

2023 Maine BRFSS Questionnaire

Includes US CDC updates as of 01/31/2023



Table of Contents

OMB Header and Introductory Text	4
Landline Introduction.....	5
Cell Phone Introduction	11
Core Section 1: Health Status	18
Core Section 2: Healthy Days	19
Core Section 3: Health Care Access	21
Core Section 4: Exercise (Physical Activity)	23
Core Section 5: Hypertension Awareness	26
Core Section 6: Cholesterol Awareness	27
Core Section 7: Chronic Health Conditions	29
Module 1: Prediabetes (Paths A & B)	32
Module 2: Diabetes (Paths A & B)	34
Core Section 8: Demographics	36
State Added: Gender Identity and Sexual Orientation (Paths A & B)	37
Core Section 8: Demographics (continued)	39
Core Section 9: Disability	43
Core Section 10: Falls.....	45
Core Section 11: Tobacco Use	45
Module 15: Tobacco Cessation (Paths A & B)	46
Core Section 11: Tobacco Use (continued)	47
State Added: Other Tobacco Products (Path B)	48
Core Section 11: Tobacco Use (continued)	48
State Added: E-Cigarettes (Path B)	49
Core Section 12: Alcohol Consumption.....	50
Core Section 13: Immunization.....	52
Core Section 14: H.I.V./AIDS	54
Core Section 15: Seat Belt Use / Drinking and Driving	55
Emerging Core: Long-term COVID Effects.....	55
Closing Statement/ Transition to Modules	58
Optional Modules.....	59
Module 4: Lung Cancer Screening (Path A)	59
State Added: Lung Cancer Screening (Path A).....	63

Module 6: Prostate Cancer Screening (Path A)	64
Module 14: Caregiver (Path A)	67
Module 16: Other Tobacco Use (Paths A & B)	71
Module 20: Aspirin for CVD Prevention (Paths A & B).....	73
Module 23: Marijuana Use (Paths A & B).....	74
State Added: Electronic Vapor Use (Path B).....	76
Module 29: Social Determinants and Health Equity (Paths A & B)	77
Module 30: Reactions to Race (Paths A & B).....	79
Module 31: Random Child Selection (Paths A & B).....	82
Module 32: Childhood Asthma Prevalence (Paths A & B).....	85
State Added: Environmental Health.....	89
State Added: Suicide Ideation and Attempts (Paths A & B)	91
State Added: Sexual Violence (Path A).....	92
State Added: Mental Health (Paths A & B).....	95
State Added: Gambling (Paths A & B)	97
State Added: Substance Use (Paths A & B)	98
State Added: Fruits and Vegetables (Path A)	99
State Added: Cigarette Use (Path B)	102
State Added: Cessation (Path B).....	103
State Added: Environmental Tobacco (Path B)	110
State Added: Smoking Beliefs (Path B)	117
State Added: Proof of Age (Path B)	118
State Added: Age 21 (Path B)	119
Asthma Call-Back Permission Script (Paths A & B)	120
Closing Statement	122

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 12/31/2024</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 - Ask for correct respondent	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 LL10	"IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following responses is the best: male, female, unspecified or another gender,	

					don't know or refused."	
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to LL10		
LL10	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused		Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
				If LL09 and LL10 are both 7 or 9, TERMINATE.		
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		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		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	If no: "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, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06	INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non -binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following responses is	

					the best: male, female, unspecified or another gender identity don't know or refused.	
CP06	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused		Read if necessary: "Some people do not identify as the same gender as what is listed on their birth certificate. What sex were you assigned at birth on your original birth certificate?"	
				If CP05 and CP06 are both 7 or 9, TERMINATE.		
CP07.	Do you live in a private residence?		1 Yes	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.	
			2 No	Go to CP08		
CP08.	Do you live in college housing?		1 Yes	Go to CP09	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.	
CP09.	Do you currently live in __ (state) __?		1 Yes	Go to CP11		
			2 No	Go to CP10		

<p>CP10.</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 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.	
CP11.	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.	
CP12.	How many members of your household, including yourself, are 18		__ Number 77 Don't know/ Not sure 99 Refused	If CP08 = yes then number of adults is automatically set to 1		

	years of age or older?					
Transition to section 1.			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).</p>			

Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—		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, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing		__ 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	

	your usual activities, such as self-care, work, or recreation?				indicate that this never occurs.	
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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 source of your primary health insurance?		<p>Read if necessary:</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 of		<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</p>	

	doctors that you think of as your personal health care provider?		7 Don't know / Not sure 9 Refused		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.	

Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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		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	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CEXP.08		
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?		___ Specify from Physical Activity Coding List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure 99 Refused	Go to CEXP.08		
CEXP.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused		If respondent confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."	

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

	activities or exercises to strengthen your muscles?		777 Don't know / Not sure 999 Refused		push-ups and those using weight machines, free weights, or elastic bands.	
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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 blood cholesterol is high?	TOLDHI3	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?	CHOLMED3	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		1 Yes 2 No			

	that is not melanoma?		7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any 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			
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)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?	DIABAGE3	_ _ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Module 1: Prediabetes (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
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?	PDIABTST	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			

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

Module 2: Diabetes (Paths A & B)

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?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
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?	EYEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			<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			

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 more than one response to CDEM.03; continue. Otherwise, go to CDEM.05	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.	

State Added: Gender Identity and Sexual Orientation (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAGISO.02	I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number	GENDRID	1 Male 2 Female 3 Transgender 4 Do not Identify as female, male, or transgender Do not read 7 Don't Know/ Not Sure 9 Refused	PATHS A & B INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.		

	<p>best describes how you think of yourself.</p>			<p>INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER, SAY: Some people describe themselves as transgender when they identify with a gender different from the one they were assigned at birth. For example, a person who was assigned male at birth and who now identifies or lives as a woman may consider themselves transgender</p> <p>Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.”</p>		
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SAGISO.03	Now I'll read a list of terms people sometimes use to describe their sexual orientation . Please tell me which number best describes how you think of yourself.	SXL_ORNT	1. Straight or heterosexual 2. Gay or lesbian 3. Bisexual 4. Other DO NOT READ 7. Don't know/ Not sure 9 Refused	INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD PATHS A & B		
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Core Section 8: Demographics (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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			
CDEM.08	What is the ZIP Code where you currently live?		----- 77777 Do not know 99999 Refused	If cell interview go to CDEM.11		
CDEM.09	Not including cell phones or numbers used for computers,		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		

	fax machines or security systems, do you have more than one telephone number in your household?					
CDEM.10	How many of these 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 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 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		If more than one, say "select the category which best describes you".	

			6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused			
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 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused	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)	
				Skip to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing		

				and (CP05=1 or LL09 = 1) 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		1 Yes 2 No 7 Don't know / Not sure			

	when wearing glasses?		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 condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 10: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip Section if AGE, 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 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?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water	

					pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			

Module 15: Tobacco Cessation (Paths A & B)

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

			months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if SMOKDAY2 = 1 or 2.		
MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 11: Tobacco Use (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	

State Added: Other Tobacco Products (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAOTP.01	<p>Now I would like to ask you some questions about using other kinds of tobacco.</p> <p>Do you now smoke regular cigars, cigarillos or little cigars that look like cigarettes 'every day,' 'some days,' or 'not at all'?</p>	CIGARNOW 2	<p>Read if necessary</p> <p>1 Every Day 2 Some days 3 Not at all</p> <p>Do not read</p> <p>7 Don't Know/Not sure 9 Refused</p>			

Core Section 11: Tobacco Use (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.04	Would you say you have never used e-cigarettes or other electronic		<p>1 Never used e-cigarettes in your entire life</p> <p>2 Use them every day</p>		Electronic cigarettes (e-cigarettes) and other electronic vaping products include 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?		3 Use them some days 4 Not at all (right now) Do not read: 7 Don't know / Not sure 9 9 Refused		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. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life"	

State Added: E-Cigarettes (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAECIG.02	Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other	FRQ_ECIG2	Read if necessary 1 Same 2 More 3 Less 7 (DO NOT READ) Don't	CATI NOTE: ASK IF ((CTOB.01 > 0 AND CTOB.02 <3) OR SAOTP.01 <3 OR CTOB.03 <3) and (CTOB.04		

	tobacco products?		Know/Not sure 9 (DO NOT READ) Refused	> 1 AND CTOB.04 < 7)		
SAECIG.03	Have you stopped using other tobacco products completely?	STP_TBCO	1 Yes 2 No 3 Never use other tobacco products 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF CTOB.04 > 1 AND CTOB.04 < 4		
SAECIG.04	Will you continue to use e-cigarettes or other electronic vaping products or plan to use them in the future?	CNT_ECIG2	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF CTOB.04 > 1 AND CTOB.04 < 7		

