

<p>North Carolina 2020 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 North Carolina 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>	

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. TERMINATE	
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 North Carolina 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	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate ; OTHERWISE GO TO ADULT RANDOM SELECTION]	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	NUMADULT	1	Go to LL09	Read: Are you that adult?	70-71

	one adult who lives in your 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?				If yes: Then you are the person I 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?	NUMWOMEN			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	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent,		77

	/ Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?			ask for correct respondent and re-ask LL12. (See CATI programming)		
			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.	
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		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.	

			state telephone number).			
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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		78
			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		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			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			81
			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			82
			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.	

CP06.	Do you live in a private residence?	PVTRES3	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.	83
			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		

					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 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			86-87

			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.	
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	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		89-90

	years of age or older?					
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>			

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			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)
CHD.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
CHD.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
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			106-107

	your usual activities, such as self-care, work, or recreation?					
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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	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 Health Care Access (HCA) Module go to MHCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
CHCA.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
CHCA.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
CHCA.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: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.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 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	112

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)
CIS.01	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	113-114

					hour and dropping 29 or fewer minutes.	
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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)
CCHC.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			115
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			118
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No			119

			7 Don't know / Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
CCHC.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
CCHC.08	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
CCHC.09	(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-	123

					Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.10	(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			124
CCHC.11	Not including kidney stones, bladder infection or incontinence, were you ever told you had 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.	125
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.	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.	126
CCHC.13	How old were you when you were told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older]	Go to Diabetes Module if used,		127-128

			98 Don't know / Not sure 99 Refused	otherwise go to next section.		
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Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	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
COH.02	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 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			131-132
CDEM.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.	133-136
CDEM.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 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	137-164

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p> 41 Asian Indian</p> <p> 42 Chinese</p> <p> 43 Filipino</p> <p> 44 Japanese</p> <p> 45 Korean</p> <p> 46 Vietnamese</p> <p> 47 Other Asian</p> <p>50 Pacific Islander</p> <p> 51 Native Hawaiian</p> <p> 52 Guamanian or Chamorro</p> <p> 53 Samoan</p> <p> 54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>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>	165-166
				If using Sex at Birth Module, insert here		
CDEM.05	Are you...	MARITAL	<p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <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>			167
CDEM.06	What is the highest grade or	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p>			168

	year of school you completed ?		<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>			
CDEM.07	Do you own or rent your home?	RENTHOM1	<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>	169
CDEM.08	In what county do you currently live?	CTYCODE2	<p>_ _ _ ANSI County Code</p> <p>777 Don't know / Not sure</p> <p>999 Refused</p>			170-172

CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			173-177
				If cell interview go to CDEM12		
CDEM.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 ?	NUMHHOL3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		178
CDEM.11	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			179
CDEM.12	How many cell phones do you have for personal use?	CPDEMO1B	___ 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.	180
CDEM.13	Have you ever served on active duty in the United States	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the	181

	Armed Forces, either in the regular military or in a National Guard or military reserve unit?				Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.1 4	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".	182
CDEM.1 5	How many children less than 18 years of age live in your household ?	CHILDREN	__ Number of children 88 None 99 Refused			183-184
CDEM.1 6	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) 01 Less than \$10,000 If no, code 02		If respondent refuses at ANY income level, code '99' (Refused)	185-186

			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			
				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 (CDEM.01), is greater than 49		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
CDEM.18	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	188-191
CDEM.19	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	192-195

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)
CDIS.01	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			196
CDIS.02	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			197
CDIS.03	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			198
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			199
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			200
CDIS.06	Because of a physical, mental, or emotional condition, do	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			201

	you have difficulty doing errands alone such as visiting a doctor's office or shopping?					
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Core Section 10: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	202
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.05		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			203
			3 Not at all	Go to CTOB.04		
			7 Don't know / Not sure	Go to CTOB.05		
			9 Refused			
CTOB.03	During the past 12 months, have you stopped smoking for	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			204

