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| <p>North Carolina 2026 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 | 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 | | |
| | | 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. | |
| 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. | |

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| | | | | 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 | |

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| | | | | 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? | |

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| | 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 Section 1. | 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 | | Do not read: Introductory text may be reread when selected | |

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| | | <p>other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p> | | <p>respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p> | |
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Cell Phone Introduction

| Question Number | Question text | 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 | Go to CP02 ([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. | |

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| 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 | 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 | |

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| | | | | portions of the year. | |
| | | 2 No | Go to CP07 | | |
| 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 | | |

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| <p>CP09.</p> | <p>In what state do you currently live?</p> | <p>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</p> | | | |
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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 60 American Samoa 64 Federated States of Micronesia 66 Guam 68 Marshall Islands 69 Northern Mariana Islands 70 Palau 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 | |

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| | | | | business and personal use. | |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | __ Number 77 Don't know/ Not sure 99 Refused | If CP07 = yes then number of adults is automatically set to 1 | | |
| Transition to section 1. | | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). | | | |

Core Section 1: Health Status

| Question Number | Question text | 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 | 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 | __ 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. | |

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| | your usual activities, such as self-care, work, or recreation? | | | | |
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Core Section 3: Health Care Access

| Question Number | Question text | 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>If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p> | |

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| | | 77 Don't Know/Not Sure 99 Refused | | | |
| CHCA.02 | Do you have one person (or a group of doctors) that you think of as your personal health care provider? | 1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused | | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one— but if they had more than one doctor in the same group it would be one. | |
| 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 | 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? | 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: Oral Health

| Question Number | Question text | 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? | 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 | | | |
| 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? | 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. | |

Core Section 6: Chronic Health Conditions

| Question Number | Question text | 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 | | | |

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| 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 any other types of cancer? | 1 Yes 2 No 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 | | Read if necessary: <i>Dysthymia, renamed persistent depressive disorder, characterized by depressed mood occurring for most of the day, for more days than not, over a minimum duration of two years. It is distinguished from major depressive disorder by its chronicity and typically less severe but more persistent symptom presentation. Individuals with dysthymia may also experience superimposed episodes of major depression (historically termed "double depression").</i> | |
| 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, | 1 Yes 2 No | | Do not read: Arthritis diagnoses include: rheumatism, polymyalgia | |

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| | rheumatoid arthritis, gout, lupus, or fibromyalgia? | 7 Don't know / Not sure 9 Refused | | 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) | |
|--|---|--------------------------------------|--|---|--|

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 6: 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 7: Demographics

| Question Number | Question text | 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 | | | |

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| | | 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 | |

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| | | | | 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 | | | |
| 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 your personal use? | __ 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. | |
| CDEM.12 | Have you ever served on active duty in the | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: Active duty does not | |

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| | United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | | | 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 if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 (\$20,000 to less than \$25,000) 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If | 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) | |

| | | | | | |
|----------------|--|---|-------------------------------------|---|--|
| | | (\$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 if Male or CDEM.01 coded 50-99 | | |
| 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 8: Disability

| Question Number | Question text | 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 | | | |
|--|---|-----------|--|--|--|

Core Section 9: Falls

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|---|--------------------------------------|---|-----------|
| | | | Skip Section if CDEM.01, coded 18-44 | | |
| CFAL.01 | In the past 12 months, how many times have you fallen? | __ Number of times [76 = 76 or more] 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. | |
| 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? | __ 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. | |

Core Section 10: Breast and Cervical Cancer Screening

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

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|-----------------|---|---|----------------|--|--|
| CBCCS.03 | There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you ever had a cervical cancer screening test? | 1 Yes | | Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab. | |
| | | 2 No 7 Don't know/ not sure 9 Refused | Go to CBCCS.07 | | |
| CBCCS.04 | How long has it been since you had your last cervical cancer screening test? | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago | | | |
| | | 7 Don't know / Not sure 9 Refused | | | |
| CBCCS.05 | At your most recent cervical cancer screening, did you have a Pap test? | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |

| | | | | | |
|-----------------|---|---|--|--|--|
| CBCCS.06 | At your most recent cervical cancer screening, did you have an H.P.V. test? | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus) | |
| | | | If response to Core CDEM.16 = 1 do not ask and go to next section. | | |
| CBCCS.07 | Have you had a hysterectomy? | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). | |

