BRFSS

2021

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]
SAMPTYPE. Imported Sample Variable: Sample Type

        1 Landline
        2 Cell Phone

[ASK ALL]
STATE. Imported Sample Variable: State

        IN Indiana

[SET HEALTHDEPT = STATE]
HEALTHDEPT. Hidden Variable for Piping: Health Department Name

        IN Indiana Department of Health

[SET DEPTPHONE = STATE]
DEPTPHONE. Hidden Variable for Piping: Department Phone Number

        IN 1-855-276-3506

[ASK ALL]
ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]
HGENDER. Hidden Variable for storing values entered at SAB1, SAB2, SAB3, SEX1, SEX2, ASKGENDR, RSA, MOD27_1.

        1 Male
        2 Female

[SET LENGTH = STATE]
LENGTH. Hidden Variable for Piping: Interview Length

        IN 22

[ASK IF STATE=CO,MI,MD,NJ,NY]
SPLIT. Imported Sample Variable: Split

        1 Split 1
        2 Split 2
        3 Split 3

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

1	Sunday
2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

CMONTH. System variable - Current month

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System
2020 Questionnaire

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Form Approved
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Exp. Date 03/31/2021

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).

NOTE: 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.

ANSWERING MACHINE MESSAGE TEXT:
AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

1 Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:
PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this $N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE:** IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time."; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** IF NO: Thank you very much. We will call you back at a more convenient time"]

    01 Yes – Continue
    02 No [HIDE IF NOT(SAMPTYPE=1)]
    03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)]

    10 Callback
    20 Refusal
    D3 Answering Machine
    B2 Busy
    DA Dead Air
    HU Hang Up
    NA No Answer
    NW Non-Working Number

[ASK IF INT01=02]

TERM1. 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.

    1 Continue [ASSIGN DISPO U1]

[IF SEX1=1 OR SAB1=1 OR SAB2=1 OR SAB3=1 OR SEX2=1 OR ASKGENDR=1 OR RSA=11,12,13,14,15,16,17,18,19,21 SET ORIG_GENDER=1; IF SEX1=2 OR SAB1=2 OR SAB2=2 OR SAB3=2 OR SEX2=2 OR ASKGENDR=2 OR RSA=01,02,03,04,05,06,07,08,09,22 SET ORIG_GENDER=2]

ORIG_GENDER. Hidden question for piping him/her into resume intro

1 him
2 her

INT02. Hello, I'm _____calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT "[RSA]"; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT "[ASKGENDR]"] to be interviewed.

May I please speak to [ORIG_GENDER]?

01 Selected on the line

03 Go back to Adults question. **WARNING:** A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE [GO BACK TO PW]

10 Callback
20 Refusal
D3 Answering Machine
B2 Busy
DA Dead Air
HU Hang Up
NA No Answer
NW Non-Working Number

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: 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.

1 Yes
2 No
3 No, this is a business

[ASK IF HS1=3]
BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

        1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]
COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

        1 Yes
        2 No – Business
        3 No – Group Home

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF COLLEGE=2,3,7,9]
X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

        1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]
STRES. Do you currently live in [STATE]?

        1 Yes
        2 No

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF STRES=2,7,9]
X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]
HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.
INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

　　1 Yes, it is a cell phone
　　2 Not a cell phone

[ASK IF HS2=1]
HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

　　1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]
ADULT. Are you 18 years of age or older?

　　1 Yes
　　2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]
SEX1. Are you male or female?

　　1 Male
　　2 Female

　　7 DON'T KNOW / NOT SURE
　　9 REFUSED

[IF DC2_2=WR AND MOD27_1=WR AND SEX1=1 SET HGENDER=1 (Male); IF DC2_2=WR AND MOD27_1=WR AND SEX1=2 SET HGENDER=2 (Female)]

[ASK IF STATE=IN AND SEX1=7 OR 9 AND HS2=2 AND ADULT=1]
SAB1. What was your sex at birth? Was it male or female?

> **INTERVIEWER:** This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

     1 Male
     2 Female

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[IF MOD27_1=WR AND SAB1=1 SET HGENDER=1 (Male); IF MOD27_1=WR AND SAB1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]
ADULTS. I need to randomly select an 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?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]
XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

     1 Continue [ASSIGN DISPO M6]

[ASK IF (STATE NE IN AND SEX1=7,9) or (STATE=IN SAB1=7,9)]
XX4. Thank you for your time, your number may be selected for another survey in the future.

