quality. Assign if number does not connect. Assign if cell phone		States may assign final disposition of 4400 at any attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one day.

		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.		
6550	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 6 attempts, give interim disposition and schedule callback after an interval of at least one hour.
6900	Null attempt	Assign only with supervisor approval for special data circumstances.		Assign only with supervisor approval for special data circumstances.

