

<p>North Carolina 2019 Questionnaire Behavioral Risk Factor Surveillance System</p>
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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>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).</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 ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</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.	63
			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.	64
			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.	
LL03.	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.	65
			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.	
LL04.	Do you currently live in __ (state) ___?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	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.	67

			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).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing 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.		69
			7 Don't know/Not sure 9 Refused	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	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I	70-71

	household to be interviewed. 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?				need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	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			73-74
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOME N			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].	75-76
LL12	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the	RESPSLCT	1 Male 2 Female			77
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for	

	[Oldest/Youngest / Middle//Male /Female] in this household?				another survey in the future.	
Transition to Section 1.			<p>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).</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>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.</p>	

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	Thank you very much. We will call you back at a more convenient time.	78
			2 No	TERMINATE		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	80
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes		Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	81
			2 No	TERMINATE		
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		Thank you for your time, your number may be selected for another survey in the future.	82
			7 Don't Know/ Not sure 9 Refused	TERMINATE		
CP06.	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean	83

					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		
CP07.	Do you live in college housing?	CCLGHOUS	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.	84
			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.	
CP08.	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska			86-87

			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			
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			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 99 Refused			
CP10.	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.	88
CP11.	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		89-90
Transition to section 1.			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)
C01.01	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			101

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)
C02.01	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			102-103
C02.02	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			104-105
C02.03	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	Do not ask this question and skip to next section if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		106-107

Core Section 3: Healthcare Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C03.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Healthcare Access (HCA) Module go to HCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
C03.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	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?	109
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
C03.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	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)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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			
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Core Section 4: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C04.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH4	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	112
C04.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			113

Core Section 5: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?	CHOLCHK2	1 Never 2 Within the past year (anytime less than one year ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 Within the past 3 years (2 years but less than 3 years ago) 5 Within the past 4 years (3 years but less than 4 years ago) 6 Within the past 5 years (4 years but less than 5 years ago) 8 5 or more years ago 7 Don't know/ Not sure 9 Refused	If response = 1, 9. GOTO Next section.		114

C05.02	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?	TOLDHI2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response = 2, 7, 9 GOTO next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	115
C05.03	Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116

Core Section 6: 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)
C06.01	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. (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			117
C06.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			118
C06.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
C06.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		120
C06.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
C06.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure			122

			9 Refused			
C06.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123
C06.08	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
C06.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
C06.10	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	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.	126
C06.11	(Ever told) (you had) diabetes?	DIABETE3	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.	127
			2 Yes, but female told only during pregnancy 3 No	Go to Pre-Diabetes Optional Module (if used).		

			4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Otherwise, go to next section.		
C06.12	How old were you when you were told you had diabetes?	DIABAGE2	__ 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.		128-129

Core Section 7: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C07.01	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes	Go to next section	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)	130
			2 No 7 Don’t know / Not sure 9 Refused			
C07.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don’t know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	131
C07.03	Have you ever taken an educational	ARTHEDU	1 Yes 2 No			132

	course or class to teach you how to manage problems related to your arthritis or joint symptoms?		7 Don't know / Not sure 9 Refused			
C07.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use	133
C07.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	134
C07.06	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication.	JOINPAI2	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			135-136

	During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?					
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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)
Prologue					Read if necessary: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.	
C08.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			137-138
C08.02	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 Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	139-142
C08.03	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	If more than one response to C08.03; continue. Otherwise, go to C08.05.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory	143-170

			<p>42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian</p> <p>50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander</p> <p>Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused</p>		<p>es underneath major heading. One or more categories may be selected.</p>	
C08.04	Which one of these groups would you say best represents your race?	ORACE3	<p>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</p> <p>50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander</p> <p>Do not read: 60 Other 77 Don't know / Not sure 99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	171-172
C08.05	Are you...	MARITAL	<p>Please read: 1 Married 2 Divorced 3 Widowed</p>	If using Module 28 insert M28.01		173