     1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]
ONEADULT. Are you the adult?

     1 Yes
     2 No

[ASK IF ONEADULT=1]
ASKGENDR. Are you male or female?

```
    1 Male
    2 Female

    7 DON'T KNOW / NOT SURE
    9 REFUSED
```

[IF MOD27_1=WR AND ASKGENDR=1 SET HGENDER=1 (Male); IF MOD27_1=WR AND ASKGENDR =2 SET HGENDER=2 (Female)]

[ASK IF STATE=IN ASKGENDR=7 OR 9 AND ONEADULT=1]
SAB2. What was your sex at birth? Was it male or female?

INTERVIEWER: This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

```
    1 Male
    2 Female

    7 DON'T KNOW / NOT SURE
    9 REFUSED
```

[IF MOD27_1=WR AND SAB2=1 SET HGENDER=1 (Male); IF MOD27_1=WR AND SAB2 =2 SET HGENDER=2 (Female)]

[ASK IF (STATE NE IN AND ASKGENDR=7,9) OR (STATE=IN SAB2=7,9)]
XX5. Thank you for your time, your number may be selected for another survey in the future.

```
    1 Continue [ASSIGN DISPO R3]
```

[ASK IF ONEADULT=2]
GETADULT. May I speak with the adult in the household that is 18 years of age or older?

```
    1 Yes, adult coming to the phone [GO TO INT01]
    2 No, not here [TERM AS CALL BACK]
```

[ASK IF ONEADULT=1]
YOU. Then you are the person I need to speak with.

1 Continue

MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

WOMEN. So the number of women in the household is [NWOMEN].

INTERVIEWER NOTE: Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes
2 No [GO BACK TO ADULTS]

//PROGRAMMER NOTE: QUESTION SHOULD BE NON-CLEANING//
[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (INT02=WR OR PW=150615))]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

[IF SAB1=1, SET RSA=21; IF SAB2=2, SET RSA=22]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female
02 2nd Oldest Female
03 3rd Oldest Female
04 4th Oldest Female

05 5th Oldest Female
06 6th Oldest Female
07 7th Oldest Female
08 8th Oldest Female
09 9th Oldest Female
11 Oldest Male
12 2nd Oldest Male
13 3rd Oldest Male
14 4th Oldest Male
15 5th Oldest Male
16 6th Oldest Male
17 7th Oldest Male
18 8th Oldest Male
19 9th Oldest Male
20 No respondent selected
21 Male
22 Female

[IF MOD27_1=WR AND RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF MOD27_1=WR AND RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]
RESPSLCT. The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

[**INTERVIEWER**: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of [STATE] 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. This call may be monitored or recorded for quality control.]

1 Yes, male

2 Yes, female

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
5 No, adult refused [GO TO INT20 TERM]
6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]
SELCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]
YOURTHE1. 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 [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue
2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]
**PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD
ENTER PASSWORD**

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]
PHONE. Is this $N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

      1 Yes
      2 No
      3 Not a safe time/driving [GO TO TERM]

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF PHONE=2]
XPHONE. 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.

      1 Continue [CODE AS U1]

[ASK IF PHONE=1]
CELLFON2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

      1 Yes
      2 No
      3 Not a safe time / driving [GO TO TERM]

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF CELLFON2=2]
NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

      1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]
NOTCELL2. Thank you for your time.

     1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]
CADULT. Are you 18 years of age or older?

     1 Yes
     2 No

[ASK IF CADULT=2]
NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

     1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]
SEX2. Are you male or female?

     1 Male
     2 Female

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[IF MOD27_1=WR AND SEX2=1 SET HGENDER=1 (Male); IF MOD27_1=WR AND SEX2 =2 SET HGENDER=2 (Female)]

[ASK IF STATE=IN SEX2=7 OR 9 AND CADULT=1]
SAB3. What was your sex at birth? Was it male or female?

INTERVIEWER: This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.

     1 Male
     2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[IF MOD27_1=WR AND SAB3=1 SET HGENDER=1 (Male); IF MOD27_1=WR AND SAB3 =2 SET HGENDER=2 (Female)]

[ASK IF (STATE NE IN AND SEX2=7,9) OR (STATE=IN AND SAB3=7,9)]
XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]
PVTRESD2. Do you live in a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRESD2=2]
COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes
2 No – business
3 No – group home

4 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF COLLEGE2=2,3]
NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=7,9 OR COLLEGE2=7,9]
X4. Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=1 OR COLLEGE2=1]
CSTATE. Do you currently live in [STATE]?

