

# 2024 Maine BRFSS Questionnaire

US CDC Updates from 01/03/2024



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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></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 <a href="mailto:grp2@cdc.gov">grp2@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the [STATE OF MAINE] 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	
<b>LL03.</b>	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.	
<b>LL04.</b>	Do you currently live in MAINE ?		1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in MAINE at this time.	
<b>LL05.</b>	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.	
<b>LL08.</b>	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?		1 = Yes 2 = No - <i>Ask for correct respondent</i>	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
<b>LL09.</b>	Are you?		Read: 1 Male 2 Female 3 Transgender, non-binary, or another gender	Go to LL10		
			Do not read: 7 Don't know/Not sure 9 Refused	Go to LL10		
<b>LL10</b>	What was your sex at birth? Was it male or female?	SEXBIRTH2	1 Male 2 Female 7 Don't know/Not sure 9 Refused	If LL09 is 3, 7 or 9 AND LL10 is 7 or 9, TERMINATE  "Thank you for your time, your number may be selected for another	This question refers to the sex assigned at birth on the original birth certificate.  Read if necessary before terminating (if LL09 is 3, 7 or 9 and LL10 is 7 or 9): We ask this	



				<p>survey in the future.”</p>	<p>question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues. We understand that this question does not recognize non-binary people and we will ask more 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 for the sex you were assigned at birth on your original birth certificate: male, female, don't know, or refused.</p> <p>If respondent questions why they are being asked sex at birth when they just answered LL09, read: We ask this question to determine which health related questions apply to each</p>	
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					respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.	
<b>Transition to Section 1.</b>			<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 Paul Josephson at 207-287-1420.</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.</p>	

## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?		1 Yes	Go to CP03		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time	
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?		1 Yes	Go to CP05.		
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	

<b>CP05.</b>	Are you ?		Please read: 1 Male 2 Female 3 Transgender, non-binary, or another gender	Go to CP06	
			Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06	
<b>CP06</b>	What was your sex at birth? Was it male or female?	SEXBIRTH2	1 Male 2 Female 7 Don't know/Not sure 9 Refused	If CP05 is 3, 7 or 9 AND CP06 is 7 or 9, TERMINATE  "Thank you for your time, your number may be selected for another survey in the future."	This question refers to the sex assigned at birth on the original birth certificate.  Read if necessary before terminating (If CP05 is 3, 7 or 9 AND CP06 is 7 or 9): We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

					<p>We understand that this question does not recognize non-binary people and we will ask more 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 for the sex you were assigned at birth on your original birth certificate: male, female, don't know, or refused.</p> <p>If respondent questions why they are being asked sex at birth when they just answered CP05, read: We ask this question to determine which health related questions apply to each respondent. For example, persons who</p>	
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					report male as their sex at birth might be asked about prostate health issues.	
<b>CP07.</b>	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		
<b>CP08.</b>	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.	
<b>CP09.</b>	Do you currently live in MAINE?		1 Yes	Go to CP11		
			2 No	Go to CP10		
<b>CP10.</b>	In what state do you currently live?		1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico			

			36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 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.	
<b>CP11.</b>	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.	
<b>CP12.</b>	How many members of your household, including yourself, are 18 years of age or older?		__ Number 77 Don't know/ Not sure 99 Refused	If CP08 = yes then number of adults is automatically set to 1		
<b>Transition to section 1.</b>			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 Paul Josephson at 207-287-1420.			

## Core Section 1: Health Status

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

## Core Section 2: Healthy Days

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	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.	
<b>CHD.02</b>	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		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical or mental	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to	

	health keep you from doing your usual activities, such as self-care, work, or recreation?	77 Don't know/not sure 99 Refused		provide a number if they indicate that this never occurs.	
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### Core Section 3: Health Care Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health care coverage?	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure</p> <p>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> <p>05 Medicaid – commonly referred to as “MaineCare”</p> <p>06 Children's Health Insurance Program (CHIP)- commonly referred to as “Cub Care”</p>	

<b>CHCA.02</b>	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?  NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
<b>CHCA.03</b>	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			
<b>CHCA.04</b>	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

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>COH.01</b>	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago)			

		4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
<b>COH.02</b>	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	