Core Section 11: Colorectal Cancer Screening

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|--|---|--|-----------|
| | | | If Section CDEM.01, coded 18-44 go to next section. | | |
| CCRC.01 | Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? | 1 Yes | Go to CCRC.02 | A sigmoidoscopy checks part of the colon and you are fully awake. 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. | |
| | | 2 No | Go to CCRC.06 | | |
| | | 7 Don't know/ not sure 9 Refused | | | |
| CCRC.02 | Have you had a colonoscopy, a sigmoidoscopy, or both? | 1 Colonoscopy | Go to CCRC.03 | | |
| | | 2 Sigmoidoscopy | Go to CCRC.04 | | |
| | | 3 Both | Go to CCRC.03 | | |
| | | 7 Don't know/Not sure | Go to CCRC.05 | | |
| | | 9 Refused | Go to CCRC.06 | | |
| CCRC.03 | How long has it been since your most recent colonoscopy? | 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) | | | |

| | | | | | |
|----------------|---|---|---|--|--|
| | | <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| | | | <p>If CCRC.02 =3 continue, else Go to CCRC.06</p> | | |
| CCRC.04 | <p>How long has it been since your most recent sigmoidoscopy?</p> | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5</p> | <p>Go to CCRC.06</p> | | |

| | | | | | |
|----------------|---|---|---------------|--|--|
| | | <p>years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.05 | How long has it been since your most recent colonoscopy or sigmoidoscopy? | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.06 | Have you ever had any other | 1 Yes | Go to CCRC.07 | | |

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

| | | | | | |
|----------------|--|---|---------------|--|--|
| | | <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.09 | One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test? | 1 Yes | Go to CCRC.10 | The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. | |
| | | 2 No 7 Don't know/ not sure 9 Refused | Go to CCRC.11 | | |
| CCRC.10 | How long has it been since you had this test? | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less</p> | | | |

| | | | | | |
|----------------|---|--|--------------------|---|--|
| | | <p>than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
| CCRC.11 | Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? | 1 Yes | Go to CCRC.12 | The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. | |
| | | 2 No 7 Don't Know/Not sure 9 Refused | Go to Next Section | | |
| CCRC.12 | Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test? | 1 Yes 2 No 7 Don't Know/Not sure 9 Refused | | Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. | |
| CCRC.13 | How long has it been since you had this test? | <p>Read if necessary:</p> <p>1 Within the past year (anytime less</p> | | | |

| | | | | | |
|--|--|---|--|--|--|
| | | <p>than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> | | | |
|--|--|---|--|--|--|

Core Section 12: Tobacco Use

| Question Number | Question text | 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 | 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 | | 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- | |

| | | | | | |
|--|---|--|--|--|--|
| | used them in the past but do not currently use them at all? | currently use them at all Do not read: 7 Don't know / Not sure 9 Refused | | 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 if they mean "Never used e-cigs in your entire life" | |
|--|---|--|--|--|--|

Core Section 13: Lung Cancer Screening

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|--|---|---|-----------|
| | | | If CTOB.01=1 and CTOB.02 = 1, 2, or 3 continue, else go to CLC.04 | | |
| CLC.01 | <p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> | <p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p> | Go to CLC.04 | <p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p> | |
| | | | Skip CLC.02 if CTOB.02 = 1 | | |
| CLC.02 | How old were you when you last smoked cigarettes regularly? | <p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p> | | | |
| CLC.03 | On average, when you [smoke/smoked] regularly, about how many | <p>--- Num ber of cigarettes 777 Don't know/Not sure</p> | | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of | |

| | | | | | |
|--------|--|---|--------------------|---|--|
| | cigarettes {do/did} you usually smoke each day? | 999 Refused | | cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes | |
| CLC.04 | The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area? | 1 Yes | | | |
| | | 2 No 7 Don't know/not sure 9 Refused | Go to next section | | |
| CLC.05 | Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer? | 1 Yes | | | |
| | | 2 No 7 Don't know/not sure 9 Refused | Go to Next section | | |
| CLC.06 | When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer? | Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) | | | |

| | | | | | |
|--|--|---|--|--|--|
| | | 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused | | | |
|--|--|---|--|--|--|

Core Section 14: Alcohol Consumption

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|--|-------------------------------------|---|-----------|
| 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 15: Immunization

| Question Number | Question text | 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. | |
| | | | If CDEM.01 coded 18-49 Go to next section | | |
| CIMM.04 | Have you ever had the shingles or zoster vaccine? | | 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. | |

Core Section 16: Seat Belt Use / Drinking and Driving

| Question Number | Question text | 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— | Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure 8 Never drive or ride in a car 9 Refused | Go to next section | | |
| | | | If CALC.01 = 888; 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? | __ Number of times 88 None 77 Don't know / Not sure 99 Refused | | | |

Core Section 17: H.I.V./AIDS

| Question Number | Question text | 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.? | 1 Yes | | Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had. | |
| | | 2 No 7 Don't know/ not sure 9 Refused | Go to CHIV.03 | | |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? | __/_---- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. | |
| CHIV.03 | I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have injected any drug other than those prescribed for you in the past year. You have been treated for a sexually transmitted disease or STD in the past year. | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | | | |

| | | | | | |
|--|---|--|--|--|--|
| | <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> | | | | |
|--|---|--|--|--|--|