Core Section 12: Alcohol Consumption

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 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 (states may use sex at birth to determine sex if module is adopted)		
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	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(age) <50 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.	
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Core Section 14: H.I.V./AIDS

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

Core Section 15: Seat Belt Use / Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—		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	Go to next section		
			9 Refused			
				If CALC.01 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?		__ Number of times 88 None 77 Don't know / Not sure 99 Refused			

Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Have you ever tested positive for		1 Yes		Positive tests include antibody or	

	COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?			2 No 7 Don't know / Not sure 9 Refused	Go to next section	blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
COVID.02	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?			1 Yes		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself	
				2 No 7 Don't know / Not sure 9 Refused	Go to closing statement or module section	Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath	

						<ul style="list-style-type: none"> - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes - Symptoms that get worse after physical or mental activities -Loss of taste or smell 	
COVID.03	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?			<p>1 Yes, a lot</p> <p>2 Yes, a little</p> <p>3 Not at all</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			

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 4: Lung Cancer Screening (Path A)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to MLCS.04.		
MLCS.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>	Go to MLCS.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</p>	
			888 Never smoked cigarettes regularly			

					change the age of the respondent regularly smoking or make a note to correct the age of the respondent.	
				CATI NOTE: If current every day smoker, If CTOB.01=1 (yes) and CTOB.02 = 1 (everyday), skip to MLCS.03.		
MLCS.02	How old were you when you last smoked cigarettes regularly?		___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			
MLCS.03	On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?		___ Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of	

						number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs = 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs = 60 cigarettes/ 1.5 pack = 30 cigarettes	
MLCS.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine		1 Yes				
			2 No 7 Don't know/not sure 9 Refused	Go to next module			

	while the scan is done. Have you ever had a CT or CAT scan of your chest area?						
MLCS.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 module			
MLCS.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				

State Added: Lung Cancer Screening (Path A)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SALCS.01	In the last 12 months, did any of your health care providers ask you whether you wanted to have a CT scan for lung cancer screening ?	LST12M_S CAN	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused		Intro text: Lung cancer screening occurs when someone who is healthy, without any symptoms or signs of lung cancer, is tested to see if lung cancer is present. The test that is used for lung cancer screening is called a CT or CAT scan. During this test, you lie flat on your back on a table, which moves through a donut-shaped x-ray machine that takes pictures of your lungs.	
SALCS.02	In the last 12 months, did your health care providers talk to you about	BNFTS_SC N	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused			

	the possible benefits of the CT scan for lung cancer screening ?					
SALCS.03	In the last 12 months, did your health care providers talk to you about the possible harms of the CT scan for lung cancer screening ?	HRMS_SC AN	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused			

Module 6: Prostate Cancer Screening (Path A)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is <39 years of age or is female, go to next module.		
MPCS.01			1 Yes			

	Have you ever had a P.S.A. test?		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 had this P.S.A. test – was it ...?		Read: 1 Part of a routine exam 2 Because of a problem 3. Other reason Do not read: 7 Don't know / Not sure		A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.	

			9 Refused			
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 MPCS.01 = 1 read the question with "this" If MPCS=2, 7, 9 then read question with "a"	
MPCS.05	When you met with a doctor, nurse, or other health professional, did they ever talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or P.S.A. 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.	

Module 14: Caregiver (Path A)

Question Number	Question text	Variable names	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, code 8 and say: I'm so sorry to hear of your loss	
			2 No	Go to MCARE.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to MCARE.09		
MCARE.02	What is his or her relationship to you?		01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	
MCARE.03	For how long have you provided care for that person?		Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years			

			5 More than 5 years Do not read: 7 Don't Know/ Not Sure 9 Refused			
MCARE.04	In an average week, how many hours do you provide care or assistance?		Read if necessary: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			
MCARE.05	What is the main health problem, long-term illness, or disability that the person you care for has?		01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (H.I.V.) 10 Mental illnesses, such as anxiety,	If MCARE.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.07. Otherwise, continue		

			depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
MCARE.06	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
MCARE.07	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCARE.08	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	preparing meals?					
				If MCARE.01 = 1 or 8, go to next module		
MCARE.09	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 16: Other Tobacco Use (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
			ASK IF CTOB.04 = 2, 3			
MOTU.02	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue						Prologue: The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or

							capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.
MOTU.03	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused				