			<p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>	prior to asking this question		
C08.06	What is the highest grade or year of school you completed?	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p> <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>			174
C08.07	Do you own or rent your home?	RENTHOM 1	<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 arrangements 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</p>	175

					health indicators among people with different housing situations.	
C08.08	In what county do you currently live?	CTYCODE2	__ _ _ANSI County Code 777 Don't know / Not sure 999 Refused			176-178
C08.09	What is the ZIP Code where you currently live?	ZIPCODE1	_____ 77777 Do not know 99999 Refused			179-183
C08.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL 3	1 Yes	Do not ask this question if cell telephone interview. If cell interview go to 8.12		184
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.12		
C08.11	How many of these telephone numbers are residential numbers?	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			185
C08.12	How many cell phones do you have for 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.	Read if necessary: Include cell phones used for both business and personal use.	186

C08.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	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 DOES include activation, for example, for the Persian Gulf War.	187
C08.14	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 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	188
C08.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			189-190
C08.16	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)		If respondent refuses at ANY income level, code '99' (Refused)	191-192

			01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
C08.17	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	193-196
C08.18	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	197-200
C08.19	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if Male (M28.01, BIRTHSEX, is coded 1). If M28.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or C08.01), or AGE, is greater than 49		201

C08.20	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			202
C08.21	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			203
C08.22	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			204
C08.23	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
C08.24	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
C08.25	Because of a physical, mental, or	DIFFALON	1 Yes 2 No 7 Don't know / Not sure			207

	emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		9 Refused			
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Core Section 9: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C09.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	208
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			209
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.03	During the past 12 months, have	STOPSMK2	1 Yes 2 No	Go to C09.05 (skip C09.04)		210

	you stopped smoking for one day or longer because you were trying to quit smoking?		7 Don't know / Not sure 9 Refused			
C09.04	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 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			211-212
C09.05	Do you currently use chewing	USENOW3	1 Every day 2 Some days 3 Not at all		Read if necessary: Snus (Swedish for snuff) is a moist	213

	tobacco, snuff, or snus every day, some days, or not at all?		7 Don't know / Not sure 9 Refused		smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
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Core Section 10: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C10.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
C10.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK2	__ Number of drinks 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.	217-218
C10.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		219-220
C10.04	During the past 30 days, what is	MAXDRNKS	__ Number of drinks			221-222

	the largest number of drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
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Core Section 11: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C11.01	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		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.	223
			2 No 7 Don't know/Not Sure 9 Refused	Go to C 11.08		
C11.02	What type of physical activity or exercise did you spend the most time doing during the past month?	EXTRACT11	___ Specify from Physical Activity Coding List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	224-225
			77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.03	How many times per week or per month did you take part in this activity during the past month?	EXEROFT1	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			226-228

C11.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM1	_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			229-231
C11.05	What other type of physical activity gave you the next most exercise during the past month?	EXTRACT21	___ Specify from Physical Activity List 88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to C11.08	See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	232-233
C11.06	How many times per week or per month did you take part in this activity during the past month?	EXEROFT2	1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			234-236
C11.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	EXERHMM2	_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			237-239
C11.08	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?	STRENGTH	1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	240-242

Core Section 12: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or</p>	243-245

					canned fruit. Do not include dried fruits.	
C12.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	246-248
C12.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	249-251
C12.04	How often did you eat any kind of fried potatoes, including French	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month		Enter quantity in times per day, week, or month. If respondent gives a number without a	252-254

	fries, home fries, or hash browns?		555 Never 777 Don't Know 999 Refused		time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
C12.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	255-257
C12.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen"	258-260

					vegetables. Do not include rice.”	
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Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	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		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.	261
			2 No 7 Don't know / Not sure 9 Refused	Go to C13.03		
C13.02	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 777777 Don't know/ Not sure 999999 Refused	Module on Place of Flu Shot Vaccination may be inserted after this question.		262-267
C13.03	Have you received a tetanus shot in the past 10 years?	TETANUS1	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	268

			7 Don't know/Not sure 9 Refused			
C13.04	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.	269

Core Section 14: 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)
C14.01	<p>The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>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?</p>	HIVTST7	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>	Go to C14.03		270

C14.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVSTD3	__/____ 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.	271-276
C14.03	<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p>	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			277

	Do any of these situations apply to you?					
	Do any of these situations apply to you?					

