

2022 BRFSS Questionnaire

MAINE

01/10/2022



INCLUDES CDC UPDATES AS OF 01/03/2022

Questions asked of Path A & B unless otherwise indicated

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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 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 Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the [STATE OF] 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]?	CTELENM1	1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRESD1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on	

					residential phones lines at this time. NOTE: Business numbers which are also used for personal communication are eligible.
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
LL04.	Do you currently live in__(state)____?	STATERE1	1 Yes	Go to LL05	
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.

LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]	
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.	We ask this question to determine which health related

				Go to Transition Section 1.	questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.
			3 Nonbinary 7 Don't know/Not sure 9 Refused	CONTINUE - DO NOT TERMINATE	INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following

					responses is the best: male, female, non-binary, don't know or refused.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	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?	
			2-6 or more	Go to LL12.		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			3 Nonbinary 7 Don't know/Not sure 9 Refused	CONTINUE – DO NOT TERMINATE	[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand	

					that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following responses is the best: male, female, non-binary, don't know or refused.	
LL12	The person in your household that I need to speak with is [Oldest/Youngest/Middle]ADULT. Are you the [Oldest/Youngest/Middle]ADULT in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming) Are you male or female?	[INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We	

					<p>understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following responses is the best: male, female, non-binary, don't know or refused.</p>
			<p>DO NOT READ: 3 Non-binary 7 Don't know/Not sure 9 Refused</p>	<p>CONTINUE – DO NOT TERMINATE</p>	
<p>Transition to Section 1.</p>			<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</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</p>

			any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).		personal information that you provide will not be used to identify you." If the state coordinator approves the change.	
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02	Thank you very much. We will call you back at a more convenient time.	
			2 No	[[set appointment if possible]] TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03	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		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1	Read only if necessary: BY	

					cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood.	
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	

			<p>3 Nonbinary 7 Don't know/Not sure 9 Refused</p>	<p>CONTINUE – DO NOT TERMINATE</p>	<p>INTERVIEWER NOTE: IF RESPONSE IS TRANSGENDER MALE, CODE AS MALE; IF RESPONSE IS TRANSGENDER FEMALE, CODE AS FEMALE. IF INITIAL RESPONSE IS ANYTHING OTHER THAN MALE OR FEMALE, INCLUDING DK/NS OR REFUSED, READ: We understand that this question does not recognize non-binary people, but we will ask about gender identity later in the survey. For now, to move forward in the survey, please tell me which of the following responses is the best: male, female, non-binary, don't know or refused.</p>	
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CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only	

					interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio			

			40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		

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

Core Section 1: Health Status

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

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past	MENTHLTH	__ 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.	

	30 days was your mental health not good?					
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	POORHLTH	__ 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.	

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?		<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</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>	

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?		1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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STATE ADDED HEALTH CARE ACCESS: ASKED OF PATHS A AND B					
SAHCA.01	DELCARE	Other than affordability, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because...	<p>READ:</p> <p>1 You couldn't get through on the telephone</p> <p>2 You couldn't get an appointment soon enough</p> <p>3 Once you got there, you had to wait too long to see the doctor</p> <p>4 The clinic or doctor's office wasn't open when you got there</p> <p>5 You didn't have transportation</p> <p>6 Other</p> <p>DO NOT READ:</p> <p>8 I did not delay getting medical care/did not need medical care</p>	ASK EVERYONE	

			7 Don't Know/Not Sure 9 Refused		
SAHCA.02a	COVG12	In the past 12 months was there any time when you did not have any health insurance or coverage?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	IF YES, GO TO SAHCA.02B IF 2,7 OR 9 GO TO SAHCA.03	
SAHCA.02b	LASTCOVG	About how long has it been since you last had health insurance or coverage?	Read if necessary: 1 6 months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never DO NOT READ: 7 Don't Know/Not Sure 9 Refused	Go to SAHCA.03	
SAHCA.03	VISITS12	How many times have you been to a doctor, nurse, or other health professional in the past 12 months?	__ Number of times (76=76 or more) 88 None		