## Core Section 6: Chronic Health Conditions

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	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.				
<b>CCHC.01</b>	(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			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
<b>CCHC.05</b>	Do you still have asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) skin cancer	1 Yes 2 No			

	that is not melanoma?	7 Don't know / Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) melanoma or any other types of cancer?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(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			
<b>CCHC.09</b>	(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			
<b>CCHC.10</b>	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.	
<b>CCHC.11</b>	(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)	
<b>CCHC.12</b>	(Ever told) (you had) diabetes?	1 Yes			
		2 Yes, but told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don’t know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.	If yes, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.  [Do not read: CATI only offers response option 2 for those that have responded female in the introductory section.]	
<b>CCHC.13</b>	How old were you when you were first told you had diabetes?	__ Code age in years [97 = 97 and older] 98 Don’t know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Module 1: Prediabetes (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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			Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>MPDIAB.01</b>	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	<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 than 3 years ago)</p> <p>4 Within the last 5 years (3 to 4 years but less than 5 years ago)</p> <p>5 Within the last 10 years (5 to 9 years but less than 10 years ago)</p> <p>6 10 years ago or more</p> <p>8 Never</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
			Skip if CCHC.12, (DIABETE4), is coded 1; If CCHC.12, (DIABETE4), is coded 4 automatically code MPDIAB.02, (PREDIAB1), equal to 1 (yes)		

<b>MPDIAB.02</b>	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes, ask: Was this only when you were pregnant?  [Do not read: CATI only offers response option 2 for those that have responded female in the introductory section.]	
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## Module 2: Diabetes (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			Skip if CCHC.12 is not equal to 1.		
<b>MDIAB.01</b>	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			
<b>MDIAB.02</b>	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			
<b>MDIAB.03</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	-- Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	

		77 Don't know / Not sure 99 Refused			
<b>MDIAB.04</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
<b>MDIAB.05</b>	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read:			

		7 Don't know / Not sure 8 Never 9 Refused			
<b>MDIAB.06</b>	When was the last time you took a course or class in how to manage your diabetes yourself?	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
<b>MDIAB.07</b>	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			

State Added: Hypertension Awareness (Paths A & B)

Question Number	Question Text	Variable Name	Responses	SKIP INFO/CATI Note	Interviewer Note	Column(s)
CHYPA.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH3	1 Yes		If "Yes," ask: "Was this only when you were pregnant?"	
			2 Yes, but told only during pregnancy 3 No 4 Told borderline high or prehypertensive or elevated blood pressure 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.	

State Added: Cholesterol Awareness (Paths A & B)

Question Number	Question Text	Variable Name	Responses	SKIP INFO/CATI Note	Interviewer Note	Column(s)
CCHLA.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI_C2	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	CHOLMED4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having	



	by your doctor or other health professional for your cholesterol?				high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	
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## Core Section 7: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	__ Code age in years 07 Don't know / Not sure 09 Refused			
<b>CDEM.02</b>	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.	
<b>CDEM.03</b>	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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

		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 respondent indicates that they are Hispanic for race, please read the race choices.	
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State Added: Gender Identity & Sexual Orientation (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column (s)
<b>Intro text: The next questions are about gender identity and sexual orientation.</b>						
SAGISO.02	I'll read a list of terms people sometimes use to describe their gender identity. Please tell me which number best describes how you think of yourself.	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		INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT WORD.  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	

					<p><b>assigned male at birth and who now identifies or lives as a woman may consider themselves transgender</b></p> <p><b>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.”</b></p>	
<b>SAGISO.03</b>	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.	<b>SXL_ORNT</b>	<p><b>1. Straight or heterosexual</b></p> <p><b>2. Gay or lesbian</b></p> <p><b>3. Bisexual</b></p> <p><b>4. Other</b></p> <p><b>DO NOT READ</b></p> <p><b>7. Don't know/</b></p> <p><b>Not sure</b></p> <p><b>9 Refused</b></p>		<p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD</p>	

Core Section 7: Demographics (Continued)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.04</b>	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			
<b>CDEM.05</b>	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			
<b>CDEM.06</b>	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.	
<b>CDEM.07</b>	In what county do you currently live?	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
<b>CDEM.08</b>	What is the ZIP Code where you currently live?	----- 77777 Do not know 99999 Refused	If cell interview go to CDEM.11		
<b>CDEM.09</b>	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	1 Yes			
		2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
<b>CDEM.10</b>	How many of these landline telephone numbers are residential numbers?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			