1 Yes
2 No
3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE=7,9]
X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]
RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California

CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana
ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah

VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF (STATE=IN AND CSTATE=2 AND RSPSTATE=IN)]
STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

　　　　1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]
REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

　　　　1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]
REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

　　　　1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]
LANDLINE. Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JAKE AND OTHER HOME-BASED PHONE SERVICES)

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF PVTRESD2=1]

NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

    77 DON'T KNOW/NOT SURE
    99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH]

    1 Continue
    2 Driving / not a safe time [GO TO CALL BACK SCREEN]

    9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

      1 Excellent
      2 Very good
      3 Good
      4 Fair, or
      5 Poor

      7 DON'T KNOW / NOT SURE
      9 REFUSED

Section 2: Healthy Days

[ASK ALL]
S2Q1. Section 2: Healthy Days

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?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX]

      88 None

      77 DON'T KNOW / NOT SURE
      99 REFUSED

[ASK ALL]
S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX]

> 88 None
>
> 77 DON'T KNOW / NOT SURE
> 99 REFUSED

S2Q3. 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?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX]

> 88 None
>
> 77 DON'T KNOW / NOT SURE
> 99 REFUSED

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

Interviewer: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer: If respondent gives 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.

READ IF NECESSARY:
> 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
> 02 A private nongovernmental plan that you or another family member buys on your own

03 Medicare
04 Medigap
05 Medicaid
06 Children's Health Insurance Program (CHIP)
07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
08 Indian Health Service
09 State sponsored health plan
10 Other government program
88 No coverage of any type

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S3Q2. Do you have one person or a group of doctors that you think of as your personal health care provider?

If no, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

If yes say: "Is that one person or more than one 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. If they had more than one doctor in the same group, it would be one.

1 Yes, only one
2 More than one
3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S3Q3. 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

[ASK ALL]
S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

READ LIST 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 ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

8 NEVER
7 DON'T KNOW
9 REFUSED

Section 4: Exercise

[ASK ALL]
S4Q1. Section 4: Exercise

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?

INTERVIEWER: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

INTERVIEWER: If 'Yes' and respondent is female, ask: "Was this only when you were pregnant?"

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

    1 Yes
    2 Yes, but female told only during pregnancy
    3 No
    4 Told borderline high or pre-hypertensive or elevated blood pressure

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

S5Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

    1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

S5Q2. Are you currently taking prescription medicine for your high blood pressure?

    1 Yes
    2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 16: Home / Self-measured Blood Pressure

MOD16_1. Module 16: Home / Self-measured Blood Pressure

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

MOD16_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

MOD16_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

    1 At home
    2 On a machine at a pharmacy, grocery, or similar location
    3 Do not check it

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF MOD16_2=1]
MOD16_4. How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

```
        1 Telephone
        2 Other methods such as email, internet portal or fax
        3 In person

        4 DO NOT SHARE INFORMATION

        7 DON'T KNOW / NOT SURE
        9 REFUSED
```

Section 6: Cholesterol Awareness

[ASK ALL]
S6Q1. Section 6: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

```
        1 Never
        2 Within the past year (anytime less than one year ago)
        3 Within the past 2 years (1 year but less than 2 years ago)
        4 Within the past 3 years (2 years but less than 3 years ago)
        5 Within the past 4 years (3 years but less than 4 years ago)
        6 Within the past 5 years (4 years but less than 5 years ago)
        8 5 or more years ago

        7 DON'T KNOW / NOT SURE
        9 REFUSED
```

[ASK IF S6Q1=2,3,4,5,6,8]
S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]
S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with atherosclerotic cardiovascular disease risk."

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]
S7Q1. Section 7: Chronic Health Conditions

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.