			77 Don't Know/Not Sure 99 Refusal		
SAHCA.04	RXCOST	Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medications as prescribed because of cost?	1 Yes 2 No 3 No medication was prescribed 7 Don't Know/Not Sure 9 Refused		
SAHCA.05	SATCARE	In general, how satisfied are you with the health care you received? Would you say---	Read: 1 Very satisfied 2 Somewhat satisfied 3 Not at all satisfied Do not read: 8 Not applicable 7 Don't Know/Not Sure 9 Refused		
SAHCA.06	HCBILL	Do you currently have any health care bills that are being paid off over time? Read if Necessary: Health care bills can include medical,	1 Yes 2 No 7 Don't Know/Not Sure		

		dental, physical therapy and/or chiropractic cost. This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.	9 Refused		
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Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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C06.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	
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Core Section 6: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

	of tooth decay or gum disease?		Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) melanoma or any other types of cancer?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome,	

					tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module 1		
CCHC.13	How old were you when you were first told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module 2		

Module 1: Prediabetes (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
M01.01	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	PDIABTST	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			

				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.12 DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)		
M01.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
M02.01	According to your doctor or other health professional, what type of diabetes do you have?	***NEW***	1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
M02.02	Insulin can be taken by shot or pump. Are you now taking insulin?	***NEW***	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

M02.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
M02.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	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			
M02.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?	**NEW**	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 7 Don't Know/Not sure 8 Never 9 Refused			
M02.06	When was the last time you took a course or class in how to manage your diabetes yourself?	***NEW***	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			
M02.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 88 No choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices	
				If more than one response		

				to CDEM.03; continue. Otherwise, go to SAGISO.01		
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p> 41 Asian Indian</p> <p> 42 Chinese</p> <p> 43 Filipino</p> <p> 44 Japanese</p> <p> 45 Korean</p> <p> 46 Vietnamese</p> <p> 47 Other Asian</p> <p>50 Pacific Islander</p> <p> 51 Native Hawaiian</p> <p> 52 Guamanian or Chamorro</p> <p> 53 Samoan</p> <p> 54 Other Pacific Islander</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
SAGISO.01	What sex were you assigned at birth, on your original birth certificate?	<u>SEXBIRTH</u>	<p>1 Male</p> <p>2 Female</p> <p>DO NOT READ:</p> <p>7 Don't Know/ Not Sure</p> <p>9 Refused</p>	<p>PATHS A & B</p> <p>Asked after CDEM.04</p> <p>If NEEDED, SAY: "We ask these questions in order to better understand the health and health care needs of people with different sexual orientations"</p>	The next questions are about gender identity and sexual orientation.	

				and gender identities". INTERVIEWER NOTE: This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.		
SAGISO.0 2	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	PATHS A & B 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 assigned		

				<p>male at birth and who now identifies or lives as a woman may consider themselves transgender</p> <p>Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.”</p>		
SAGISO.03	Now I'll read a list of terms people sometimes use to describe their sexual orientation. Please tell me which number best describes how you think of yourself.	SXL_ORNT	<ol style="list-style-type: none"> 1. Straight or heterosexual 2. Gay or lesbian 3. Bisexual 4. Other <p>DO NOT READ</p> <p>7. Don't know/Not sure</p> <p>9 Refused</p>	<p>INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENTS CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD</p> <p>PATHS A & B</p>		
CDEM.05	Are you...	MARITAL	Please read: 1 Married			

			<p>2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused</p>			
CDEM.06	What is the highest grade or year of school you completed?	EDUCA	<p>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</p>			
CDEM.07	Do you own or rent your home?	RENTHOM1	<p>1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused</p>		<p>Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators</p>	

					among people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these landline telephone numbers are residential numbers?	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.12	How many cell phones do you have for your personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of	

					your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.13	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?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.14	Are you currently...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			

CDEM.16	Is your annual household income from all sources—	***NEW***	<p>Read if necessary:</p> <p>01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused	CATI NOTE: ASK IF (SAGISO.01, is coded 2, 7 or 9 and CDEM.01, Age, <=49		
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	

CDEM.19	About how tall are you without shoes?	HEIGHT3	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	
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Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 10: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if Male (SAGISO.01 is coded 1) OR if SAGISO.01 is coded 7, 9 and (CP05 = 1 or LL12 = 1 or LL09 = 1 or LL07 =1).		
CBCCS.01	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?	HADMAM	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03	A mammogram is an x-ray of each breast to look for breast cancer.	