<b>CDEM.11</b>	How many cell phones do you have for your personal use?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	
<b>CDEM.12</b>	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.	
<b>CDEM.13</b>	Are you currently...?	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
<b>CDEM.14</b>	How many children less than 18 years of age live in your household?	__ _ Number of children 88 None 99 Refused			
<b>CDEM.15</b>	Is your annual household income	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000)	SEE CATI information of order of coding;	If respondent refuses at ANY income level, code '99' (Refused)	

	from all sources—	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	Start with category 05 and move up or down categories.		
			Skip if Male, Skip if CP06=1 or LL10=1. If CP06=missing or LL10=missing, skip if CP05=1 or LL09 = 1. Skip if Age >49		
<b>CDEM.16</b>	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM.17</b>	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	
<b>CDEM.18</b>	About how tall are you	_ _ / _ _ Height (ft / inches/meters/centimeters)		If respondent answers in metrics, put 9	

	without shoes?	77/ 77 Don't know / Not sure 99/ 99 Refused		in first column. Round fractions down	
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## Core Section 8: Disability

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	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			
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.03</b>	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			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty	1 Yes 2 No			



	dressing or bathing?	7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	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 9: Breast and Cervical Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue: The next questions are about breast and cervical cancer.</b>					
			Skip if Male. Skip if CP06=1 or LL10=1. If CP06=missing or LL10=missing, skip if CP05=1 or LL09 = 1.		
<b>CBCCS.01</b>	Have you ever had a mammogram?	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
<b>CBCCS.02</b>	How long has it been since you had your last mammogram?	Read if necessary: 1 Within the past year (anytime less than 12 months ago)			

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

		(2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
		7 Don't know / Not sure 9 Refused			
<b>CBCCS.05</b>	At your most recent cervical cancer screening, did you have a Pap test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CBCCS.06</b>	At your most recent cervical cancer screening, did you have an H.P.V. test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
			If response to Core CDEM.16 = 1 (is pregnant) do not ask and go to next module.		
<b>CBCCS.07</b>	Have you had a hysterectomy?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

## Core Section 10: Colorectal Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If Section CDEM.01, (AGE), is less than 45 go to next module.		
<b>CCRC.01</b>	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	1 Yes	Go to CCRC.02	A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
<b>CCRC.02</b>	Have you had a colonoscopy, a sigmoidoscopy, or both?	1 Colonoscopy	Go to CCRC.03		
		2 Sigmoidoscopy	Go to CCRC.04		
		3 Both	Go to CCRC.03		
		7 Don't know/Not sure	Go to CCRC.05		
		9 Refused	Go to CCRC.06		
<b>CCRC.03</b>	How long has it been since your most recent colonoscopy?	Read if necessary:  1 Within the past year (anytime less than 12 months ago)			

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

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

		7 Don't know / Not sure			
		9 Refused			
<b>CCRC.06</b>	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?	1 Yes	Go to CCRC.07		
		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Section		
<b>CCRC.07</b>	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?	1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
		2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09		
<b>CCRC.08</b>	When was your most recent CT colonography or virtual colonoscopy?	Read if necessary:  1 Within the past year (anytime less than 12 months ago)			

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



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

				to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
<b>CCRC.13</b>	How long has it been since you had this test?	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			

## Core Section 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 16: 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 CTOB.01 (SMOKE100)= 1 and CTOB.02		

				(SMOKDAY2) = 3		
<b>MTC.01</b>	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused	Go to next module		
				Ask if CTOB.02 (SMOKDAY2) = 1 or 2.		

<b>MTC.02</b>	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			
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Core Section 11: Tobacco Use (Continued)

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>CTOB.03</b>	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)

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

	cigarettes 'every day,' 'some days,' or 'not at all'?					
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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 vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Used them in the past but do not currently use them at all  Do not read: 7 Don't know / Not sure 9 Refused		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.  If respondent says "Not at all" ask if they 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)
<b>SAECIG.0 2</b>	Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other tobacco products?	FRQ_ECIG	<b>Read if necessary</b>  1 Same  2 More  3 Less  7 (DO NOT READ) Don't Know/Not sure  9 (DO NOT READ) Refused	<b>CATI NOTE: ASK IF ((CTOB.01 &gt; 0 AND CTOB.02 &lt;3) OR SAOTP.01 &lt;3 OR CTOB.03 &lt;3) and (CTOB.04 &gt; 1 and CTOB.04 &lt; 7)</b>		
<b>SAECIG.0 3</b>	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	<b>CATI NOTE: ASK IF CTOB.04 &gt; 1 AND CTOB.04 &lt; 4</b>		
<b>SAECIG.0 4</b>	Will you continue to use e-cigarettes or other electronic vaping products or plan to use	CNT_ECIG	1 Yes  2 No  7 (DO NOT READ) Don't Know/Not Sure	<b>CATI NOTE: ASK IF CTOB.04 &gt;1 AND CTOB.04 &lt; 7</b>		

	them in the future?		9 (DO NOT READ) Refused			
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## Core Section 12: Lung Cancer Screening