(Ever told) you had a heart attack also called a myocardial infarction?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]
S7Q2. (Ever told you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q4. (Ever told you had) asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q4=1]
S7Q5. Do you still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S7Q6. (Ever told you had) skin cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

<mark>[ASK ALL]</mark>
S7Q7. (Ever told you had) any other types of cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

IN State Added Section 1: Cancer Survivorship: Course of Treatment

<mark>[ASK IF STATE=IN AND (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]</mark>
IN1_1. State Added Section: Cancer Survivorship: Course of treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ ONLY IF NECESSARY:
1 Yes
2 No, I've completed treatment
3 No, I've refused treatment
4 No, I haven't started treatment
5 Treatment was not necessary

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

<mark>[ASK IF IN1_1=2]</mark>

IN1_2. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF IN1_1=2]
IN1_3. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF IN1_3=1]
IN1_4. Were these instructions written down or printed on paper for you?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF IN1_1=2]
IN1_5. Did you participate in a clinical trial as part of your cancer treatment?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE

9 REFUSED

IN State Added Section 2: Cancer Survivorship: Pain Management
[ASK IF STATE=IN AND (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]
IN2_1. State Added Section: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF IN2_1=1]
IN2_2. Would you say your pain is currently under control …?

    PLEASE READ:
    1 With medication (or treatment)
    2 Without medication (or treatment)
    3 Not under control, with medication (or treatment)
    4 Not under control, without medication (or treatment)

    DO NOT READ:
    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S7Q8. (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]

S7Q9. (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK ALL]
S7Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

     1 Yes
     2 No

     7 DON'T KNOW / NOT SURE
     9 REFUSED

[ASK ALL]
S7Q11. (Ever told you had) diabetes?

INTERVIEWER: 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 04.

     1 Yes
     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

[ASK IF HGENDER=1 AND S7Q11=2]
S7Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q11]

S7Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

 98 DON'T KNOW / NOT SURE
 99 REFUSED

Module 2: Diabetes

MOD2_1. Module 2: Diabetes

Are you now taking insulin?

 1 Yes
 2 No

 7 DON'T KNOW / NOT SURE
 9 REFUSED

MOD2_2. About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

INTERVIEWER NOTE: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'

1 _ _   Times per day (RANGE 101-199)
2 _ _   Times per week (RANGE 201-299)
3 _ _   Times per month (RANGE 301-399)
4 _ _   Times per year (RANGE 401-499) [NUMBER BOX]

 888   Never
 777   DON'T KNOW / NOT SURE

999   REFUSED

MOD2_2A. I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2].

Is this information correct?

    1   Yes, correct as is
    2   No, re-ask question [GO BACK TO MOD2_2]

MOD2_3. Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

1 _ _   Times per day (RANGE 101-199)
2 _ _   Times per week (RANGE 201-299)
3 _ _   Times per month (RANGE 301-399)
4 _ _   Times per year (RANGE 401-499) [NUMBER BOX]

    555   No feet
    888   Never
    777   DON'T KNOW / NOT SURE
    999   REFUSED

MOD2_3A. I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

    1   Yes, correct as is
    2   No, re-ask question [GO BACK TO MOD2_3]

MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

    1   Yes, correct as is
    2   No, re-ask question [GO BACK TO MOD2_4]

MOD2_5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

    88 None
    98 Never heard of A one C test
    77 DON'T KNOW / NOT SURE
    99 REFUSED

MOD2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

    88   None
    77   DON'T KNOW / NOT SURE
    99   REFUSED

MOD2_7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

    READ ONLY 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:
8 Never
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]
MOD2_8. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q11=1 AND CSTATE NE 2]
MOD2_9. Have you ever taken a course or class in how to manage your diabetes yourself?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S7Q11=1]
S7Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

      1 ENGLISH
      2 SPANISH

Section 8: Arthritis

[ASK ALL]

S8Q1. Section 8: Arthritis

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF S8Q1=1]

S8Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF S8Q1=1]

S8Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

      1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is "yes" mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q6. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 9: Demographics

[ASK ALL]
S9Q1. Section 9: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]
S9Q1CHK. You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

[ASK ALL]
S9Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin
2 Yes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S9Q2=2]
[MUL=4]
S9Q2B. Are you…

    1 Mexican, Mexican American, Chicano/a
    2 Puerto Rican
    3 Cuban
    4 Another Hispanic, Latino/a, or Spanish origin

    7 DON'T KNOW / NOT SURE [EXCLUSIVE]
    9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]
[MUL=6]
S9Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

    10 White
    20 Black or African American
    30 American Indian or Alaska Native
    40 Asian
    50 Pacific Islander

    60 OTHER
    77 DON'T KNOW / NOT SURE [EXCLUSIVE]
    99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=40]
[MUL=9]
S9Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