CBCCS.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			
CBCCS.03	Have you ever had a cervical cancer screening test?		1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but			

			less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
			7 Don't know / Not sure 9 Refused			
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	
				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
CBCCS.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

Core Section 11: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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				If Section CDEM.01, AGE, is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both	Go to CCRC.03		
			7 Don't know/Not sure	GO TO CCRC.05		
			9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 Within the past 10 years (5 years but less than 10 years ago)	Go to CCRC.06		

			<p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.04	How long has it been since your most recent sigmoidoscopy?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	IF CCRC.02 = 3 (BOTH) CONTINUE; ELSE Go to CCRC.06		
CCRC.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG3	<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 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.06	Have you ever had any other 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 Module		

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

			<p>than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		<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.	
CCRC.10	How long has it been since you had this test?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 3 years (2 years but less than 3 years ago)</p>			

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

			years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 12: 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	PATHS A & B	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	PATH A & B		
				Ask if CTOB.01 = 1 and CTOB.02 = 3		
MTC.01	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 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	PATH A & B Go to CTOB.03		

			08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if CTOB.02 = 1 or 2.		
MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	PATH A & B		
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused	PATH A & B	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.	
SAOTP.01	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 cigarettes 'every day,'	CIGARNOW2	Read if necessary 1 Every Day 2 Some days 3 Not at all Do not read 7 Don't Know/Not sure 9 Refused	PATH B		

	'some days,' or 'not at all'?					
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 Not at all (right now) Do not read: 7 Don't know / Not sure 9 Refused	PATHS A & B	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. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
SAECIG.02	Do you or did you use e-cigarettes or other electronic vaping products the same, more or less frequently than other tobacco products?	FRQ_ECIG2	Read if necessary 1 Same 2 More 3 Less 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused	PATH B CATI NOTE: ASK IF ((CTOB.01 > 0 AND CTOB.02 <3) OR SAOTP.01 <3 OR CTOB.03 <3) and		

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

Core Section 13: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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				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	You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?	LCSFIRST	___ Age in Years (001 – 100) 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).	
			888 Never smoked cigarettes regularly	Go to CLC.04	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.	
CLC.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	___ 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?	LCSNUMCG	___ 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	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?		1 Yes 2 No 7 Don't know/not sure 9 Refused	2 to 9 GO TO NEXT SECTION		
CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?		1 Yes 2 No 7 Don't know/not sure 9 Refused	2 TO 9 GO TO NEXT SECTION		
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?		Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3			

			years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
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Core Section 14: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many	AVEDRNK3	__ Number of drinks 88 None		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots	

	drinks did you drink on the average?		77 Don't know / Not sure 99 Refused		would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 15: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	

CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___/____ Month / Year 77 / 7777 Don't know / Not sure 99 / 9999 Refused			
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
CIMM.04	Have you received a tetanus shot in the past 10 years?	TETANUS2	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

Core Section 16: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__/_ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have injected any drug other than those prescribed for you in the past year. You have been treated for a sexually transmitted disease or STD in the past year.	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

	<p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p>					
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Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	***NEW***	1 Yes 3 Tested positive using home test without health professional		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus	
2 No 7 Don't know / Not sure 9 Refused	Go to next section					

						without a test to confirm.	
COVID.02	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	***NEW***		1 Yes		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself	
				2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.03	Which of the following was the primary symptom that you experienced? Was it....	***NEW***		<p>READ</p> <p>1 Tiredness or fatigue</p> <p>2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")</p> <p>3 Difficulty breathing or shortness of breath</p> <p>4 Joint or muscle pain</p> <p>5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain</p> <p>6 Dizziness on standing</p> <p>7 Depression, anxiety, or mood changes</p> <p>8 Symptoms that get worse after physical or mental activities</p> <p>9 You did not have any long-term symptoms that limited your activities.</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>			

Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.		Read if no optional modules follow, otherwise continue to optional modules.

Optional Modules

Module 7: COVID Vaccination (PATH A)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				PATH A		
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?	***NEW***	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine	Go to next section		

			7 = Don't know/Not sure 9 = Refused			
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two 3 Three 4 Four or more	Go to MCOV.05		
			7 Don't know / Not sure 9 Refused	Go to next module		
				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4		
MCOV.04	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
MCOV.05	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 99 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
MCOV.06	During what month and year did you receive your second COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 99 / 9999 Refused			

Module 13: Cognitive Decline (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
M13.01	<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced</p>	CIMEMLOS	1 Yes	Go to M13.02		
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M13.02		
			9 Refused	Go to next module		

	confusion or memory loss that is happening more often or is getting worse?					
M13.02	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M13.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M13.05		
M13.04	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M13.05	During the past 12 months, how often has confusion or memory loss interfered with	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely			

	your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...		5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M13.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/not sure 9 Refused			

