

<p>North Carolina 2025 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 04/30/2028</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 Marquisette Glass Lewis at grp2@cdc.gov.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p>

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?		1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for personal	

					communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?		1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in__(state)_____?		1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?		1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	

			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?		1 Yes	IF COLLEGE HOUSING (LL03) = "YES," GO TO LL09; OTHERWISE GO TO NUMBER OF ADULTS LL07		
			2 No	IF COLLEGE HOUSING (LL03) = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as		1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	

	students away at college, how many members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL08.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL08.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?		1 = Yes 2 = No - <i>Ask for correct respondent</i>	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition	We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.	
				If LL09 = Missing then 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		Do not read: Introductory text may be reread when selected respondent is reached.	

			<p>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: 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>	
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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?		1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?		1 Yes	Go to CP03		
			2 No	TERMINATE	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	
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			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?		1 Yes	Go to CP05.		
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	

CP05.	Are you?		Please read: 1 Male 2 Female	Go to CP06.	We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.	
				If CP05 = Missing then 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?		1 Yes 2 No	Go to CP08 Go to CP09	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.	
CP07.	Do you live in college housing?		1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in__(state)___?		1 Yes	Go to CP10		
			2 No	Go to CP09		

CP09.	In what state do you currently live?		1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina Carolina			
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			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?		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.	
CP11.	How many members of your household, including		__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is		

	yourself, are 18 years of age or older?			automatically set to 1		
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—		Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

Core Section 2: Healthy Days

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

	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	What is the current primary source of your health care coverage?		<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure 99 Refused</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	
CHCA.02	Do you have one person or a group		<p>1 Yes, only one</p> <p>2 More than one</p> <p>3 No</p>		<p>If no, read: Is there more than one, or is there no</p>	

	of doctors that you think of as your personal health care provider?		7 Don't know / Not sure 9 Refused		person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?		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		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

NC Module 1: Adult Insurance

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC01Q01	In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?	If CHCA.01 ≠ 77 88 99 (R has insurance) 1 Yes 2 No 7 DK/NS 9 Refused	Go to NC01Q03 Go to NC01Q03 Go to NC01Q03 Go to NC01Q03	
NC01Q02	About how long has it been since you last had health care coverage?	If CHCA.01 = 77 88 99 (R does NOT have insurance) 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		
NC01Q03	Do you currently have any health care bills that are being paid off over time?	1 Yes 2 No 7 DK/NS 9 Refused		This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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)
CEXP.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?		1 Yes 2 No 7 Don't know/Not Sure 9 Refused		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. Physical activity done at a work gym during the workday would count	

Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHYPA.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 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.	
CHYPA.02	Are you currently taking prescription medicine for your high blood pressure?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHLA.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?		1 Never	Go to next section		
			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	Go to next section.		
			9 Refused			

CCHLA.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
CCHLA.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue: 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.						
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) melanoma or		1 Yes 2 No			

	any other types of cancer?		7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis;	

					spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch- Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
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NC Module 2: Arthritis Burden

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CCHC.11>1 go to CCHC.12 (R not diagnosed with arthritis)	
NC02Q01	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	1 Yes 2 No 7 DK/NS 9 Refused		
NC02Q02	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	___ Enter number [00-10] 77 DK/NS 99 Refused		

Core Section 7: Chronic Health Conditions (Cont.)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHC.12	(Ever told) (you had) diabetes?		1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?		__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?		__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?		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.	
CDEM.03	Which one or more of the following would you say is your race?		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. If respondent indicates that they are Hispanic for race, please read the race choices.	
CDEM.04	Are you...		Please read:			