    41 Asian Indian
    42 Chinese
    43 Filipino
    44 Japanese
    45 Korean

46 Vietnamese
47 Other Asian

60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=50]
[MUL=5]
S9Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S9Q3)>1]
[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]
S9Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other   77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(S9Q3A)>1 AND (NBR(S9Q3)==1 OR S9Q4=40)]
[HIDE RESPONSES NOT SELECTED IN S9Q3A AND DISPLAY 77, 99]

[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]
S9Q4A. Is that…

        41 Asian Indian
        42 Chinese
        43 Filipino
        44 Japanese
        45 Korean
        46 Vietnamese
        47 Other Asian

        60 Other
        77 DON'T KNOW / NOT SURE
        99 REFUSED

[ASK IF NBR(S9Q3PI)>1 AND (NBR(S9Q3)==1 OR S9Q4=50)]
[HIDE RESPONSES NOT SELECTED IN S9Q3PI AND DISPLAY 77,99]
[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]
S9Q4PI. Is that…

        51 Native Hawaiian
        52 Guamanian or Chamorro
        53 Samoan
        54 Other Pacific Islander

        60 Other
        77 DON'T KNOW/ NOT SURE
        99 REFUSED

Module 28: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]
MOD28_1A. Module 28: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

> **PLEASE READ:**
> 1 1- Gay
> 2 2- Straight, that is, not gay
> 3 3- Bisexual
> 4 4- Something else
>
> **DO NOT READ:**
> 7 I don't know the answer
> 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

MOD28_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.

> **PLEASE READ:**
> 1 1- Lesbian or Gay
> 2 2- Straight, that is, not gay
> 3 3- Bisexual
> 4 4- Something else
>
> **DO NOT READ:**
> 7 I don't know the answer
> 9 REFUSED

[ASK IF CSTATE NE 2]

MOD28_2. Do you consider yourself to be transgender?

If yes, ask: "Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?"

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. 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.

INTERVIEWER NOTE: If asked about definition of gender non-conforming: Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

    1 1 - Yes, Transgender, male-to-female
    2 2 - Yes, Transgender, female to male
    3 3 - Yes, Transgender, gender nonconforming
    4 4 - No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S9Q5. Are you…?

        PLEASE READ:
        1 Married
        2 Divorced
        3 Widowed
        4 Separated
        5 Never married
        6 A member of an unmarried couple

        9 REFUSED

[ASK ALL]
S9Q6. What is the highest grade or year of school you completed?

[ASK ALL]
S9Q7. Do you own or rent your home?

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

1 Own
2 Rent
3 Other arrangement

7 DON'T KNOW / NOT SURE
9 REFUSED

IN State-Added Section: County
[ASK IF STATE=IN AND CSTATE NE 2]
IN_CNTY. State-Added Section: County

In what county do you currently live?

001	Adams
003	Allen
005	Bartholomew
007	Benton
009	Blackford
011	Boone
013	Brown
015	Carroll
017	Cass
019	Clark
021	Clay
023	Clinton
025	Crawford
027	Daviess
029	Dearborn
031	Decatur
033	DeKalb
035	Delaware
037	Dubois
039	Elkhart
041	Fayette
043	Floyd
045	Fountain
047	Franklin
049	Fulton
051	Gibson
053	Grant
055	Greene
057	Hamilton
059	Hancock
061	Harrison
063	Hendricks
065	Henry
067	Howard
069	Huntington
071	Jackson
073	Jasper
075	Jay
077	Jefferson
079	Jennings

081   Johnson
083   Knox
085   Kosciusko
087   LaGrange
089   Lake
091   LaPorte
093   Lawrence
095   Madison
097   Marion
099   Marshall
101   Martin
103   Miami
105   Monroe
107   Montgomery
109   Morgan
111   Newton
113   Noble
115   Ohio
117   Orange
119   Owen
121   Parke
123   Perry
125   Pike
127   Porter
129   Posey
131   Pulaski
133   Putnam
135   Randolph
137   Ripley
139   Rush
141   St. Joseph
143   Scott
145   Shelby
147   Spencer
149   Starke
151   Steuben
153   Sullivan
155   Switzerland
157   Tippecanoe
159   Tipton

```
161   Union
163   Vanderburgh
165   Vermillion
167   Vigo
169   Wabash
171   Warren
173   Warrick
175   Washington
177   Wayne
179   Wells
181   White
183   Whitley
777 DON'T KNOW / NOT SURE
999 REFUSED
```