Module 16: Social Determinants and Health Equity (Path A)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				PATH A		
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel socially		Read: 1 Always			

	isolated from others? Is it...		2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

Module 17: Marijuana Use (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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Preamble	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
MMU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to next module	Do not include hemp-based CBD-only products.	
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.03	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.04	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

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

			cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
SAECG.01	When you use e-cigarettes or other electronic vaping products what do you most often inhale? Would you say...	INL_ECG	1 Nicotine 2 Marijuana, cannabis or THC 3 Just flavoring Do not read 7 Don't Know/Not sure 9 Refused	PATH B CATI NOTE: ASK IF (CTOB.04 > 1 AND CTOB.04<4) OR MMU.04 =1	INTERVIEWER NOTE: Marijuana and cannabis include CBD and THC.	

Module 23: Random Child Selection (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or			If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		

	<p>younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is >1 and CDEM.15 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 order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.</p>			<p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. 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>		
MRCS.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	<p>__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused</p>			

MRCS.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 3 Nonbinary/other 9 Refused	Go to MRCS.04 if 1 OR 2 If, 3 or 9 continue		
MRCS.03	What was the child's sex on their original birth certificate?		1 Boy 2 Girl			
MRCS.04	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
MRCS.05	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			Do not read: 88 No choices 77 Don't know / Not sure 99 Refused			
				IF MORE THAN ONE RESPONSE TO MRCS.05; CONTINUE. OTHERWISE, GO TO MRCS.07.]		
MRCS.06	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
MRCS.07	How are you related to the child? Are you a....	RCSRLTN2	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 24: Childhood Asthma Prevalence (Paths A & B)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Fill in correct [Xth] number. Go to next module		
MCAP.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 28: Reactions to Race (Path A)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?</p>		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		<p>INTERVIEWER NOTE: Do not offer 'mixed race' as a category but use as a code if respondent offers it.</p> <p>If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."</p>	
MRTR.02	<p>How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?</p>		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused		<p>The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race</p>	

					between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were you treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
				If EMPLOY1= 3, 5, 6, 7,8, 9 GOTO MRTR.05 [CATI skip pattern: MRTR.04 should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered			

			people of the same race 7 Don't know / Not sure 9 Refused			
MRTR.05	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences"	
MRTR.06	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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

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

Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</p>					
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CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			
CB01.02	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____ Enter first name or initials.				

		STATE ADDED: ENVIRONMENTAL HEALTH PATH A ONLY – SAENV.01 TO SAEVNV.03 PATHS A & B – SAENV.04 TO SAENV.10			
Question Number from 2022	Question Text	Variable Name	Responses	SKIP INFO/CATI Note	Interviewer Note
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_DET	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused		Path A only
SAENV.02	Any type of air conditioning means a central air conditioning system or window air conditioning units	AIR_COND	1 = Yes 2 = No	Ask SAENV.03 if SAENV.02=	Path A only

	or a heat pump used to cool the air in your home. Do you have any type of air conditioning in your home?		7 = Don't know/Not Sure 9 = Refused	1; else skip to SAENV.04	
SAENV.03	Do you have central air conditioning, or a window air conditioner unit, or a heat pump?	TYP_COND	1. Central air conditioning; 2. A window air conditioning unit; 4. Heat pump; 7. Don't know/not sure; 9. Refused		Path A only
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	Ask SAENV.05 if SAENV.04=1; else skip to SAENV.08	Path A & B (Both Paths)
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	Ask SAENV.06 if SAENV.05=1; else skip to SAENV.08	Path A & B (Both Paths)
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	Ask SAENV.07 if SAENV.05=1 (YES); else skip to SAENV.08	Path A & B (Both Paths)
SAENV.07	Radon is not included in all water tests. Testing water for radon is not the same as testing your household air for radon. Have you tested your well water for radon?	RDN_WATR	1 = Yes 2 = No 7 = Don't know/Not Sure 9 = Refused		Path A & B (Both Paths)
SAENV.08	Testing household air for radon is not the same as testing your water for radon.	RDN_TEST	1 = Yes 2 = No	Ask SAENV.09 if	Path A & B (Both Paths)

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

Question Number from 2022	Question Text	Variable Name	Responses	SKIP INFO/CATI Note	Interviewer Note
State-added: Hypertension Awareness (Paths A & B)					
SAHBP.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"	INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.
State-added: Cholesterol Awareness (Paths A & B)					
SACHOL.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused		INTERVIEWER NOTE: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