Module 20: Aspirin for CVD Prevention (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MASPRN.01	How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....		Read: 1 Daily 2 Some days 3 Used to take it but had to stop due to side effects, or 4 Do not take it Do not read: 7 Don't know / Not sure 9 Refused			

Module 23: Marijuana Use (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
MMU.01	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 next module	Do not include hemp-based CBD-only products.	
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.03	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.04	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

MMU.05	...dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.06	...use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
				If respondent answers yes to only one type of use, skip MMU.07		
				Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).		
MMU.07	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...		Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it or drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Vaporize it (for example, in		Select one. If respondent provides more than one say: Which way did you use it most often? Do not include hemp-based CBD-only products.	

			an e-cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
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State Added: Electronic Vapor Use (Path B)

SAECG.01	When you use e-cigarettes or other electronic vaping products what do you most often inhale? Would you say...	INL_ECG	1 Nicotine 2 Marijuana, cannabis or THC 3 Just flavoring Do not read 7 Don't Know/Not sure 9 Refused	CATI NOTE: ASK IF (CTOB.04 > 1 AND CTOB.04 < 4) OR MMU.04 = 1	INTERVIEWER NOTE: Marijuana and cannabis include CBD and THC.	
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Module 29: Social Determinants and Health Equity (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel lonely? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or		1 Yes 2 No 7 Don't Know/ Not sure			

	had hours reduced?		9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable		1 Yes 2 No			

	transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		7 Don't Know/ Not sure 9 Refused			
MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

Module 30: Reactions to Race (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you. How do other people usually classify you in this country? Would you say: White, Black or African		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native		If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself." Interviewer note: do not offer "mixed race" as a	

	American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?		07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		category but use as a code if respondent offers it.	
MRTR.02	How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused		The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		Read if necessary: 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure			

			9 Refused			
				Ask If CDEM.13= 1, 2, 4 CATI skip pattern: This question should only be asked of those who are "employed for wages," "self- employed," or "out of work for less than one year."]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
MRTR.05	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences	

MRTR.06	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
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Module 31: Random Child Selection (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If CDEM.14 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.14 is >1 and CDEM.14 does not equal 88 or 99,</p>			<p>If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child.</p>		

	<p>Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.</p>			<p>The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		
MRCS.01	<p>What is the birth month and year of the [Xth] child?</p>		<p>___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused</p>			
MRCS.02	<p>Is the child a boy or a girl?</p>		<p>1 Boy 2 Girl 3 Nonbinary/other 9 Refused</p>	<p>Go to MRCS.04</p>		

MRCS.03	What was the child's sex on their original birth certificate?		1 Boy 2 Girl 9 Refused			
MRCS.04	Is the child Hispanic, Latino/a, or Spanish origin?		Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
MRCS.05	Which one or more of the following would you say is the race of the child?		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		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			77 Don't know / Not sure 99 Refused			
MRC.S.06	How are you related to the child? Are you a--		Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 32: Childhood Asthma Prevalence (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional		1 Yes 2 No 7 Don't know/ not sure 9 Refused	Fill in correct [Xth] number. Go to next module		

	EVER said that the child has asthma?					
MCAP.02	Does the child still have asthma?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the</p>					

	answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?		1 Yes 2 No			
CB01.02	Which person in the household was selected as the focus of the asthma call-back?		1 Adult 2 Child			
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____				
		Enter first name or initials.				

State Added: Environmental Health

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAENV.0 1	A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Some CO detectors are part of a combined alarm system that also includes a smoke detector. Do you have a carbon monoxide detector in your home?	CMX_DET	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused		Path A only
SAENV.0 2	Any type of air conditioning means a central air conditioning system or window air conditioning units or a heat pump used to cool the air in your home. Do you have any type of air conditioning in your home?	AIR_COND	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	Ask SAENV.03 if SAENV.02=1; else skip to SAENV.04	Path A only