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)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.11, DIABETE3, is coded 1		278
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.11, DIABETE3, is coded 1; If C06.11, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	279

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)
M02.01	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	To be asked following Core Q6.12; if response to Q6.11 is Yes (code = 1)		280
M02.02	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.'	281-283
M02.03	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			284-286

			999 Refused			
M02.04	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			287-288
M02.05	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.	289-290
M02.06	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		291-292
M02.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEXAM1	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			293

			less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
M02.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			294
M02.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			295

Module 4: Hepatitis Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M04.01	Have you ever been told by a doctor or other health professional that you had Hepatitis C?	TOLDHEPC	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to M04.05	Hepatitis C is an infection of the liver from the Hepatitis C virus	299
M04.02	Were you treated for Hepatitis C in 2015 or after?	TRETHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Eplclusa and others.	300
M04.03	Were you treated for Hepatitis C prior to 2015?	PRIRHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Most hepatitis C treatments offered prior to 2015 were shots and pills given weekly or more often over many months.	301
M04.04	Do you still have Hepatitis C?	HAVEHEPC	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.	302
M04.05	The next question is about Hepatitis B. Has a doctor, nurse, or other health professional ever told you that you had hepatitis B?	HAVEHEPB	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	Go to next section	Hepatitis B is an infection of the liver from the hepatitis B virus.	303
M04.06	Are you currently taking	MEDSHEPB	1 Yes 2 No			304

	medicine to treat hepatitis B?		7 Don't know/ Not sure 9 Refused			
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Module 8: 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)
M08.01	<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>If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M08.04.</p> <p>Go to M08.04</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 smoking or make a note to correct the age of the respondent.</p>	311-313
M08.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>			314-316
M08.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you	LCSNUMCG	<p>--- Num ber of cigarettes 777 Don't know/Not sure 999 Refused</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). Respondents may answer in packs	317-319

	usually smoke each day?				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	
M08.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	LC SCTSCN	Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused			320

Module 17: Sodium or Salt-Related Behavior

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M17.01	Are you currently watching or reducing your sodium or salt intake?	WTCHSALT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			364
M17.02	Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	DRADVISE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			365

Module 23: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M23.01	The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?	PFPPRVN3	1 Yes	If respondent is female and greater than 49 years of age, has had a hysterectomy (M09.07=1), is pregnant, or if respondent is male go to the next module. Continue		405
			2 No	Go to M23.03		
			3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	Go to next section		
M23.02	The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?	TYPCTR8	Read if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex.	Go to next module	If respondent reports using more than one method, please code the method that occurs first on the list. If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms." If respondent reports using an	406-407

			<p>Mirena, Skyla, Liletta, Kylena) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)</p>		<p>“I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
			<p>11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read: 77 Don’t know/ Not sure 99 Refused</p>			
M23.03	Some reasons for not doing anything to keep you from getting pregnant the last time you	NOBCUSE7	<p>Read if necessary:</p> <p>01 You didn’t think you were going to have sex/no regular partner</p>		<p>If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into</p>	408-409

	<p>had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p>		<p>02 You just didn't think about it 03 Don't care if you get pregnant 04 You want a pregnancy 05 You or your partner don't want to use birth control 06 You or your partner don't like birth control/side effects 07 You couldn't pay for birth control 08 You had a problem getting birth control when you needed it 09 Religious reasons 10 Lapse in use of a method 11 Don't think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a hysterectomy 14 Your partner had a vasectomy (sterilization) 15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner 19 Other reasons Do not read:</p>		<p>another category. If response does fit into another category, please mark appropriately.</p>	
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			77 Don't know/Not sure 99 Refused			
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Module 24: 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)
M24.01	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	If core q3.4 (CHECKUP), = 1 or 2 (had a checkup within the past 2 years) continue, else go to next module.		410
M24.02	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
M24.03	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