SACHOL.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED 3	1 Yes 2 No 7 (DO NOT READ) Don't know / Not sure 9 (DO NOT READ) Refused		INTERVIEWER NOTE: If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk
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State added: Suicide Ideation and Attempts (Paths A & B)					
SASUICD.01	During the last 12 months, did you ever seriously consider attempting suicide?	CMT_SUCD	1 Yes 2 No 7 Don't know 9 Refused		INTRODUCTION: The next questions deal with the topic of suicide. Answering these questions may bring up strong feelings. If you feel that you need help with these feelings please write down the statewide crisis number 1-888-568-1112, so that you can call them if needed.
SASUICD.02	During the last 12 months, did you ever attempt suicide?	ATM_SUCD	1 Yes 2 No 7 Don't know 9 Refused		CLOSING SUICIDE STATEMENT: Would you like me to repeat the statewide suicide number? If yes say: The number is, 1-888-568-1112 CLOSING STATEMENT
State Added: Sexual Violence (Path A only)					
SASV.01	Are you in a safe place to answer these questions?	SVSAFE	1. YES 2. NO	CATI NOTE: IF 2 (NO), END SECTION.	Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues.

SASV.02	Has anyone EVER had sex with you or attempted to have sex with you after you said or showed that you didn't want them to or without your consent?	EHDSE1	1. YES 2. NO 7. DON'T KNOW/ NOT SURE 9. REFUSED	CATI NOTE: IF (SAGISO.0 1, is coded 2, 7 or 9, or SAGISO.0 2=2,3,4,7, 9 then include "vagina" prior to anus. After asking question: CATI NOTE: IF 2, 7, OR 9, GO TO SASV.04	Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina, anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.
SASV.03	Has this happened in the past 12 months?	NFRG_12M N	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		
SASV.05	Have you EVER been frightened for your safety or the safety of	FRG_SFTY	1 Yes 2 No 7 Don't Know/ Not Sure		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

	your family or friends because of anger or threats by a current or former intimate partner?		9 Refused		dated would also be considered an intimate partner.
SASV.06	In the past 12 months, have you experienced physical violence or had unwanted sex with a current or former intimate partner? Physical violence includes being hit, kicked, punched, 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?
State-Added: Mental Health – Both Paths A and B					
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	CATI NOTE: 14 DAY MAX	

			77 Don't Know/N ot sure 99 Refused		
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/N ot sure 99 Refused	CATI NOTE: 14 DAY MAX	
SAMH.03	Has a doctor or other healthcare provider EVER told you that you have an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?	ADANXEV	1 Yes 2 No DO NOT READ: 7 Don't Know/ Not Sure 9 Refused		
SAMH.04	Are you now taking medicine or receiving treatment from a doctor or	MISTMNT	1 Yes 2 No DO NOT READ:		

	other healthcare provider for any type of mental health condition or emotional problem?		7 Don't Know/ Not Sure 9 Refused		
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State Added: GAMBLING PATHS A AND B					
Question Number from 2022	Question Text	Variable Name	Responses	SKIP INFO/CATI Note	Interviewer Note
SAGAMB.01	In your lifetime, how many times have you gambled (bet) with money or possessions (i.e. casino, race track or online, lottery tickets or sporting events)?	LFE_GMBL	1= 0 times 2= 1-2 times 3= 3-9 times 4= 10-19 times 5= 20-39 times 6= 40 or more times DO NOT READ 7 Don't Know/Not Sure 9 Refused	(Go to END OF MODULE) Continue Continue Continue Continue Continue (Go to END OF MODULE) (Go to END OF MODULE)	
SAGAMB.02	Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school or personal life?	PRB_GMBL	1 Yes 2 No DO NOT READ 7 Don't Know/ Not Sure 9 Refused		

State-Added: Substance Abuse (Paths A & B)					
SARXMU.01	Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?		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 DO NOT READ 7 DON'T KNOW/NOT SURE 9 REFUSED		