	one day or longer because you were trying to quit smoking?			Go to CTOB.05		
CTOB.04	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	<p>Read if necessary:</p> <p>01 Within the past month (less than 1 month ago)</p> <p>02 Within the past 3 months (1 month but less than 3 months ago)</p> <p>03 Within the past 6 months (3 months but less than 6 months ago)</p> <p>04 Within the past year (6 months but less than 1 year ago)</p> <p>05 Within the past 5 years (1 year but less than 5 years ago)</p> <p>06 Within the past 10 years (5 years but less than 10 years ago)</p> <p>07 10 years or more</p> <p>08 Never smoked regularly</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>			205-206
CTOB.05	Do you currently use chewing tobacco, snuff, or snus every	USENOW3	<p>1 Every day</p> <p>2 Some days</p> <p>3 Not at all</p> <p>7 Don't know / Not sure</p>		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small	207

	day, some days, or not at all?		9 Refused		pouches that are placed under the lip against the gum.	
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Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.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 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.	208-210
CALC.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?	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.	211-212
CALC.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 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		213-214

CALC.04	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			215-216
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Core Section 12: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.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 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.	217
CIMM.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 77 / 7777 Don't know / Not sure 09 / 9999 Refused			218-223
				If age <50 GOTO CIMM.04.		
CIMM.03	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.	224

CIMM.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.	225
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Core Section 13: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip Section if CDEM.01, AGE, coded 18-44		
CFAL.01	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	226-227
CFAL.02	How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ4	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	228-229

Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			230
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
				If CALC.01 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused			231-232

Core Section 15: 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 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).		
CBCC.01	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.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCC.03	Go to CBCC.03	
CBCC.02	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)			234

			5 5 or more years ago 7 Don't know / Not sure 9 Refused			
CBCC.03	Have you ever had a Pap test?	HADPAP2	1 Yes		A Pap test is a test for cancer of the cervix.	235
			2 No 7 Don't know / Not sure 9 Refused	Go to CBCC.05		
CBCC.04	How long has it been since you had your last Pap test?	LASTPAP2	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			236
CBCC.05	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have	HPVTEST	1 Yes		Human papillomavirus (pap-uh-loh-muh virus)	237
			2 No	Go to CBCC.07		

	you ever had an H.P.V. test?		7 Don't know / Not sure 9 Refused			
CBCC.06	How long has it been since you had your last H.P.V. test?	HPLSTTST	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			238
CBCC.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	239

Core Section 16: 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 ≤39 years of age, or Skip if female (MSAB.01, BIRTHSEX, is coded 2). If MSAB.01=missing and (CP05=2 or LL12=2; or LL09 = 2 or LL07 =2)., go to next section.		
CPCS.01	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	240
CPCS.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			241
CPCS.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			242

CPCS.04	Have you ever had a P.S.A. test?	PSATEST1	1 Yes	Go to next section		243
			2 No			
			7 Don't know / Not sure			
			9 Refused			
CPCS.05	How long has it been since you had your last P.S.A. test?	PSATIME	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			244
CPCS.06	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were			245

			told you had prostate cancer 5 Some other reason Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 17: 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)
				CATI note: If respondent is < 45 years of age, go to next section.		
Prologue	The next questions are about the five different types of tests for colorectal cancer screening.					
CRC.01	A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?	COLNSCPY	1 Yes		Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.	246
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.03		

CRC.02	How long has it been since you had this test?	COLNTEST	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 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			247
CRC.03	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?	SIGMSCP	1 Yes			248
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.05		
CRC.04	How long has it been since you had this test?	SIGMTEST	Read if necessary: 1 Within the past year (anytime less than 12 s ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but			249

			less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CRC.05	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?	BLDSTOL1	1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	250
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.07		
CRC.06	How long has it been since you had this test?	LSTBLDS4	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			251

			(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			
CRC.07	Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	STOOLDNA	1 Yes		This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	252
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.09		
CRC.08	How long has it been since you had this test?	SDNATEST	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			253

CRC.09	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?	VIRCOLON	1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	254
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
CRC.10	How long has it been since you had this test?	VCLNTEST	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			255

Core Section 18: 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.	256
			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.	257-262
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 me which one. You have injected any drug other than those prescribed for you in the past year.	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

	<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> <p>Do any of these situations apply to you?</p>					
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Optional Modules

Module 6: 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.		
MCD.01	The next few questions ask about difficulties in thinking or remembering 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	CIMEMLOS	1 Yes	Go to MCD.02		293
			2 No	Go to next module		
			7 Don't know/ not sure	Go to MCD.02		
			9 Refused	Go to next module		