Optional Modules

Module 2: Diabetes

| Question Number | Question text | 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) 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 | | | |
| 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? | 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 | | | |
| MDIAB.06 | When was the last time you took a course or class in how to manage your diabetes yourself? | 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 | | | |
| 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 4: Cancer Survivorship: Type of Cancer

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|--|---|---|-----------|
| | | | If CCHC.06 or CCHC.07 = 1 continue, else go to next module. | | |
| MTOC.01 | You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different types of cancer have you had? | 1 Only one 2 Two 3 Three or more 7 Don't know / Not sure 9 Refused | Go to next module | | |
| MTOC.02 | At what age were you told that you had cancer? | __ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused | | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer. | |
| | | | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 : ask Was it Melanoma or other | | |

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|---------|----------------------------|--|---|--|--|
| | | | skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer | | |
| MTOC.03 | What kind of cancer is it? | <p>Read if respondent needs prompting for cancer type:</p> <ul style="list-style-type: none"> 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other | | If MTOC.01 = 2 or 3, ask: With your most recent diagnoses of cancer, what type of cancer was it? | |

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| | | Do not read: 77 Don't know / Not sure 99 Refused | | | |
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Module 7: Prostate Cancer Screening

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|---|---|--|-----------|
| | | | If CDEM.01 coded 18-39 or is Female, go to next module. | | |
| MPCS.01 | Have you ever had a P.S.A. test? | 1 Yes 2 No 7 Don't know / Not sure 9 Refused | Go to MPCS.05 | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. | |
| MPCS.02 | About how long has it been since your most recent P.S.A. test? | Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused | | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. | |
| MPCS.03 | What was the main reason you | Read: 1 Part of a routine exam | | A P.S.A. test is a blood test to detect prostate cancer. It is also called a | |

| | | | | | |
|---------|--|--|--|---|--|
| | had this P.S.A. test – was it ...? | 2 Because of a problem 3 other reason Do not read: 7 Don't know / Not sure 9 Refused | | prostate-specific antigen test. | |
| MPCS.04 | Who first suggested this P.S.A. test: you, your doctor, or someone else? | 1 Self 2 Doctor, nurse, health care professional 3 Someone else 7 Don't Know / Not sure 9 Refused | | | |
| | | | [If respondent answered MPCS.01 1=yes]: "Before you had the PSA test did ..." | | |
| MPCS.05 | (did/Did) a doctor, nurse, or other health professional, ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or PSA test? | 1 Advantages 2 Disadvantages 3 Both Advantages and disadvantages DO NOT READ 4. Neither 7 Don't know/ not sure 9 Refused | | A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test. If respondent states 'have never met with health professional' code as "9" refused. | |

Module 8: Cognitive Decline

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|--|--|--|---|----------------------|-----------|
| <p>Prologue: The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.</p> | | | | | |
| | | | If CDEM.01 coded 18-44 go to next module. | | |
| MCOG.01 | During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse? | 1 Yes | | | |
| | | 2 No 7 Don't know/ not sure 9 Refused | Go to next module | | |
| MCOG.02 | Are you worried about these difficulties with thinking or memory? | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |

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|----------------|--|--|--|---|--|
| MCOG.03 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |
| MCOG.04 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |
| MCOG.05 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No. | |

Module 9: Caregiver

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|--|---|---|-----------|
| MCARE.01 | During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? | 1 Yes | | If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8 | |
| | | 2 No 7 Don't know/Not sure | Go to next module | | |
| | | 8 Caregiving recipient died in past 30 days | Go to next module | | |
| | | 9 Refused | Go to next module | | |
| MCARE.02 | What is their relationship to you? | 1 Parent, stepparent, or parent-in-law 2 Grandparent, step grandparent or grandparent-in-law 3 Spouse or partner 4 Child or stepchild 5 Grandchild or step grandchild 6 Sibling, stepsibling, or sibling-in-law 7 Other relative 8 Friend or non-relative 77 Don't know/Not sure 99 Refused | | If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code. | |
| MCARE.03 | What is the main health problem or disability that the person you care for has? | 1)Alzheimer's disease, dementia, or other cognitive impairment 2)Heart disease, hypertension, or stroke 3)Cancer 4)Diabetes 5)Injuries including broken bones or traumatic brain injury 6)Mental illness such as depression, anxiety, or schizophrenia | If MCARE.03 = 1 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, continue | | |

| | | | | | |
|-----------------|--|--|--|--|--|
| | | <p>7)Developmental disorders such as autism, Down syndrome, or spina bifida</p> <p>8)Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease</p> <p>9)Arthritis/rheumatism</p> <p>10)Hearing or vision loss</p> <p>11)Movement disorders such as Parkinson’s, spinal cord injury, multiple sclerosis or cerebral palsy</p> <p>12)Old age, infirmity, or frailty</p> <p>13)Other</p> <p>77 Don’t know/Not sure</p> <p>99 Refused</p> | | | |
| MCARE.04 | Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder? | <p>1 Yes</p> <p>2 No</p> <p>7 Don’t Know/Not sure</p> <p>9 Refused</p> | | | |
| MCARE.05 | In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings? | <p>1 Yes</p> <p>2 No</p> <p>7 Don’t Know/Not sure</p> <p>9 Refused</p> | | | |