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



			Skip CLC.02 if CTOB.02 = 1		
CLC.02	How old were you when you last smoked cigarettes regularly?	___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			
CLC.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	
CLC.04	Introductory text: Lung cancer screening occurs when someone who is healthy, without any symptoms or	1 Yes			
		2 No 7 Don't know/not sure 9 Refused	Go to next section		

	<p>signs of lung cancer, is tested to see if lung cancer is present. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.</p> <p>Have you ever had a CT or CAT scan of your chest area?</p>				
<b>CLC.05</b>	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?	1 Yes		Go to Next section	
		2 No 7 Don't know/not sure 9 Refused			
<b>CLC.06</b>	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?	<p>Read only if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years)</p> <p>3 Within the past 3 years (2 years but less than 3 years)</p>			

		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			
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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 ?	LCS_ASK	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused			
SALCS.02	In the last 12 months, did your health care providers talk to you about the possible benefits of the CT scan for lung cancer screening ?	LCS_BEN	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused			

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 ?	LCS_HRM	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused			
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### Core Section 13: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	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.				
<b>CALC.01</b>	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.	
<b>CALC.02</b>	During the past 30 days, on the days when you drank, about how many drinks did you	__ Number of drinks 88 None 77 Don't know / Not sure		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots	

	drink on the average?	99 Refused		would count as 2 drinks.	
<b>CALC.03</b>	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 (CP06=1 or LL10=1), X = 4 for women (CP06=2 or LL10=2) (states may use sex at birth to determine sex if module is adopted)		
<b>CALC.04</b>	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 14: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	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.04	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.	

<b>CIMM.02</b>	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			
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	

		77 Don't know / Not sure 99 Refused			
<b>CIMM.04</b>	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.	

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

<b>Question Number</b>	<b>Question text</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>CHIV.01</b>	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 2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03	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.	
<b>CHIV.02</b>	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.	

<b>CHIV.03</b>	<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p><b>You have injected any drug other than those prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p>	<p>1 Yes 2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
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Module 11: Cognitive Decline (Paths A & B)

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

**Prologue: The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.**

			If respondent is 45 years of age or older continue, else go to next module.		
<b>MCOG.01</b>	During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?	1 Yes			
		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCOG.02</b>	Are you worried about these difficulties with thinking or memory?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

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

				or memory, code as No.	
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## Module 13: Adverse Childhood Experiences (Path A)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<p><b>Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---</b></p>					
				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>MACE.01</b>	Did you live with anyone who was depressed, mentally ill, or suicidal?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>MACE.02</b>	Did you live with anyone who was a problem drinker or alcoholic?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>MACE.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			

<b>MACE.04</b>	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
<b>MACE.05</b>	Were your parents separated or divorced?	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
<b>MACE.06</b>	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.07</b>	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.08</b>	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

<b>MACE.09</b>	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.11</b>	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
<b>MACE.12</b>	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			

<b>MACE.13</b>	For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.			If yes provide number: Childhelp National Child Abuse Hotline is 1-800-4-A-Child (1-800-422-4453)	

## Module 15: Marijuana Use (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue: The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.</b>					
<b>MMU.01</b>	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.	
<b>MMU.02</b>	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.	
<b>MMU.03</b>	Did you 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.	
<b>MMU.04</b>	Did you 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.	
<b>MMU.05</b>	Did you dab it (for example, using a dabbing rig,	1 Yes 2 No 7 Don't Know/Not Sure		Do not include hemp-based CBD-only products.	

	knife, or dab pen)?	9 Refused			
<b>MMU.06</b>	Did you use it in some other way?	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).		
<b>MMU.07</b>	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 an e-cigarette-like vaporizer or		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.	



		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)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SAECG.01</b>	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 <b>Do not read</b> 7 Don't Know/Not sure 9 Refused	<b>CATI NOTE:</b> <b>ASK IF CTOB.04 &gt;1 and CTOB.04 &lt; 4 OR MMU.04 = 1</b>	<b>INTERVIEWER NOTE:</b> Marijuana and cannabis include CBD and THC.	