[ASK IF STATE= IN AND CSTATE NE 2]
S9Q8. Aggregated state-specific county response

```
IN     [IN_CNTY]

77     DON'T KNOW / NOT SURE
99     REFUSED
```

[ASK IF STATE=IN AND S9Q8 NE 77,99 AND CSTATE NE 2]
S9Q8C. I just want to confirm, you said you live in the county of [S9Q8]. Is that correct?

```
1 Yes, correct county
2 No, incorrect county [GO BACK TO IN_cnty]
```

[ASK IF CSTATE=2]
CNTY. In what county do you currently live?

```
1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE
9 REFUSED
```

[ASK ALL]

S9Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

    77777 DON'T KNOW / NOT SURE
    99999 REFUSED

[ASK IF S9Q9 NE 77777,99999]
S9Q9C. I just want to confirm, you said your zip code is [S9Q9]. Is that correct?

    1 Yes, correct zip code
    2 No, incorrect zip code [GO BACK TO S9Q9]

[ASK IF SAMPTYPE=1]
S9Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S9Q10=1 AND SAMPTYPE=1]
S9Q11. How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

    6 6 or more
    7 DON'T KNOW / NOT SURE
    8 None
    9 REFUSED

[ASK ALL]
S9Q12. How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE
8 NONE
9 REFUSED

[ASK ALL]
S9Q13. 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S9Q14. Are you currently…?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

PLEASE 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

9 REFUSED

[ASK ALL]
S9Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

    88 NONE
    99 REFUSED

[ASK IF S9Q15=1-87]
S9Q15CHK. Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT "child"; IF S9Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

    1 Yes
    2 No [GO BACK TO S9Q15]

    9 REFUSED

[ASK ALL]
S9Q16A. Is your annual household income from all sources –

Less than $35,000 ($25,000 to less than $35,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S9Q16A=01]
S9Q16B. Less than $25,000 ($20,000 to less than $25,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE

99 REFUSED

S9Q16C. Less than $20,000 ($15,000 to less than $20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16D. Less than $15,000 ($10,000 to less than $15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16E. Less than $10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

S9Q16F. Less than $50,000 ($35,000 to less than $50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16F=02]
S9Q16G. Less than $75,000 ($50,000 to less than $75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16G=02]
S9Q16H. Less than $100,000 ($75,000 to less than $100,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16H=02]
S9Q16I. Less than $150,000 ($100,000 to less than $150,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16I=02]

S9Q16J. Less than $200,000 ($150,000 to less than $200,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S9Q16J=02]
S9Q16K. $200,000 or more?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

    01 Yes
    02 No

    77 DON'T KNOW / NOT SURE
    99 REFUSED

SET S9Q16=01 IF S9Q16E=01
SET S9Q16=02 IF S9Q16E=02
SET S9Q16=03 IF S9Q16D=02
SET S9Q16=04 IF S9Q16C=02
SET S9Q16=05 IF S9Q16B=02
SET S9Q16=06 IF S9Q16F=01
SET S9Q16=07 IF S9Q16G=01
SET S9Q16=08 IF S9Q16H=01
SET S9Q16=09 IF S9Q16I=01
SET S9Q16=10 IF S9Q16J=01 OR IF S9Q16K=02
SET S9Q16=11 IF S9Q16K=01
SET S9Q16=77 IF ANY S9Q16A-S9Q16K=77
SET S9Q16=99 IF ANY S9Q16A-S9Q16K=99

[ASK ALL]
S9Q16. Aggregated response to income question

05 Less than $35,000 ($25,000 to less than $35,000)
04 Less than $25,000 ($20,000 to less than $25,000)
03 Less than $20,000 ($15,000 to less than $20,000)
02 Less than $15,000 ($10,000 to less than $15,000)
01 Less than $10,000
06 Less than $50,000 ($35,000 to less than $50,000)
07 Less than $75,000 ($50,000 to less than $75,000)
08 Less than $100,000 ($75,000 to less than $100,000)
09 Less than $150,000 ($100,000 to less than $150,000)
10 Less than $200,000 ($150,000 to less than $200,000)
11 $200,000 or more

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16 NE 77,99]
S9Q16AA. Your Annual Household Income is [S9Q16]. Is This Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]
S9Q17. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
PS9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF PS9Q18=P]
S9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

        7777 DON'T KNOW / NOT SURE
        9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]
S9Q18_A. Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

        1 Yes
        2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]
S9Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

        7777 DON'T KNOW / NOT SURE
        9999 REFUSED

[ASK IF S9Q18M=23-352 AND PS9Q18=K]
S9Q18AM. Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

        1 Yes
        2 No   [GO BACK TO S9Q18M]

[ASK ALL]
PS9Q19. About how tall are you without shoes?