	<p>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>					
MCD.02	<p>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...</p>	CDHOUSE	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused</p>			294
MCD.03	<p>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...</p>	CDASSIST	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused</p>	Go to MCD.05		295
MCD.04	<p>When you need help with these day-to-day activities, how often are you able to get the</p>	CDHELP	<p>Read:</p> <p>1 Always 2 Usually 3 Sometimes 4 Rarely</p>			296

	help that you need? Would you say it is...		5 Never Do not read: 7 Don't know/Not sure 9 Refused			
MCD.05	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			297
MCD.06	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			298

Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MECIG.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	<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>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p>	310
MECIG.02	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		<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>	311

Module 11: 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) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MTOC.01	<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		326
MTOC.02	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	327-328

					they were told about their first cancer.	
				<p>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 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19.</p>		
MTOC.03	What type of cancer was it?	CNCRTP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus)</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	329-330

			<p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow)</p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p>Male reproductive</p> <p>19 Prostate cancer</p> <p>20 Testicular cancer</p> <p>Skin</p> <p>21 Melanoma</p> <p>22 Other skin cancer</p> <p>Thoracic</p> <p>23 Heart</p> <p>24 Lung</p> <p>Urinary cancer</p> <p>25 Bladder cancer</p> <p>26 Renal (kidney) cancer</p> <p>Others</p> <p>27 Bone</p> <p>28 Brain</p> <p>29 Neuroblastoma</p> <p>30 Other</p> <p>Do not read:</p>			
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			77 Don't know / Not sure 99 Refused			
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Module 12: 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) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVTRT3	Read if necessary: 1 Yes 2 No, I've completed treatment 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 Continue Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	331
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner		If the respondent requests clarification of this question, say: We want to know which type of	332-333

			03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	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.	334
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your	CSRVTRN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		335

	treatment for cancer?					
MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			336
MCOT.06	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.	337
MCOT.07	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			338
MCOT.08	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			339

Module 13: 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) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCPM.01	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		340
MCPM.02	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			341

Module 18: 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)
				<p>If CDEM.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. 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." Else go to next module</p>		
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	<p>_____ Record answer 99 Refused</p>		<p>If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?</p>	350-449
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing	TYPEINDS	<p>_____ Record answer 99 Refused</p>	<p>If CDEM14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For</p>		450-549

	manufacturing, restaurant			example, hospital, elementary school, clothing manufacturing, restaurant.”		
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Module 20: 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)
Prologue	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	.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	Ask if Sex= 1.	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.	551

					Respondent can answer with either the number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		
MSOGI.01b	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
MSOGI.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		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from	553

			<p>4 No 7 Don't know/not sure 9 Refused</p>		<p>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 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,</p>	
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					<p>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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STATE-ADDED QUESTIONS

NC Module 1: Adult Insurance:

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC01Q01	<p>These next questions are about health care coverage.</p> <p>What is the <u>primary</u> source of your health care coverage? Is it...</p>	<p>Read:</p> <p>01 A plan purchased through an employer or union (includes plans purchased through another person's employer)</p> <p>02 A plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medicaid or other state program</p> <p>05 TRICARE, VA, or Military</p> <p>06 Alaska Native, Indian Health Service, Tribal Health Services</p> <p>07 Some other coverage</p> <p>08 No coverage</p> <p>DO NOT READ</p> <p>77 DK/NS</p> <p>99 Refused</p>	<p>if (CHCA.01 > 1) go to NC01Q04 (No health coverage at time of interview)</p> <p>Go to NC01Q04</p> <p>Go to NC01Q03</p> <p>Go to NC01Q03</p>	<p>If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.</p>
NC01Q02	Are you covered by the State Employee Health Plan?	<p>1 Yes</p> <p>2 No</p> <p>7 DK/NS</p> <p>9 Refused</p>	<p>if (NC01Q01 > 1) go to NC01Q03 (Not employer-based health insurance)</p>	
NC01Q03	In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?	<p>1 Yes</p> <p>2 No</p> <p>7 DK/NS</p> <p>9 Refused</p>	<p>Go to NC01Q05</p> <p>Go to NC01Q05</p> <p>Go to NC01Q05</p> <p>Go to NC01Q05</p>	