STATE ADDED: CIGARETTE USE- PATH B					
SACIG.01	We have some additional questions on specific health issues we would like to ask you about. On the average, about how many cigarettes a day do you now smoke?	SMOKENUM	___ Enter number of cigarettes 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 1	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES
SACIG.02	We have some additional questions on specific health issues we would like to ask you about. On the	SMOKNM30	___ Enter number of cigarettes 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1 and CTOB.02 = 2	INTERVIEWER NOTE: 1 PACK = 20 CIGARETTES

	average, when you smoked during the past 30 days, about how many cigarettes did you smoke in a day?				
SACIG.03	How old were you when you smoked your first cigarette?	FIRSTSMK	___ Age in years 777 Don't Know/Not sure 999 Refused	CATI NOTE: Ask if CTOB.01 = 1	
SAQUIT - Cessation - Path B					
				CATI NOTE for state added section SAQUIT: IF (CTOB.02 > 0 AND CTOB.02 < 3) OR SAOTP.01 < 3 OR CTOB.03 < 3 or (CTOB.04 >1 AND CTOB.04<4) continue, else go to Section SAETOB – Environmental Tobacco	
SAQUIT.01	The next questions are about quitting tobacco use. Would you like to quit smoking or using other tobacco products?	STP_SMOK	1 Yes 2 No (Go to SAQUIT.04) 7 (DO NOT READ) Don't Know/Not Sure (Go to SAQUIT.04) 9 (DO NOT READ) Refused (Go to SAQUIT.04)		
SAQUIT.02	Are you seriously considering quitting within the next 6 months?	SMK_Q6MO	1 Yes 2 No (Go to SAQUIT.04) 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF SAQUIT.01 = 1	

SAQUIT.0 3	Are you planning to stop within the next 30 days?	SMK_Q3OD	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF SAQUIT.01 = 1 AND (SAQUIT.02 > 0 AND SAQUIT.02 <> 2)	
SAQUIT.0 4	Now I am going to read you a list of products and services that you might have used to help you quit smoking or using other Tobacco products. In the last 12 Months, have you Used...Nicotine Replacement medication such as nicotine patches, gum, inhaler or nasal spray?	MED_NCTN	1 Yes 2 No (GO TO SAQUIT.06) 3 I did not try to quit smoking or using tobacco products (Go to SAQUIT.08) 7 (DO NOT READ) Don't Know/Not sure (Go to SAQUIT.06) 9 (DO NOT READ) Refused (Go to SAQUIT.06)		
SAQUIT.0 5	How did you pay for it (nicotine replacement systems)? Would you say ...	PAY_NCTN	1 You paid for it on your own 2 Insurance paid for some of it 3 Insurance paid for all of it 4 You were given the medication free of charge 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused	CATI NOTE ASK IF SAQUIT.04 = 1	
SAQUIT.0 6	In the last 12 months, have you used...	NON_NCTN	1 Yes 2 No (Go to SAQUIT.08)	CATI NOTE: ASK IF SAQUIT.04 > 0	

	Non-nicotine Medication such as Zyban, Wellbutrin, Chantix, Varenicline or other Medications?		3 I Did not try to quit smoking or using tobacco products (Go to SAQUIT.08) 7 (DO NOT READ) Don't Know/Not sure (Go to SAQUIT.08) 9 (DO NOT READ) Refused (Go to SAQUIT.08)	AND SAQUIT.04 <> 3	
SAQUIT.07	How did you pay for it (non-nicotine medication)? Would you say...	PAY_NNCT	1 You paid for it on your own 2 Insurance paid for some of it 3 Insurance paid for all of it 4 You were given the medication free of charge 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused	CATI NOTE: ASK IF SAQUIT.06 = 1	
SAQUIT.08	In the past 12 months, has a dentist or dental hygienist advised you to stop smoking or using other tobacco products?	DNT_QUIT	1 Yes 2 No 3 I have not seen a dentist in the last 12 months 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		
SAQUIT.09	The next set of questions are about experiences you may have had	DNT_ADVC	1 Yes 2 No 3 I have not visited a doctor's office in the last 12		

	<p>during a visit to a doctor's office in the last 12 months.</p> <p>During any such visit, did any health professional advise you to stop smoking or using other tobacco products?</p>		<p>months (Go to SAQUIT.12) 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused</p>		
SAQUIT.10	<p>During any such visit, did any health professional...</p> <p>Give you information about counseling classes or programs, such as the Maine QuitLink (formerly the Maine Tobacco HelpLine), to help you quit smoking or using other tobacco products?</p>	DNT_CLSS2	<p>1 Yes 2 No 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused</p>	CATI NOTE: IF SAQUIT.09 > 0 AND SAQUIT.09 <> 3 continue; else go to SAQUIT.12	
SAQUIT.11	<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>	DNT_OTHR	<p>1 Yes 2 No 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused</p>		
SAQUIT.12	<p>During the past 30 days, have you seen any</p>	SMK_TVAD	<p>1 Yes 2 No</p>		