SAENV.0 3	Do you have central air conditioning, or a window air conditioner unit, or a heat pump?	TYP_COND	1. Central air conditioning; 2. A window air conditioning unit; 4. Heat pump; 7. Don't know/not sure; 9. Refused		Path A only Check all that apply	
SAENV.0 4	Now I would like to ask some questions about well water. When I ask about using well water, I am asking about the water you currently use for drinking, cooking or bathing. Do you get any of your water from a well?	WAT_WELL	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.05 if SAENV.04=1; else skip to SAENV.08</i>	Path A & B (Both Paths)	
SAENV.0 5	Have you ever had your current well water tested?	WAT_TEST	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.06 if SAENV.05=1; else skip to SAENV.08</i>	Path A & B (Both Paths)	
SAENV.0 6	Arsenic is not included in all water tests. Have you tested your well water for arsenic?	TST_ARSN	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.07 if SAENV.05=1 (YES); else skip to SAENV.08</i>	Path A & B (Both Paths)	
SAENV.0 7	Radon is not included in all water tests. Testing water	RDN_WATR	1 = Yes 2 = No		Path A & B (Both Paths)	

	for radon is not the same as testing your household air for radon. Have you tested your well water for radon?		7 = Don't know/Not Sure 9 = Refused			
SAENV.08	Testing household air for radon is not the same as testing your water for radon. Has your household air been tested for the presence of radon gas?	RDN_TEST	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.09 if SAENV.08=1 (YES); else skip to next section</i>	Path A & B (Both Paths)	
SAENV.09	Were the radon levels in your household above the Environmental Protection Agency's recommended action level of 4 Pci/L (picocuries per liter)?	RDN_LEVEL	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.10 if SAENV.09=1 (YES)</i>	Path A & B (Both Paths)	
SAENV.10	Have the radon levels been reduced or fixed?	RDN_FIXD	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused		Path A & B (Both Paths)	

State Added: Suicide Ideation and Attempts (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SASUICD .01	During the last 12 months, did you ever seriously consider attempting suicide?	CMT_SUCD	1 Yes 2 No 7 Don't know 9 Refused		INTRODUCTION: The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings please write down the Maine Crisis Line number 1-888-568-1112, so that you can call them if needed.
SASUICD .02	During the last 12 months, did you ever attempt suicide?	ATM_SUCD	1 Yes 2 No 7 Don't know 9 Refused		CLOSING SUICIDE STATEMENT: Would you like me to repeat the Maine Crisis Line number? If yes say: The number is, 1-888-568-1112

State Added: Sexual Violence (Path A)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SASV.01	Are you in a safe place to answer these questions?	SVSAFE	1. YES 2. NO	CATI NOTE: IF 2 (NO), END SECTION.	Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence

					and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.	
SASV.02	Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?	EHDSE1	1. YES 2. NO 7. DON'T KNOW/NOT SURE 9. REFUSED	After asking question: CATI NOTE: IF 2, 7, OR 9, GO TO SASV.04	Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into one's vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.	
SASV.03	Has this happened in the past 12 months?	NFRG_12MN	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused			
SASV.04	In the past 12 months, has anyone touched	SVSEXTCH	1 Yes 2 No			

	sexual parts of your body after you said or showed that you didn't want them to, or without your consent?		7 Don't Know/ Not Sure 9 Refused			
SASV.05	Have you EVER been frightened for your safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?	FRG_SFTY	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused		The next questions are about conflicts in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you dated would also be considered an intimate partner.	
SASV.06	In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched,	SEX_VLNC	1. YES 2. NO 7. DON'T KNOW/NO T SURE 9. REFUSED			

	choked or otherwise physically hurt .					
SASV.07	This is the closing statement but is listed separately.				We realize that these questions may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained advocate or would like more information about sexual violence, please call 1-800-871-7741. For domestic violence, please call 1-866-834-HELP (4357). Would you like me to repeat these numbers?	

State Added: Mental Health (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAMH.01	Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?	ADPLEASR	__ 01-14 Days DO NOT READ: 88 None 77 Don't Know/Not sure 99 Refused	CATI NOTE: 14 DAY MAX	
SAMH.02	Over the last 2 weeks, how many days have you felt down,	ADDOWN	__ 01-14 Days DO NOT READ: 88 None	CATI NOTE: 14 DAY MAX	

	depressed or hopeless?		77 Don't Know/Not sure 99 Refused			
SAMH.03	Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?	ADANXEV	1 Yes 2 No DO NOT READ: 7 Don't Know/ Not Sure 9 Refused			
SAMH.04	Are you now taking medicine or receiving treatment from a doctor or other healthcare provider for any type of mental health	MISTMNT	1 Yes 2 No DO NOT READ: 7 Don't Know/ Not Sure 9 Refused			

	condition or emotional problem?					
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State Added: Gambling (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	
SAGAMB .01	In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?	LFE_GMBL	1. 0 times	Go to closing		
			2. 1-2 times 3. 3-9 times 4. 10-19 times 5. 20-39 times 6. 40 or more times			
			DO NOT READ: 7. Don't know/not sure	Go to closing		
			9. Refused	Go to closing		