## Module 17: Other Tobacco Use (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
		ASK IF CTOB.02 = 1,2			
<b>MOTU.01</b>	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			
<b>MOTU.02</b>	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			
<b>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.</b>					
<b>MOTU.03</b>	Before today, have you heard of heated tobacco products?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

## Module 18: Sugar-Sweetened Beverages (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSSB.01	During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.	1 __ Times per day 2 __ Times per week 3 __ Times per month  Do not read: 8 8 8 None 7 7 7 Don't know / Not sure 9 9 9 Refused		Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	
MSSB.02	During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks.	1 __ Times per day 2 __ Times per week 3 __ Times per month  Do not read: 8 8 8 None 7 7 7 Don't know / Not sure 9 9 9 Refused		Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	

## Module 19: Firearm Safety (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.				
<b>MFS.01</b>	Are any firearms now kept in or around your home?	1 Yes		Do not include guns that cannot fire; include those kept in cars, or outdoor storage.	
		2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>MFS.02</b>	Are any of these firearms now loaded?	1 Yes			
		2 No 7 Don't know/ not sure 9 Refused	Go to Next module		
<b>MFS.03</b>	Are any of these loaded firearms also unlocked?	1 Yes 2 No 7 Don't know/ not sure 9 Refused		By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.	

## Module 21: Random Child Selection (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	<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 &gt;1 and CDEM.14 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in</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. 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>		

	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.				
<b>MRCS.01</b>	What is the birth month and year of the [Xth] child?	__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
<b>MRCS.02</b>	Is the child a boy or a girl?	1 Boy 2 Girl 3 Nonbinary/other 9 Refused	Go to MRCS.04		
<b>MRCS.03</b>	What was the child's sex on their original birth certificate?	1 Boy 2 Girl 9 Refused			
<b>MRCS.04</b>	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		If yes, ask: Are they...	

		7 Don't know / Not sure 9 Refused			
<b>MRCS.05</b>	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 <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 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		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
<b>MRCS.06</b>	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			
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## Module 22: Childhood Asthma Prevalence (Paths A & B)

Question Number	Question text	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.		
<b>MCAP.01</b>	The next two questions are about the Xth child.  Has a doctor, nurse or other health professional EVER said that the child has asthma?	1 Yes	Fill in correct [Xth] number.		
		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			



State Added: Environmental Health (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SAENV.01	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_DETC	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused			
SAENV.02	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	<b>Ask SAENV.03 if SAENV.02=1; else skip to SAENV.04</b>		
SAENV.03	Do you have central air conditioning, or a window air conditioner unit, or a heat pump?	TYP_COND2	1. Central air conditioning; 2. A window air conditioning unit; 4. Heat pump; 7. Don't know/not sure; 9. Refused		Check all that apply	

SAENV.04	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>		
SAENV.05	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>		
SAENV.06	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			
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>		
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_LEVL	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused	<i>Ask SAENV.10 if SAENV.09=1 (YES)</i>		

SAENV.10	Have the radon levels been reduced or fixed?	RDN_FIXD	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused			
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State Added: Suicide Ideation and Attempts (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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.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			
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)	Column(s)
Introduction: 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.01	Are you in a safe place to answer these questions?	SVSAFE	1. YES 2. NO	CATI NOTE: IF 2 (NO), END SECTION.		
<p>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.</p>						
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?	SVEHDSE1	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		
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 sexual parts of your body after you said or showed that you didn't want them to, or without your consent?	SVSEXTCH	1 Yes 2 No 7 Don't Know/ Not Sure 9 Refused			
<p>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.</p>						
SASV.05	Have you EVER been frightened for your	NFRG_SFTY	1 Yes 2 No			

	safety or the safety of your family or friends because of anger or threats by a current or former intimate partner?		7 Don't Know/ Not Sure 9 Refused			
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, choked or otherwise physically hurt .	SEX_VLNC	1. YES 2. NO 7. DON'T KNOW/NOT SURE 9. REFUSED			
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?	
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State Added: Mental Health (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(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, depressed or hopeless?	ADDOWN	__ 01-14 Days DO NOT READ: 88 None 77 Don't Know/Not sure 99 Refused	CATI NOTE: 14 DAY MAX		
SAMH.03	Has a doctor or other healthcare provider EVER told you that you have	ADANXEV	1 Yes 2 No DO NOT READ:			

	an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?		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 condition or emotional problem?	MISTMNT	1 Yes 2 No DO NOT READ: 7 Don't Know/ Not Sure 9 Refused			