	advertisements on television about help to quit smoking or using tobacco products?		7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused		
SAQUIT.13	During the past 30 days, have you seen any advertisements on social media such as Facebook, Instagram, or YouTube about help to quit smoking or using other tobacco products?	SMK_SMAD	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not sure 9 (DO NOT READ) Refused		
SAQUIT.14	In the last 12 months, how many times have you accessed services from the Maine QuitLink? Would you say...	MQL_USE	PLEASE READ 1 Zero Times 2 One Time 3 Two Times 4 Three or more times DO NOT READ 7 Don't Know/Not sure 9 Refused		INTERVIEWER NOTE READ IF NECESSARY: 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.
SAQUIT.15	How were you referred to the Maine QuitLink?	MQL_RFR	PLEASE READ 2 From ads/materials promoting the QuitLink 3 By a healthcare professional 4 By a family member or friend	CATI NOTE: Ask if SAQUIT.14<6 CATI NOTE: KEEP NUMBERING OF RESPONSES AS IS. There is no #1 selection	

			5 I was not referred to the Maine QuitLink DO NOT READ 7 Don't Know/Not Sure 9 Refused		
SAETOB: Environmental Tobacco (Path B)					
SAETOB. 01	These next questions ask about the type of building you live in and how long you have lived there. In what type of living space do you currently reside?	LIV_BLDG	PLEASE READ 1 Single family home 2 Duplex 3 Double or multi-family home 4 Condominium 5 Townhouse 6 Apartment building DO NOT READ: 7 Don't Know/Not Sure 9 Refused		
SAETOB. 02	How long have you lived in your current residence?	LIV_CRNT	__ Enter amount of time 777 Don't Know/Not Sure 999 Refused	CATI NOTE: 101 MIN 499 MAX 101 - 199 Number of Days 201 - 299 Number of Weeks 301 - 399 Number of months 401 - 499 number of years	
SAETOB. 03	Do you currently live in public/affordable/subsidized	LIV_PBLC	1 Yes 2 No 7 (DO NOT READ) Don't		

	housing or participate in a voucher/low-income housing program (Such as Section 8)?		Know/Not Sure 9 (DO NOT READ) Refused		
SAETOB. 04	Now I am going to ask you some questions about second-hand cigarette smoke. Do you agree or disagree with the following statement "People should be protected from secondhand smoke"? Would you say	SCD_HAND	PLEASE READ 1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree DO NOT READ 7 Don't Know/Not Sure 9 Refused		
SAETOB. 05	On how many of the past 30 days, has someone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?	HME_S30D	_ Days 88 None 77 Don't Know/Not Sure 99 Refused	CATI NOTE: 30 MAX	
SAETOB. 06	Which of the following statements best describes the rules about smoking inside your home?	RLS_SMOK2	Please read 1 No one is allowed to smoke anywhere inside your home 2 Smoking is not allowed if children are in the home		

			<p>3 Smoking is allowed in some places or at some times</p> <p>4 Smoking is permitted anywhere inside your home</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>		
SAETOB.07	Which of the following statements best describes the official smoking policy in your building?	SMK_BLDG	<p>Please read</p> <p>1 Smoking is not allowed in any areas of the building including living units</p> <p>2 Smoking is not allowed in shared areas, but is allowed inside living units</p> <p>3 Smoking is allowed anywhere</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>	<p>-----CATI</p> <p>NOTE: ASK IF SAETOB.01 > 1 AND SAETOB.01 < 7</p>	
SAETOB.10	Which of these statements best describes your place of work's smoking policy for indoor public common areas, such as lobbies,	PUB_WRPL	<p>Please read</p> <p>1 Not allowed in any public areas</p> <p>2 Allowed in some public areas</p>	<p>CATI NOTE: IF CDEM.14 = 1 OR CDEM.14 = 2 continue, else go to next section.</p>	

	rest rooms and lunchrooms? Would you say smoking is		3 Allowed in all public areas DO NOT READ 7 Don't Know/Not Sure 9 Refused		
SAETOB. 11	Which of these statements best describes your place of work's smoking policy for work areas? Would you say smoking is...	WRK_WRPL	Please read 1 Not allowed in any work areas 2 Allowed in some work areas 3 Allowed in all work areas DO NOT READ 7 Don't Know/Not Sure 9 Refused		
SAETOB. 12	Which of these statements best describes your place of work's smoking policy for vehicles? Would you say smoking is...	WRK_VHCL	Please read 1 Not allowed in any vehicles 2 Allowed in some vehicles 3 Allowed in all vehicles 4 My work does not involve the use of any vehicles at any time DO NOT READ 7 Don't Know/Not Sure 9 Refused		