SAGAMB .02	Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?	PRB_GMBL	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	Do Not Read		
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State Added: Substance Use (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	
SARXMU .01	Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?	NUSE_DRUG	1 NEVER USED 2 HAVE USED BUT NOT IN THE LAST 30 DAYS 3 1-2 DAYS 4 3-5 DAYS 5 6 OR MORE DAYS			
			7 DON'T KNOW/NOT SURE 9 REFUSED	Do Not Read		

State Added: Fruits and Vegetables (Path A)

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

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

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

					vegetables. Do not include rice.”	
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State Added: Cigarette Use (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SACIG.0 1	We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?	SMOKENUM	___ Enter number of cigarettes 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 1	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

SACIG.02	We have some additional questions on specific health issues we would like to ask you about. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?	SMOKNM30	___ Enter number of cigarettes 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 2	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
SACIG.03	How old were you when you smoked your first cigarette?	FIRSTSMK	___ Age in years 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1		

State Added: Cessation (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
				CATI NOTE for state added section SAQUIT: IF (CTOB.02 > 0 AND CTOB.02 < 3) OR	

				SAOTP.01 < 3 OR CTOB.03 < 3 or (CTOB.04 >1 AND CTOB.04 <4) continue, else go to Section SAETOB – Environmental Tobacco		
SAQUIT.01	The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	STP_SMOK	1 Yes 2 No (Go to SAQUIT.04) 7 (DO NOT READ) Don't Know/Not Sure (Go to SAQUIT.04) 9 (DO NOT READ) Refused (Go to SAQUIT.04)			
SAQUIT.02	Are you seriously considering quitting within the next 6 months?	SMK_Q6MO	1 Yes 2 No (Go to SAQUIT.04) 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF SAQUIT.01 = 1		
SAQUIT.03	Are you planning to	SMK_Q3OD	1 Yes 2 No	CATI NOTE:		

	stop within the next 30 days?		7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	ASK IF SAQUIT.0 1 = 1 AND (SAQUIT.0 2 > 0 AND SAQUIT.0 2 <> 2)		
SAQUIT.04	Now I am going to read you a list of products and services that you might have used to help you quit smoking or using other Tobacco products. In the last 12 Months, have you Used...Nicotine Replacement medication such as nicotine patches, gum, inhaler or nasal spray?	MED_NCTN	1 Yes 2 No (GO TO SAQUIT.06) 3 I did not try to quit smoking or using tobacco products (Go to SAQUIT.08) 7 (DO NOT READ) Don't Know/Not sure (Go to SAQUIT.06) 9 (DO NOT READ) Refused (Go to SAQUIT.06)			
SAQUIT.05	How did you pay for it (nicotine replacement systems)? Would you say ...	PAY_NCTN	1 You paid for it on your own 2 Insurance paid for some of it 3 Insurance	CATI NOTE ASK IF SAQUIT.0 4 = 1		

			<p>paid for all of it</p> <p>4 You were given the medication free of charge</p> <p>7 (DO NOT READ) Don't Know/Not sure</p> <p>9 (DO NOT READ) Refused</p>			
SAQUIT.06	<p>In the last 12 months, have you used...</p> <p>Non-nicotine Medication such as Zyban, Wellbutrin, Chantix, Varenicline or other Medications?</p>	NON_NCTN	<p>1 Yes</p> <p>2 No (Go to SAQUIT.08)</p> <p>3 I Did not try to quit smoking or using tobacco products (Go to SAQUIT.08)</p> <p>7 (DO NOT READ) Don't Know/Not sure (Go to SAQUIT.08)</p> <p>9 (DO NOT READ) Refused (Go to SAQUIT.08)</p>	<p>CATI NOTE: ASK IF SAQUIT.04 > 0 AND SAQUIT.04 <> 3</p>		

SAQUIT.07	How did you pay for it (non-nicotine medication)? Would you say...	PAY_NNCT	<p>1 You paid for it on your own</p> <p>2 Insurance paid for some of it</p> <p>3 Insurance paid for all of it</p> <p>4 You were given the medication free of charge</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p> <p>9 (DO NOT READ) Refused</p>	CATI NOTE: ASK IF SAQUIT.06 = 1		
SAQUIT.08	In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?	DNT_QUIT	<p>1 Yes</p> <p>2 No</p> <p>3 I have not seen a dentist in the last 12 months</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p> <p>9 (DO NOT READ) Refused</p>			
SAQUIT.09	The next set of questions are about experiences you may have had	DNT_ADVC	<p>1 Yes</p> <p>2 No</p> <p>3 I have not visited a doctor's office in the last 12</p>			