M24.04	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 M24.01 =1, or M24.02= 1, or M24.03 = 1 (yes) continue, else go to next module.]		413
M24.05	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 26: 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)
M26.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If C08.14 = 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. If C08.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	419-518
M26.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If Core Q8.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."		519-618

Module 29: Sexual Orientation and Gender Identity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M29.01a	<p>The next two questions are about sexual orientation and gender identity.</p> <p>Which of the following best represents how you think of yourself?</p>	SOMALE	<p>READ: 1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ The respondent did not understand the question 9 = Refused</p>	<p>Ask if Sex= 1.</p> <p>Read the number of the response to allow respondent to reply with a number.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.</p>	621
M29.01b	<p>Which of the following best represents how you think of yourself?</p>	SOFEMALE	<p>READ: 1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ Respondent does not</p>	<p>Ask if Sex=2.</p> <p>Read the number of the response to allow respondent to reply with a number.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p>	622

			understand the question 9 = Refused		Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.	
M29.02	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 7 Don't know/not sure 9 Refused	If Yes, read responses 1-3.	Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be 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	623

					<p>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 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 30: 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)
Intro text and screening	<p>If C08.15 = 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 C08.15 is >1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to</p>			<p>If C08.15 = 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 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</p>		

	youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.			[CATI: please fill in] child.		
M30.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			624-629
M30.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			630
M30.03	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...	631-634
M30.04	Which one or more of the following would you say	RCSRACE1	10 White 20 Black or African American	[CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.04;	Select all that apply	635-662

	is the race of the child?		30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused	CONTINUE. OTHERWISE, GO TO M30.06.]	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
M30.05	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 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	663-664

			50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
M30.06	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			665

STATE-ADDED QUESTIONS

NC Module 1: CHAMP Follow-Up

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC01Q01A	<p>Please read “We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child.” If needed say, “the one we’ve just been talking about.”</p> <p>Are you well-informed about the child’s health and able to answer questions about the health and health practices of this child?</p>	<p>1 Yes</p> <p>2 No (or DK)</p>	<p>if (C08Q15=88 or C08Q15=99) go to next NC module (No children in household)</p> <p>if (QSTPATH=10) go to NC01Q01 (landline)</p> <p>if (QSTPATH=20) and (M30Q06=1) go to NC01Q01 (cell phone parent)</p> <p>if (QSTPATH=20) go to NC01Q01a (other cell phone respondent)</p> <p>Go to NC01Q07</p>	
NC01Q01	All of the information we collect will be kept confidential. Would this be OK with you?	<p>1 Yes</p> <p>2 No</p>	<p>If QSTPATH=10, go to NC01Q02</p> <p>If QSTPATH=20 go to NC01Q03a</p> <p>go to next NC Module</p>	
NC01Q02	Are YOU the person in the household who knows the most about the health and health practices of this child?	<p>1 Yes</p> <p>2 No (or DK)</p>	Go to NC01Q03b	
NC01Q03a	Are you this child’s biological, step, adoptive or foster parent?	<p>1 Biological Parent</p> <p>2 Step parent</p> <p>3 Adoptive parent</p> <p>4 Foster parent</p> <p>7 DK/NS</p> <p>9 Refused</p>	If M30Q06=1, ask	