SAETOB.13	<p>The next question is about exposure to secondhand smoke.</p> <p>Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past 7 days, that is, since last {Today's day of the week}, on how many days did you breathe the smoke at your workplace from someone other than you who was smoking tobacco?</p>	WRK_SMOK	<p>__ Number of Days (01-07) 88 None 77 Don't Know/Not sure 99 Refused</p>	<p>CATI NOTE: Program {Today's day of the week}</p> <p>CATI NOTE: 07 MAX</p>	
SASMB: Smoking Beliefs - Path B					
SASMB.01	<p>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...</p>	CMN_SMAD 2	<p>Please read</p> <p>1 Frequently 2 Sometimes 3 Almost Never 4 I Don't go to convenience stores or gas stations</p> <p>DO NOT READ</p> <p>7 Don't know/Not sure 9 Refused</p>		<p>READ IF NECESSARY: Electronic vapor products include electronic cigarettes (also known as e-cigarettes) and other electronic products such as 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.</p>

<p>SASMB.02</p>	<p>Do you try to prevent the children in your household from using cigarettes, other tobacco products or electronic vapor products?</p>	<p>PRV_CHLD2</p>	<p>1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused</p>	<p>CATI NOTE: IF CDEM.15 < 88 continue, else go to SASMB.03</p>	<p>READ IF NECESSARY: Electronic vapor products include electronic cigarettes (also known as e-cigarettes) and other electronic products such as 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.</p>
<p>SASMB.03</p>	<p>Do you believe e-cigarettes or other Electronic vaping products have the same, more or less nicotine than regular cigarettes?</p>	<p>NCT_ECIG</p>	<p>1 Same 2 More 3 Less 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused</p>		<p>READ IF NECESSARY: Electronic vapor products include electronic cigarettes (also known as e-cigarettes) and other electronic products such as 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.</p>

SAPOA: Proof of Age - Path B					
SAPOA.01	During the past 30 days when you bought or tried to buy any tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco or electronic vapor products in a store, were you asked to show proof of age?	RTL_POA	1 Yes 2 No 3 I have not bought any tobacco products in a store in the past 30 days 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		
SAT21: AGE 21 – PATH B					
SAT21.01	PLEASE READ: As of July 1, 2018, the legal age to purchase tobacco Products in Maine was raised to 21. Do you agree or disagree with the following statement: "Raising the legal age of sale for tobacco products will reduce youth smoking."	PRV_SMK	PLEASE READ 1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree DO NOT READ 7 Don't Know/Not Sure 9 Refused		
SAT21.02	During the past 30 days, have you seen any signage in retail stores, such as grocery or convenience stores, that the legal age for tobacco sales in Maine is 21?	RTL_T21	1 Yes 2 No 7 (DO NOT READ) Don't Know/Not Sure 9 (DO NOT READ) Refused		

*** NEW STATE ADDED: COVID AND TOBACCO USE – PATHS A & B**

<p>SACVT.01</p>	<p>Please read: Beginning in early 2020, the United States experienced the coronavirus disease (COVID-19) pandemic. Depending on where you live, your experience with the pandemic might still be going on now, or your community might be somewhat back to normal. The next question asks about your experiences during this time, whether in the past or continuing now.</p> <p>Do you agree or disagree that you used tobacco products more during the COVID-19 pandemic than before it started? (Count using cigarettes, cigars, e-cigarettes, smokeless, dissolvable, pipes, hookahs, snus, and other tobacco products.)</p>	<p>COVTOB</p>	<p>PLEASE READ</p> <p>1 Strongly agree 2 Somewhat agree 3 Neither agree nor disagree 4 Somewhat disagree 5 Strongly disagree 6 I did not use tobacco products before or during the COVID-19 pandemic</p> <p>DO NOT READ</p> <p>7 Don't Know/Not Sure 9 Refused</p>		<p>Interviewer note: If someone is questioning the timeline specify since March 2020.</p>
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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.