	<p>during a visit to a doctor's office in the last 12 months.</p> <p>During any such visit, did any health professional advise you to stop smoking or using other tobacco products?</p>		<p>months (Go to SAQUIT.12)</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p> <p>9 (DO NOT READ) Refused</p>			
SAQUIT. 10	<p>During any such visit, did any health professional ...</p> <p>Give you information about counseling classes or programs, such as the Maine QuitLink (formerly the Maine Tobacco HelpLine), to help you quit smoking or using other tobacco products?</p>	DNT_CLSS2	<p>1 Yes 2 No</p> <p>7 (DO NOT READ) Don't Know/Not sure</p> <p>9 (DO NOT READ) Refused</p>	<p>CATI NOTE: IF SAQUIT.0 9 > 0 AND SAQUIT.0 9 <> 3 continue; else go to SAQUIT.1 2</p>		
SAQUIT. 11	<p>During any such visit, did any health professional</p>	DNT_OTHR	<p>1 Yes 2 No</p> <p>7 (DO NOT READ) Don't</p>			

	Talk with you about medications to help you stop smoking or using other tobacco products?		Know/Not sure 9 (DO NOT READ) Refused			
SAQUIT. 12	During the past 30 days, have you seen any advertisements on television about help to quit smoking or using tobacco products?	SMK_TVAD	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused			
SAQUIT. 13	During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, or YouTube about help to quit smoking or using other tobacco products?	SMK_SMAD	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused			
SAQUIT. 14	In the last 12 months, how many times have you accessed services from	MQL_USE	PLEASE READ 1 Zero Times 2 One Time 3 Two Times		INTERVIEWER NOTE READ IF NECESSARY: The Maine Quitlink, formerly the Maine Tobacco	

	the Maine QuitLink? Would you say...		4 Three or more times DO NOT READ 7 Don't Know/Not sure 9 Refused		Helpline, provides services such as phone and web coaching, text or email supports, nicotine replacement therapy starter kits, and other web-based services.	
SAQUIT. 15	How were you referred to the Maine QuitLink?	MQL_RFR	PLEASE READ 2 From ads/materials promoting the QuitLink 3 By a healthcare professional 4 By a family member or friend 5 I was not referred to the Maine QuitLink DO NOT READ 7 Don't Know/Not Sure 9 Refused	CATI NOTE: Ask if SAQUIT.14<6 CATI NOTE: KEEP NUMBERING OF RESPONSES AS IS. There is no #1 selection		

State Added: Environmental Tobacco (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAETO B.01	<p>These next questions ask about the type of building you live in and how long have lived there.</p> <p>In what type of living space do you currently reside?</p>	LIV_BLDG	<p>PLEASE READ</p> <p>1 Single family home</p> <p>2 Duplex</p> <p>3 Double or multi-family home</p> <p>4 Condominium</p> <p>5 Townhouse</p> <p>6 Apartment building</p> <p>DO NOT READ:</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>		
SAETO B.02	How long have you lived in your current residence?	LIV_CRNT	<p>___ Enter amount of time</p> <p>777 Don't Know/Not Sure</p> <p>999 Refused</p>	<p>CATI NOTE:</p> <p>101 MIN</p> <p>499 MAX</p> <p>101 - 199</p> <p>Number of Days</p> <p>201 - 299</p> <p>Number of Weeks</p>	

				301 – 399 Number of months 401 – 499 number of years		
SAETO B.03	Do you currently live in public/affordable/subsidized housing or participate in a voucher/low-income housing program (Such as Section 8)?	LIV_PBLC	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused			
SAETO B.04	Now I am going to ask you some questions about second-hand cigarette smoke. Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say	SCD_HAND	PLEASE READ 1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree DO NOT READ 7 Don't Know/Not Sure 9 Refused			

SAETO B.05	On how many of the past 30 days, has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?	HME_S30D	__ Days 88 None 77 Don't Know/Not Sure 99 Refused	CATI NOTE: 30 MAX		
SAETO B.06	Which of the following statements best describes the rules about smoking inside your home?	RLS_SMOK2	Please read 1 No one is allowed to smoke anywhere inside your home 2 Smoking is not allowed if children are in the home 3 Smoking is allowed in some places or at some times 4 Smoking is permitted anywhere inside your home DO NOT READ			