NC01Q03b	Who would that person be in your household (the person who knows most about the health of the child)?	1 Biological Mother 2 Step Mother 3 Adoptive Mother 4 Foster Mother 5 Biological Father 6 Step Father 7 Adoptive Father 8 Foster Father 9 Grandmother 10 Grandfather 11 Aunt 12 Uncle 13 Sister (of any type) 14 Brother (of any type) 15 Female Guardian 16 Male Guardian 17 Other relative 18 Mother Type 19 Father Type 20 Other relationship 77 DK/NS 99 Refused	If QSTPATH=20 or NC01Q02=1 go to NC01Q04	IF respondent says "Mother" or "Father" PROBE: 'Would this be his/her biological (real) mother/father?'
NC01Q04	Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his/her initials.	_____ Initial/name		If Parent refuses name, just ask for a nick name or initials.
NC01Q05	If landline, ask: When would be the best time to call your household? If cell phone, ask: When would be the best time to call you back? Would you say -	1 Daytime 2 Evenings 3 Weekends 7 DK/NS 9 Refused		
NC01Q06	INT_Script1: "In our follow-up survey, we will be asking about the CHILD'S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the		IF NC01Q02 = 1 (BRFSS respondent also CHAMP respondent) or	

	<p>child's height with the child's shoes off and with {his/her} back to the wall and weigh {him/her} on a scale with {his/her} shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes."</p> <p>INT_Script2: "Please be sure to tell (CHILD)'s [CATI fill NC01Q3b [see CHAMP vRelate code]:_____] } that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with {his/her} shoes off and back against the wall and weighed on a scale with {his/her} shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey. The rest of this survey should only take a few more minutes.</p>		<p>NC01Q03b > 14 then show:</p> <p>ELSE IF NC01Q03b ≤14 then show:</p>	
NC01Q07	<p>Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.</p>			

		more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never 7 DK/NS 9 Refused		
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NC Module 3: Hypertension Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC03Q01	About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?	Read only if necessary: 1 Within the past 6 months (1 to 6 months ago) 2 Within the past year (6 to 12 months ago) 3 Within the past 2 years (1 to 2 years ago) 4 Within the past 5 years (2 to 5 years ago) 5 5 or more years ago Do not read 7 DK/NS 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC04Q01	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		
NC04Q02	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	<p>Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.</p> <p>1__ Times per day 2__ Times per week 3__ Times per month</p> <p>Do not read 888 None 777 DK/NS 999 Refused</p>		

NC Module 5: Workplace Support for Healthy Eating or Exercise

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC05Q01	Does your workplace offer any support for healthy eating or physical activity for its employees? This may include offering healthy foods and drinks in vending machines, allowing for physical activity breaks during the day, or providing information on healthy eating or exercise.	1 Yes 2 No 3 Not applicable (e.g. no designated workplace) 7 DK/NS 9 Refused	if C08Q14 > 1 got to next section (R is not employed for wages)	

NC Module 6: Use of Trails and Greenways

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC06Q01	Does your community have trails, greenways, bike paths, or sidewalks for biking, walking, or other activities?	1 Yes 2 No 7 DK/NS 9 Refused	Go to next module Go to next module Go to next module	
NC06Q02	How often do you use these for biking, walking or other activities? Would you say	Please read 1 At least once a week 2 At least once a month 3 A few times per year 4 Never Do not read 7 DK/NS 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC07Q01	<p>Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	<p>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>
NC07Q02	<p>Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?</p>	<p>Do not read: 1 Every day 2 Some days 3 Not at all 7 DK/NS 9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC08Q01	<p>The next questions are about exposure to secondhand smoke.</p> <p>On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?</p>	<p>___ N. of days (1-7)</p> <p>55 Did not work in past 7 days</p> <p>66 Do not work indoors most of the time</p> <p>88 None</p> <p>77 DK/NS</p> <p>99 Refused</p>	<p>If (C08Q14 > 2) Go to NC8Q02 (R not employed or Self-employed)</p>	
NC08Q02	<p>On how many of the past 7 days, did anyone smoke in your home while you were there?</p>	<p>___ N. of days (1-7)</p> <p>55 I was not home in past 7 days</p> <p>88 None</p> <p>77 DK/NS</p> <p>99 Refused</p>		
NC08Q03	<p>Do you currently live in a ...</p>	<p>Please read:</p> <p>1 Detached single-family home (does not share an interior wall)</p> <p>2 Apartment, condominium, or townhome sharing a wall with another unit</p> <p>3 A dorm, fraternity /sorority house, or</p> <p>4 Other type of housing</p> <p>Do not read:</p> <p>7 DK/NS</p> <p>9 Refused</p>		
NC08Q04	<p>On how many of the past 7 days, did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?</p>	<p>___ N. of days (1-7)</p> <p>55 I was not home in past 7 days</p> <p>88 None</p> <p>77 DK/NS</p> <p>99 Refused</p>		