			1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.05	What is the highest grade or year of school you completed?		Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.06	Do you own or rent your home?		1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		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.	
CDEM.07	In what county do you currently live?		__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state(cell phone data only)			
CDEM.08	What is the ZIP Code where you currently live?		----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM11		
CDEM.09	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
CDEM.10	How many of these landline telephone numbers are residential numbers?		__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.11	How many cell phones do you have for		__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None	Last question needed for partial complete.	Read if necessary: Include cell phones used	

	your personal use?		9 Refused		for both business and personal use.	
CDEM.12	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?		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.	
CDEM.13	Are you currently...?		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".	
CDEM.14	How many children less than 18 years of age live in your household?		__ Number of children 88 None 99 Refused			
CDEM.15	Is your annual household income from all sources—		Read as necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			(\$20,000 to less than \$25,000) 05 Less than \$35,000 (\$25,000 to less than \$35,000) 06 Less than \$50,000 (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
				Skip to CDEM.17 if Male (Or Age >49)		
CDEM.16	To your knowledge, are you now pregnant?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.17	About how much do you weigh without shoes?		_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
CDEM.18	About how tall are you without shoes?		_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional		1 Yes 2 No 7 Don't know / Not sure			

	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 10: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIAD.01	On average, how many hours of sleep do you get in a 24-hour period?		__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	

Core Section 11: 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?		1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?		1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			

CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?		1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Used them in the past but do not currently use them at all Do not read: 7 Don't know / Not sure 9 Refused		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. If respondent says "Not at all" ask that if they do not mean "Never used e-cigs in your entire life"	

Core Section 12: Alcohol Consumption

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

Prologue: The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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?		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.	
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		__ 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.	
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?		__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?		__ Number of drinks 77 Don't know / Not sure 99 Refused			

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)
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?		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.	
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?		___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?		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.	
CIMM.04	Have you received a tetanus shot in the past 10 years?		1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

			but not sure what type			
			4 No, did not receive any tetanus shot in the past 10 years			
			7 Don't know/Not sure			
			9 Refused			

Core Section 14: 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)
CFV.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>		<p>1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused</p>		<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 canned fruit. Do not include dried fruits.</p>	

CFV.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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>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."</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>	
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<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 about spinach: "Include spinach salads."</p>	
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know Know		<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>	

			999 Refused		Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?		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."	
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?		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 vegetables. Do not include rice."	

Core Section 15: H.I.V./AIDS

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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(DO NOT READ UNLESS OTHERWISE NOTED)						
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.?		1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?		___/____ 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.	

Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not 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.		Read if no optional modules follow, otherwise continue to optional modules.

Optional Modules

Module 1: Prediabetes

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

				code MPDIAB.02, equal to 1 (yes)		
MPDIAB.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
MDIAB.01	According to your doctor or other health professional, what type of diabetes do you have?		1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
MDIAB.02	Insulin can be taken by shot or pump. Are you now taking insulin?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MDIAB.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?		__ 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.	
MDIAB.04	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)			

			<p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
MDIAB.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?		<p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
MDIAB.06	When was the last time you took a course or class in how to manage your diabetes yourself?		<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less</p>			

			than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
MDIAB.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 12: Firearm Safety

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 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.					
MFS.01	Are any firearms now kept in or around your home?		1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
MFS.02	Are any of these firearms now loaded?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
MFS.03	Are any of these loaded firearms also unlocked?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.	

State-Added Questions

NC Module 3: Use of Trails and Greenways

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC03Q01	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	
NC03Q02	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		

NC Module 4: Secondhand Smoke

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC04Q01	<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 (CDEM.13 > 2) Go to NC4Q02 (R not employed or self-employed)</p>	
NC04Q02	<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>		
NC04Q03	<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>		
NC04Q04	<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 5: Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC05Q01	During the past 30 days, did you smoke cigars, cigarillos, or little cigars?	1 Yes 2 No 7 DK/NS 9 Refused		
NC05Q02	During the past 30 days, have you used a hookah or water pipe?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 6: 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)	
NC06Q01	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		
NC06Q02	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		
			If CTOB.02 >2 go to next module	
NC06Q03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 7: Sugar Sweetened Beverages