State Added: Gambling (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SAGAMB.01</b>	In your lifetime, how many times have you	LFE_GMBL	1. 0 times	Go to next section		
			2. 1-2 times	<b>Go to</b>		
			3. 3-9 times	<b>SAGAMB.02</b>		

	gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?		4. 10-19 times 5. 20-39 times 6. 40 or more times			
			DO NOT READ: 7. Don't know/not sure 9. Refused	Go to next section		
<b>SAGAMB.02</b>	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  Do Not Read 7 = Don't know/Not Sure 9 = Refused			

State Added: Substance Use (Paths A & B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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	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			



	prescribed in order to get high?		Do Not Read 7 DON'T KNOW/NOT SURE 9 REFUSED			
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### State Added: Cigarette Use (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>SACIG.0 1</b>	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	<b>CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 1</b>	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	

<b>SACIG.02</b>	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	<b>CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 2</b>	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES	
<b>SACIG.03</b>	How old were you when you smoked your first cigarette?	FIRSTSMK	___ Age in years 777 Don't Know/Not sure 999 Refused	<b>CATI NOTE: Ask if CTOB.01 = 1</b>		

### 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		
<b>SAQUIT. 01</b>	The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	<b>STP_SMOK</b>	1 Yes 2 No ( <b>Go to SAQUIT.04</b> ) 7 (DO NOT READ) Don't Know/Not Sure ( <b>Go to SAQUIT.04</b> ) 9 (DO NOT READ) Refused ( <b>Go to SAQUIT.04</b> )			
<b>SAQUIT. 02</b>	Are you seriously considering quitting within the next 6 months?	<b>SMK_Q6MO</b>	1 Yes 2 No ( <b>Go to SAQUIT.04</b> )  7 (DO NOT READ) Don't Know/Not Sure  9 (DO NOT READ) Refused	<b>CATI NOTE: ASK IF SAQUIT.0 1 = 1</b>		
<b>SAQUIT. 03</b>	Are you planning to stop within the next 30 days?	<b>SMK_Q30D</b>	1 Yes 2 No  7 (DO NOT READ) Don't Know/Not Sure	<b>CATI NOTE: ASK IF SAQUIT.0 1 = 1 AND (SAQUIT.0 2 &gt; 0 AND</b>		

			9 (DO NOT READ) Refused	<b>SAQUIT.0</b> <b>2 &lt;&gt; 2)</b>		
<b>SAQUIT.04</b>	<p>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.</p> <p>In the last 12 Months, have you Used...Nicotine Replacement medication such as nicotine patches, gum, inhaler, nasal spray, or lozenges?</p>	<b>MED_NCTN</b>	<p>1 Yes</p> <p>2 No (<b>GO TO SAQUIT.06</b>)</p> <p>3 I did not try to quit smoking or using tobacco products (<b>Go to SAQUIT.08</b>)</p> <p>7 (DO NOT READ) Don't Know/Not sure (<b>Go to SAQUIT.06</b>)</p> <p>9 (DO NOT READ) Refused (<b>Go to SAQUIT.06</b>)</p>			
<b>SAQUIT.05</b>	<p>How did you pay for it (nicotine replacement systems)? Would you say ...</p>	<b>PAY_NCTN</b>	<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</p>	<b>CATI</b> <b>NOTE ASK IF SAQUIT.0</b> <b>4 = 1</b>		

			<p>free of charge</p> <p>7 (DO NOT READ) Don't Know/Not sure</p> <p>9 (DO NOT READ) Refused</p>			
<b>SAQUIT.06</b>	<p>In the last 12 months, have you used...</p> <p>Non-nicotine Medication such as Zyban, Wellbutrin, Chantix, Varenicline or other Medications?</p>	<b>NON_NCTN</b>	<p>1 Yes</p> <p>2 No (<b>Go to SAQUIT.08</b>)</p> <p>3 I Did not try to quit smoking or using tobacco products (<b>Go to SAQUIT.08</b>)</p> <p>7 (DO NOT READ) Don't Know/Not sure (<b>Go to SAQUIT.08</b>)</p> <p>9 (DO NOT READ) Refused (<b>Go to SAQUIT.08</b>)</p>	<p><b>CATI NOTE:</b>  <b>ASK IF SAQUIT.04 &gt; 0 AND SAQUIT.04 &lt;&gt; 3</b></p>		
<b>SAQUIT.07</b>	<p>How did you pay for it (non-nicotine medication)? Would you say...</p>	<b>PAY_NNCT</b>	<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><b>CATI NOTE:</b>  <b>ASK IF SAQUIT.06 = 1</b></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>			
<b>SAQUIT. 08</b>	In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?	<b>DNT_QUIT</b>	<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>			
<b>SAQUIT. 09</b>	<p>The next set of questions are about experiences you may have had during a visit to a doctor's office in the last 12 months.</p> <p>During any such visit, did any health professional</p>	<b>DNT_ADVC</b>	<p>1 Yes</p> <p>2 No</p> <p>3 I have not visited a doctor's office in the last 12 months (<b>Go to SAQUIT.12</b>)</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p> <p>9 (DO NOT</p>			