NC Module 9: Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC09Q01	During the past 30 days, did you smoke cigars, cigarillos, or little cigars?	1 Yes 2 No 7 DK/NS 9 Refused		
NC09Q02	During the past 30 days, have you used a hookah or water pipe?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 10: Smoking Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC10Q01	These next questions are about quitting smoking. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?	1 Yes 2 No 7 DK/NS 9 Refused	If C09Q01=2 OR C09Q02 >2) go to next module (R does not smoke)	
NC10Q02	Did your doctor or health provider recommend medications and/or discuss methods and strategies other than medication (such as referrals to Quitline, counseling opportunities, or educational materials such as booklets or pamphlets) to assist you to quit smoking?	1 Yes, medications 2 Yes, methods other than medications 3 Yes, both medications & methods other than medications 4 No 7 DK/NS 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC11Q01	<p>For these next questions, please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports or an injury during military service.</p> <p>Thinking about any injuries you have had in your lifetime, were you ever <u>knocked out</u> or did you <u>lose consciousness</u>?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	
NC11Q02	<p>What was the <u>longest time</u> you were knocked out or unconscious? Would you say ...</p>	<p>Please read 1 Less than 30 minutes 2 Between 30 minutes and 24 hours 3 24 hours or longer Do not read 7 DK/NS 9 Refused</p>		
NC11Q03	<p>How old were you <u>the first time</u> you were knocked out or lost consciousness?</p>	<p>___ years old 7 DK/NS 9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC12Q01	Do you suffer from any type of chronic pain, that is pain that occurs constantly or flares up frequently?	1 Yes 2 No 7 DK/NS 9 Refused	Go to next module Go to next module Go to next module	
NC12Q02	About how often to you experience this pain? Would you say...	Please read 1 It's constant, always there 2 At least once a day 3 At least once a week 4 At least once a month 5 Less often Do not read 7 DK/NS 9 Refused		
NC12Q03	On a scale of 0 to 10, where 0 means no pain at all and 10 means the worst pain you can imagine, how severe has your pain usually been over the past 3 months?	___ 0 to 10 77 DK/NS 99 Refused		
NC12Q04	Have you ever seen or talked to a doctor, nurse, or other health professional about your pain?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q05	What is the main cause of your chronic pain?	Do not read 1 Migraine 2 Cancer 3 Arthritis 4 Shingles (PHN) 5 Sciatica, slipped disk, spondylosis 6 Diabetes 7 Muscle pain 8 Accident or injury 9 Neuropathic pain 10 Other (Specify) 77 DK/NS 99 Refused		
NC12Q06	Are you doing anything to cope with your chronic pain?	1 Yes 2 No 7 DK/NS	Go to next module Go to next module	

		9 Refused	Go to next module	
NC12Q07a	Please tell me whether you are using any of the following things to treat your pain. For each one, tell me "Yes," "No," or you're "Not sure." (Using) Over-the-counter medication like ibuprofen or aspirin	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07b	(Using) A prescription anti-inflammatory like Celebrex.	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07c	(Using) A prescription narcotic pain reliever like Percocet or Vicodin?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07d	(Using) Some other prescription drug?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07e	(Using) A non-medication pain therapy like acupuncture, physical therapy, or yoga?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07f	(Using) Alcohol?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07g	(Using) Marijuana?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07h	(Using) A street drug other than marijuana?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q07i	(Using) something else? (Please specify _____)	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q08	Has a doctor, nurse, or other health professional talked with you about the risk of getting addicted to your narcotic pain reliever?	1 Yes 2 No 7 DK/NS 9 Refused		If NC12Q07C > 1 then Go to next NC module