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC07Q01	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>		
NC07Q02	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 8: Usual Type of Alcoholic Beverage Consumed

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CALC.01 ≥ 777 go to next module (No alcohol in past 30 days)	
NC08Q01	During the past 30 days, what type of alcohol did you usually drink?	<p>Read choices 1-5 & ask respondent to select one. Read examples (in parenthesis) only as necessary</p> <p>1 Beer 2 Wine 3 Liquor (such as vodka, rum, scotch, bourbon, or whisky) 4 Flavored alcoholic beverages (such as hard cider, hard lemonade, wine cooler, or malt beverage such as Smirnoff Ice) 5 Some other type of alcohol 6 There is not a type of alcohol that I drink most often 7 DK/NS 9 Refused</p>		

NC Module 9: Alcohol Price

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If CALC.01 ≥ 777 go to next module (No alcohol in past 30 days)	
NC09Q01	During the past 30 days, approximately how much money did you pay for the alcohol which you drank ?	___ Number 777 DK/NS 888 Paid Nothing because all drinks free or paid by others 999 Refused		<i>Interviewer: If anyone asks, they do not need to include the amount spent on tips. Round to the nearest dollar amount.</i>

NC Module 10: Alcohol Screening & Brief Intervention (ASBI)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC10Q01	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?	1 Yes 2 No 7 DK/NS 9 Refused	If CHCA.04 = 1 or 2 (had a checkup within the past 2 years) continue, else go to next module.	
NC10Q02	Did the health care provider ask you in person or on a form how much you drink?	1 Yes 2 No 7 DK/NS 9 Refused		
NC10Q03	Did the healthcare provider specifically ask whether you drank [5 FOR MEN /4 FOR WOMEN] or more alcoholic drinks on an occasion?	1 Yes 2 No 7 DK/NS 9 Refused		
NC10Q04	Were you offered advice about what level of drinking is	1 Yes 2 No 7 DK/NS 9 Refused	If question NC10Q01 =1 or NC10Q02= 1 or NC10Q03 = 1 (yes)	

	harmful or risky for your health?		continue, else go to next module.]	
NC10Q05	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?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 11: Radon Testing

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC11Q01	Has your home been tested for the presence of radon gas?	1 Yes 2 No 7 DK/NS 9 Refused	Go to next module Go to next module Go to next module	
NC11Q02	Why has your home NOT been tested for radon gas?	1 I don't know what radon is or don't think it's important 2 I don't know how to test my home 3 If I find radon gas in my home, I don't know how to fix it or can't afford to fix it 8 Other (Please specify) 7 DK/NS 9 Refused		

NC Module 12: Gambling

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
NC12Q01	NC12Q01 Gambling involves betting or risking anything of value on a game or event so you can win money or something of value. Examples include buying lottery scratch-off tickets, playing cards for money, betting on sporting events, paying money to enter a raffle, playing slot machines, video game loot boxes, casino style telephone apps or video poker lottery or fish tables. This activity could be at the casino, on the phone, on the computer, at the track, on the street, at home, or any other place.			
	In the past 12 months have you gambled (bet) or engaged with any of the activities listed?	1 Yes 2 No 7 DK/NS 9 Refused	Go to next module Go to next module Go to next module	
NC12Q02	Have you ever spent more time or money than you planned gambling or engaging in gambling-style activities?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q03	Has the money or time that you spent on gambling or gambling-style activities led to financial problems or problems in your family, work, school, or personal life?	1 Yes 2 No 7 DK/NS 9 Refused		
NC12Q04	Have there ever been periods of time for two weeks or more when you spent a lot of time thinking about planning to gamble or trying to improve your luck, skill, or odds?	1 Yes 2 No 7 DK/NS 9 Refused		

NC Module 13: Home/ Self-measured Blood Pressure

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
NC13Q01	Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?	1 Yes 2 No 7 DK/NS 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
NC13Q02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?	1 Yes 2 No 7 DK/NS 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.