	advise you to stop smoking or using other tobacco products?		READ) Refused			
<b>SAQUIT. 10</b>	<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>	<b>DNT_CLSS2</b>	<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><b>CATI NOTE: IF SAQUIT.0 9 &gt; 0 AND SAQUIT.0 9 &lt;&gt; 3 continue; else go to SAQUIT.1 2</b></p>		
<b>SAQUIT. 11</b>	<p>During any such visit, did any health professional ....</p> <p>Talk with you about medications to help you stop smoking or using other tobacco products?</p>	<b>DNT_OTHR</b>	<p>1 Yes 2 No</p> <p>7 (DO NOT READ) Don't Know/Not sure</p> <p>9 (DO NOT READ) Refused</p>			

<b>SAQUIT. 12</b>	During the past 30 days, have you seen any advertisements on television about help to quit smoking or using tobacco products?	<b>SMK_TVAD</b>	1 Yes 2 No  7 (DO NOT READ) Don't Know/Not sure  9 (DO NOT READ) Refused			
<b>SAQUIT. 13</b>	During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, YouTube or TikTok about help to quit smoking or using other tobacco products?	<b>SMK_SMAD</b>	1 Yes 2 No  7 (DO NOT READ) Don't Know/Not sure  9 (DO NOT READ) Refused			
<b>SAQUIT. 14</b>	In the last 12 months, how many times have you accessed services from the Maine QuitLink?  Would you say...	<b>MQL_USE</b>	<b>PLEASE READ</b> 1 Zero Times 2 One Time 3 Two Times 4 Three or more times  <b>DO NOT READ</b> 7 Don't Know/Not sure 9 Refused		<b>INTERVIEWER NOTE READ IF NECESSARY:</b> The Maine Quitlink, formerly the Maine Tobacco Helpline, provides services such as phone and web coaching, text or email supports, nicotine replacement therapy starter kits, and other	



					web-based services.	
<b>SAQUIT.15</b>	How were you referred to the Maine QuitLink?	<b>MQL_RFR</b>	<p><b>PLEASE READ</b></p> <p>2 From ads/materials promoting the QuitLink</p> <p>3 By a healthcare professional</p> <p>4 By a family member or friend</p> <p>5 I was not referred to the Maine QuitLink</p> <p><b>DO NOT READ</b></p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>	<p><b>CATI NOTE: Ask if SAQUIT.14&lt;6</b></p> <p><b>CATI NOTE: KEEP NUMBERING OF RESPONSES AS IS. There is no #1 selection</b></p>		

### State Added: Environmental Tobacco (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
<b>SAETOB.01</b>	These next questions ask about the type of building you live in and how long have lived there.	<b>LIV_BLDG</b>	<p><b>PLEASE READ</b></p> <p>1 Single family home</p> <p>2 Duplex</p> <p>3 Double or multi-family home</p> <p>4 Condominium</p>		

	In what type of living space do you currently reside?		5 Townhouse 6 Apartment building  <b>DO NOT READ:</b> 7 Don't Know/Not Sure 9 Refused			
<b>SAETOB. 02</b>	How long have you lived in your current residence?	LIV_CRNT	___ Enter amount of time  777 Don't Know/Not Sure 999 Refused	<b>CATI NOTE:</b>  <b>101 MIN</b> <b>499 MAX</b>  <b>101 – 199</b> <b>Number of Days</b> <b>201 – 299</b> <b>Number of Weeks</b> <b>301 – 399</b> <b>Number of months</b> <b>401 – 499</b> <b>number of years</b>		
<b>SAETOB. 03</b>	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			
<b>SAETOB. 04</b>	Now I am going to ask	<b>SCD_HAND</b>	<b>PLEASE READ</b>			