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|-----------------|--|---|--|--|--|
| MCARE.06 | In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat? | 1 Yes 2 No 7 Don't Know/Not sure 9 Refused | | | |
| MCARE.07 | In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money? | 1 Yes 2 No 7 Don't Know/Not sure 9 Refused | | | |
| MCARE.08 | In an average week, how many hours do you provide regular care or assistance? Would you say... | Please read: 1) Less than 20 hours per week (19 hours or less) 2) Less than 40 hours per week (more than 19 hours, but less than 40 hours) 3) 40 hours or more per week Do not read: 7 Don't Know/ Not Sure 9 Refused | | | |
| MCARE.09 | For how long have you provided regular care to this person? | Read if necessary: 1) Within the past 30 days (anytime less than 30 days ago) 2) Within the past 2 years (more than 30 days but less than 2 years ago) 3) Within the past 5 years (more than 2 | | | |

| | | | | | |
|--|--|---|--|--|--|
| | | years but less than 5 years ago) 4) 5 years or more Do not read: 7 Don't Know/ Not Sure 9 Refused | | | |
|--|--|---|--|--|--|

Module 15: Firearm Safety

| Question Number | Question text | 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: Secondhand Smoke

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
|-----------------|--|---|---|----------------------|
| NC03Q01 | <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)</p> <p>Go to NC03Q02 (R not employed or self-employed)</p> | |
| NC03Q02 | <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> | | |
| NC03Q03 | <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> | | |
| NC03Q04 | <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 4: Other Tobacco Products

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
|-----------------|--|--|----------------------|----------------------|
| NC04Q01 | During the past 30 days, did you smoke cigars, cigarillos, or little cigars? | 1 Yes 2 No 7 DK/NS 9 Refused | | |
| NC04Q02 | During the past 30 days, have you used a hookah or water pipe? | 1 Yes 2 No 7 DK/NS 9 Refused | | |

NC Module 5: 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) | |
| NC05Q01 | 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 | | |
| NC05Q02 | 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 | |
| NC05Q03 | 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 6: Sugar Sweetened Beverages

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
|-----------------|---|---|----------------------|----------------------|
| NC06Q01 | 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> | | |
| NC06Q02 | 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 7: Alcohol Screening & Brief Intervention (ASBI)

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) |
|-----------------|---|---|---|----------------------|
| NC07Q01 | 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. | |
| NC07Q02 | 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 | | |
| NC07Q03 | 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 | | |

| | | | | |
|---------|--|---------------------------------------|---|--|
| NC07Q04 | Were you offered advice about what level of drinking is harmful or risky for your health? | 1 Yes 2 No 7 DK/NS 9 Refused | If question NC07Q01 =1 or NC07Q02= 1 or NC07Q03 = 1 (yes) continue, else go to next module. | |
| NC07Q05 | 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 8: Marijuana Use

| Question Number | Question text | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/CATI Note | Interviewer Note (s) |
|-----------------|--|--|---------------------|----------------------|
| Preamble | The following questions are about marijuana or cannabis. Please include intoxicating hemp-based products (like Delta-8, Delta-10) and any THC product in your responses. Do not include CBD-only products in your responses. | | | |
| NC08Q01 | During the past 30 days, on how many days did you use marijuana or cannabis? | __ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused | Go to NC08Q04 | |
| NC08Q02 | When you used marijuana or cannabis during the past 30 days, was it for medical reasons to treat or | 1 For medical reasons 2 For non-medical reasons 3 For <u>both</u> medical and non-medical reasons. | | |

| | | | | |
|----------------|---|--|--|--|
| | decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction, or both?: | 7 Don't know/Not sure 9 Refused | | |
| NC08Q03 | During the past 30 days which one of the following ways did you use marijuana or cannabis the most often? Did you usually... | 1 Smoke it 2 Eat it or drink it 3 Vaporize it 4 Dab it 5 Use it some other way 7 Don't know/Not Sure 9 Refused | | |
| NC08Q04 | How much do you think people risk harming themselves physically and in other ways when they use marijuana or cannabis once or twice a week? | 1 No risk 2 Slight risk 3 Moderate risk 4 Great risk 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.