NC01Q04	About how long has it been since you last had health care coverage?	1 Six months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never 7 DK/NS 9 Refused		
NC01Q05	Do you have any kind of insurance coverage that pays for some or all of your routine dental care including dental insurance prepaid plans such as HMOs or government plans such as Medicaid?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 2: Secondhand Smoke

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC02Q01	The next questions are about exposure to secondhand smoke. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?	__ N. of days (1-7) 55 Did not work in past 7 days 66 Do not work indoors most of the time 88 None 77 DK/NS 99 Refused	If (CDEM.14 > 2) Go to NC2Q02 (R not employed or Self-employed)	
NC02Q02	On how many of the past 7 days, did anyone smoke in your home while you were there?	__ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		
NC02Q03	Do you currently live in a ...	Please read: 1 Detached single-family home (does not share an interior wall) 2 Apartment, condominium, or townhome sharing a		

		wall with another unit 3 A dorm, fraternity /sorority house, or 4 Other type of housing Do not read: 7 DK/NS 9 Refused		
NC02Q04	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?	__ N. of days (1-7) 55 I was not home in past 7 days 88 None 77 DK/NS 99 Refused		

NC Module 3: Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC03Q01	During the past 30 days, did you smoke cigars, cigarillos, or little cigars?	1 Yes 2 No 7 DK/NS 9 Refused		
NC03Q02	During the past 30 days, have you used a hookah or water pipe?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 4: Smoking Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CTOB.01>1 OR CTOB.02 >2) go to next module (R does not smoke)	
NC04Q01	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	1 Yes 2 No 7 DK/NS		

	cigarettes or using any other tobacco products?	9 Refused		
NC04Q02	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		

NC Module 5: Cardiovascular Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC05Q01	Following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	1 Yes 2 No 7 DK/NS 9 Refused	CATI: If CCHC.01 > 1 go to NC05Q02 (never had heart attack)	
NC05Q02	Following your stroke, did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."	1 Yes 2 No 7 DK/NS 9 Refused	CATI: If CCHC.03 > 1 go to next module (never had stroke)	

NC Module 6: Diabetes Control

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			CATI: if CCHC.12 > 1 (does not have diabetes), go to next NC Module	
NC06Q01	We have a few more questions about diabetes. Urine tests for protein (microalbuminuria test) check if your kidneys are	Read only if necessary 1 Within the last 12 months		

	working properly. When was the last time that you received a urine test for protein?	2 Within the past two years (1 year but less than two years ago) 3 Two or more years 8 Never 7 Don Know/Not sure 9 Refused		
NC06Q02	Has a doctor ever told you that diabetes has affected your kidneys?	1 Yes 2 No 7 DK/NS 9 Refused		
NC06Q03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused		
NC06Q04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		

NC Module 7: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC07Q01	In the past year, have you had a dentist or dental hygienist check for oral cancer by pulling on your tongue with gauze wrapped around it, feeling under the tongue and inside the cheeks, and checking the back of your throat?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 8: Gambling

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC08Q01a	<p>The next few questions are about gambling. By gambling we mean any time a bet is made or games are played for money. This includes poker, casino gambling, scratch card games, or the lottery.</p> <p>In the past 12 months, have you gambled or played any games for money?</p> <p>IF YES, say: "How many times per day, per week, per month, or per year did you gamble or play any games for money?"</p>	<p>___ Enter value</p> <p>888 No/Never gambled or played for money</p> <p>777 Don't know/not sure</p> <p>999 Refused</p>	Go to next module	
NC08Q01b	MARK PERIOD	1 DAY 2 WEEK 3 MONTH 4 YEAR		
NC08Q02	How much money do you usually wager on a day when you play for money?	<p>_____:Dollars (for \$1 or less enter 0001)</p> <p>6666 If more than \$5000</p>		

		7777 Don't know/Not sure 8888 None 9999 Refused		
NC08Q03	Have you ever tried to cut down or control your gambling?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
NC08Q04	Have you ever lied to family members or friends about how much you gamble or how much money you have lost gambling?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
NC08Q05	Have there ever been periods for 2 weeks or more when you spent a lot of time thinking about gambling or planning future gambling?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		

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.