			7 Don't Know/Not Sure 9 Refused			
SAETO B.07	Which of the following statements best describes the official smoking policy in your building?	SMK_BLDG	<p>Please read</p> <p>1 Smoking is not allowed in any areas of the building including living units</p> <p>2 Smoking is not allowed in shared areas, but is allowed inside living units</p> <p>3 Smoking is allowed anywhere</p> <p>DO NOT READ 7 Don't Know/Not Sure 9 Refused</p>	CATI NOTE: ASK IF SAETOB. 01 > 1 AND SAETOB. 01 < 7		
SAETO B.10	Which of these statements best describes your place of work's smoking policy for indoor public	PUB_WRPL	<p>Please read</p> <p>1 Not allowed in any public areas</p> <p>2 Allowed in some public areas</p>	CATI NOTE: IF CDEM.13 = 1 OR CDEM.13 = 2 continue, else go to next section.		

	<p>common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is</p>		<p>3 Allowed in all public areas</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>			
SAETO B.11	<p>Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...</p>	WRK_WRPL	<p>Please read</p> <p>1 Not allowed in any work areas</p> <p>2 Allowed in some work areas</p> <p>3 Allowed in all work areas</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>			
SAETO B.12	<p>Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...</p>	WRK_VHCL	<p>Please read</p> <p>1 Not allowed in any vehicles</p> <p>2 Allowed in some vehicles</p> <p>3 Allowed in all vehicles</p>			

			<p>4 My work does not involve the use of any vehicles at any time</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>			
SAETO B.13	<p>The next question is about exposure to secondhand smoke.</p> <p>Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace</p>	WRK_SMOK	<p>_ Number of Days (01-07)</p> <p>88 None</p> <p>77 Don't Know/Not sure</p> <p>99 Refused</p>	<p>CATI NOTE: Program {Today's day of the week}</p> <p>CATI NOTE: 07 MAX</p>		

	from someone other than you who was smoking tobacco?					
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State Added: Smoking Beliefs (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	
SASMB.01	When you go to convenience stores or gas stations in your community, how often do you see advertisements for cigarettes, chewing tobacco, other tobacco products or electronic vapor products? Would you say...	CMN_SMAD2	<p>Please read</p> <p>1 Frequently</p> <p>2 Sometimes</p> <p>3 Almost Never</p> <p>4 I Don't go to convenience stores or gas stations</p> <p>DO NOT READ</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			
SASMB.02	Do you try to prevent the children in your household from using cigarettes, other tobacco products or	PRV_CHLD2	<p>1 Yes</p> <p>2 No</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p>	<p>CATI NOTE:</p> <p>IF CDEM.14 < 88 continue, else go to SASMB.03</p>	<p>READ IF NECESSARY:</p> <p>Electronic cigarettes (e-cigarettes and other electronic products include electronic hookahs, (e-hookahs), vape</p>	

	electronic vapor products?		9 (DO NOT READ) Refused		pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint or candy. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen and blu.	
SASMB. 03	Do you believe e-cigarettes or other Electronic vaping products have the same, more or less nicotine than regular cigarettes?	NCT_ECIG	1 Same 2 More 3 Less 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		READ IF NECESSARY: Electronic cigarettes (e-cigarettes and other electronic 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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen and blu.	

State Added: Proof of Age (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAPOA.01	During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco or electronic vapor products in a store, were you asked to show proof of age?	RTL_POA	1 Yes 2 No 3 I have not bought any tobacco products in a store in the past 30 days 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		

State Added: Age 21 (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAT21.01	PLEASE READ: As of July 1, 2018, the legal age to purchase tobacco Products in Maine was raised to 21. Do you agree or disagree with the following	PRV_SMK	PLEASE READ 1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree		

	statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."		DO NOT READ 7 Don't Know/Not Sure 9 Refused			
SAT21.02	During the past 30 days, have you seen any signage in retail stores, such as grocery or convenience stores, that the legal age for tobacco sales in Maine is 21?	RTL_T21	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused			

Asthma Call-Back Permission Script (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information					

	<p>will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</p>					
CB01.01	<p>Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>		<p>1 Yes 2 No</p>			
CB01.02	<p>Which person in the household was selected as the focus</p>		<p>1 Adult 2 Child</p>			

	of the asthma call-back?					
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	<hr/> Enter first name or initials.				

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.