	<p>you some questions about second-hand cigarette smoke.</p> <p>Do you agree or disagree with the following statement “People should be protected from secondhand smoke”? Would you say</p>		<p>1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree</p> <p><b>DO NOT READ</b> 7 Don’t Know/Not Sure 9 Refused</p>			
<b>SAETOB. 05</b>	<p>On how many of the past 30 days, has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?</p>	<b>HME_S30D</b>	<p>__ Days</p> <p>88 None</p> <p>77 Don’t Know/Not Sure</p> <p>99 Refused</p>	<b>CATI NOTE: 30 MAX</b>		
<b>SAETOB. 06</b>	<p>Which of the following statements best describes the rules about smoking inside your home?</p>	<b>RLS_SMOK2</b>	<p><b>Please read</b> 1 No one is allowed to smoke anywhere inside your home</p> <p>2 Smoking is not allowed if</p>			

			<p>children are in the home</p> <p>3 Smoking is allowed in some places or at some times</p> <p>4 Smoking is permitted anywhere inside your home</p> <p><b>DO NOT READ</b></p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>			
<b>SAETOB.07</b>	Which of the following statements best describes the official smoking policy in your building?	<b>SMK_BLDG</b>	<p><b>Please read</b></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><b>DO NOT READ</b></p>	<b>CATI NOTE: ASK IF SAETOB.01 &gt; 1 AND SAETOB.01 &lt; 7</b>		

			7 Don't Know/Not Sure 9 Refused			
<b>SAETOB. 10</b>	Which of these statements best describes your place of work's smoking policy for indoor public common areas, such as lobbies, rest rooms and lunchrooms? Would you say smoking is	<b>PUB_WRPL</b>	<b>Please read</b> 1 Not allowed in any public areas 2 Allowed in some public areas 3 Allowed in all public areas  <b>DO NOT READ</b> 7 Don't Know/Not Sure 9 Refused	<b>CATI NOTE: IF CDEM.13 = 1 OR CDEM.13 = 2 continue, else go to next section (Smoking Beliefs).</b>		
<b>SAETOB. 11</b>	Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...	<b>WRK_WRPL</b>	<b>Please read</b> 1 Not allowed in any work areas 2 Allowed in some work areas 3 Allowed in all work areas  <b>DO NOT READ</b> 7 Don't Know/Not Sure 9 Refused			
<b>SAETOB. 12</b>	Which of these statements best describes	<b>WRK_VHCL</b>	<b>Please read</b> 1 Not allowed in any vehicles			

	<p>your place of work's smoking policy for vehicles? Would you say smoking is...</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><b>DO NOT READ</b></p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>			
<p><b>SAETOB. 13</b></p>	<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</p>	<p><b>WRK_SMOK</b></p>	<p>__ Number of Days (01-07)</p> <p>88 None</p> <p>77 Don't Know/Not sure</p> <p>99 Refused</p>	<p><b>CATI NOTE: Program {Today's day of the week}</b></p> <p><b>CATI NOTE: 07 MAX</b></p>		

	how many days did you breathe the smoke at your workplace 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><b>DO NOT READ</b></p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>		
				CATI NOTE: Ask SASMB.02 IF CDEM.14	

				< 88, else go to SASMB.03		
SASMB.0 2	Do you try to prevent the children in your household from using cigarettes, other tobacco products or electronic vapor products?	PRV_CHLD2	1 Yes 2 No  7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		<b>READ IF NECESSARY:</b> 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.	



<b>SASMB.0</b> <b>3</b>	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		<b>READ IF NECESSARY:</b> 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.	
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State Added: Proof of Age (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	
<b>SAPOA.0</b> <b>1</b>	During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah	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			

	tobacco or electronic vapor products in a store, were you asked to show proof of age?		9 (DO NOT READ) Refused			
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### State Added: Age 21 (Path B)

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)
SAT21.01	<p><b>PLEASE READ:</b></p> <p>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 statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."</p>	PRV_SMK	<p><b>PLEASE READ</b></p> <p>1 Strongly agree</p> <p>2 Somewhat agree</p> <p>3 Neither agree nor disagree</p> <p>4 Somewhat disagree</p> <p>5 Strongly disagree</p> <p><b>DO NOT READ</b></p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>		
SAT21.02	During the past 30 days, have you seen any signage in retail stores, such as grocery or	RTL_T21	<p>1 Yes</p> <p>2 No</p> <p>7 (DO NOT READ) Don't Know/Not Sure</p>		

	convenience stores, that the legal age for tobacco sales in Maine is 21?		9 (DO NOT READ) Refused			
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### Asthma Call-Back Permission Script (Paths A & B)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<p><b>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 MAINE. 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.</b></p>					
<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	1 Yes 2 No			
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	1 Adult 2 Child			
<b>CB01.03</b>	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.**