				(Not using Opioids)
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NC Module 13: Cancer Survivorship

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC13Q01	<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>A cancer survivorship care plan is a detailed plan given to a patient that summarizes the patient's cancer treatments, along with recommendations for follow-up care. This plan may include schedules for physical exams and medical tests to check for health problems, including other types of cancer; information to help meet the emotional, social, legal and financial needs of the patient; as well as recommendations for changes in diet and exercise and quitting smoking.</p> <p>Has any doctor, nurse, or other health professional ever given you a written cancer survivorship care plan at any point during or after your treatment of cancer?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>If C06Q06 > 1 AND C06Q07 > 1 then Go to next NC module (No cancer diagnosis)</p>	<p>If a respondent indicates that they've had multiple cancer diagnoses, ask: "Has any doctor, nurse, or other health professional ever given you a written cancer survivorship care plan at any point during or after any of your cancer treatments?"</p>
NC13Q02	<p>A patient navigator is a trained professional who helps guide a patient through the healthcare system, which may include help going through the screening, diagnosis, treatment and follow-up of cancer. Patient navigators may also help patients communicate with healthcare providers,</p>			

	<p>insurance companies, employers, case managers, and/or lawyers to assist patients in obtaining emotional, social, legal or financial support.</p> <p>Did you work with one or more patient navigator at any point during or after the course of your cancer treatment?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>		
NC13Q03	At what point during the course of your cancer treatment were you introduced to your patient navigator?	<p>1 Before treatment 2 During treatment 3 After treatment 7 DK/NS 9 Refused</p>	If NC13Q02 > 1 then go to next section.	

NC Module 14: Radon Testing

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC14Q01	Do you know what radon gas is?	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>		
NC14Q02	Has your household been tested for the presence of radon gas?	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	
NC14Q03	Were the radon levels in your household above the Environmental Protection Agency's recommended action level of 4 picocuries per liter?	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	
NC14Q04	In response to a high radon test result did you retest, do a long-term test, have a mitigation system installed, no longer go into the basement, do something else, or do nothing?	<p>1 Retest 2 Do a long-term test 3 Have a mitigation system installed 4 No longer go into basement 5 Do something else 6 Do nothing 7 DK/NS 9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC15Q01	<p>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.</p> <p>Are any firearms now kept in or around your home?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	
NC15Q02	<p>Are any of these firearms now loaded?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to next module Go to next module Go to next module</p>	
NC15Q03	<p>Are any of these loaded firearms also unlocked?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>		<p>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. We don't count a safety as a lock.</p>

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC16Q01	<p>Now I'd like to ask you some questions about different types of sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p> <p>Are you in a safe place to answer these questions?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to closing statement of sexual violence module</p>	
NC16Q02	<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina [If female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?</p>	<p>1 Yes 2 No 7 DK/NS 9 Refused</p>	<p>Go to closing statement of sexual violence module</p>	

NC16Q03	Think about the time of the most recent incident involving a person who had sex with you, or attempted to have sex with you, after you said or showed that you didn't want to or without your consent. What was that person's relationship to you?	Do not read: 1 Personal attendant /caregiver 2 Someone you were dating 3 Boyfriend/girlfriend 4 Stranger 5 Spouse or live-in partner 6 Relative 8 Other (Specify___) 7 DK/NS 9 Refused	
Closing Statement of Sexual Violence Module	We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the National Sexual Assault Hotline at 1-800-656-4673 . Again, that number 1-800-656-4673 .		

Closing Statement

Read
<p>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.</p>