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS9Q19=F]
S9Q19. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q19=300-407 OR S9Q19=609-711]
S9Q19A. Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No   [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]
S9Q19M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]

S8Q19AM. Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

> 1 Yes
> 2 No   [GO BACK TO S9Q19M]

Section 10: Disability

[ASK ALL]
S10Q1. Section 10: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

> 1 Yes
> 2 No
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

[ASK ALL]
S10Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

> 1 Yes
> 2 No
>
> 7 DON'T KNOW / NOT SURE
> 9 REFUSED

[ASK ALL]
S10Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

> 1 Yes
> 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S10Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S10Q5. Do you have difficulty dressing or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]
S10Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Tobacco Use

[ASK ALL]
S11Q1. Section 11: Tobacco Use

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes,njoy, bluetin, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF S11Q1=1]
S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

    DO NOT READ:
    1 Every day
    2 Some days
    3 Not at all

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S11Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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.

    DO NOT READ:
    1 Every day
    2 Some days
    3 Not at all

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK ALL]
S11Q4. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

READ IF NECESSARY: 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.

DO NOT READ
    1 Every day
    2 Some days
    3 Not at all
    4 Never used e-cigs

    7 DON'T KNOW / NOT SURE
    9 REFUSED

Module 22: Tobacco Cessation

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]
MOD22_1. Module 22: Tobacco Cessation

How long has it been since you last smoked a cigarette, even one or two puffs?

    READ ONLY IF NECESSARY:
    01 Within the past month (less than 1 month ago)
    02 Within the past 3 months (1 month but less than 3 months ago)
    03 Within the past 6 months (3 months but less than 6 months ago)
    04 Within the past year (6 months but less than 1 year ago)
    05 Within the past 5 years (1 year but less than 5 years ago)
    06 Within the past 10 years (5 years but less than 10 years ago)
    07 10 years or more
    08 Never smoked regularly

    DO NOT READ:
    77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S11Q2=1,2 AND CSTATE NE 2]
MOD22_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]
S12Q1. Section 12: Alcohol Consumption

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1_ _ Days per week (RANGE 101-107)
2_ _ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888   No drinks in past 30 days
777   DON'T KNOW / NOT SURE
999   REFUSED

[ASK IF S12Q1 NE 888,777,999]
S12Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q2=12-76]
S12Q2A. I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

    1   Correct as is
    2   No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]
S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

    88 NO DAYS
    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S12Q3=16-76]
S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

    1   Correct as is
    2   No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]
S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S12Q4=16-76]
S12Q4A. I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

1   Correct as is
2   No, Re-ask question [GO BACK TO S12Q4]

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1   Correct as is
2   No, Re-ask question [GO BACK TO S12Q4]

S12Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

1   Correct as is
2   No, Re-ask question [GO BACK TO S12Q3]

Section 13: Immunization

S13Q1. Section 13: Immunization

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?

READ ONLY 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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S13Q1=1]
S13Q2M. 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?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

   77 DON'T KNOW / NOT SURE
   99 REFUSED

[ASK IF S13Q1=1]
S13Q2Y.
Code YEAR (RANGE 2020-2021) [NUMBER BOX]

   7777 DON'T KNOW / NOT SURE
   9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]
S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

   1 Yes [GO BACK TO S13Q2M]
   2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

> 1 CONTINUE [GO BACK TO S13Q2M]

[ASK IF S13Q1=1 AND CSTATE NE 2 AND S13Q2CHK NE 2]
S13Q3. At what kind of place did you get your last flu shot or vaccine?

READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine?

INTERVIEWER NOTE: If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

READ IF NECESSARY:
01 A doctor's office or health maintenance organization (HMO)
02 A health department
03 Another type of clinic or health center (a community health center)
04 A senior, recreation, or community center
05 A store (supermarket, drug store)
06 A hospital (inpatient)
07 An emergency room
08 Workplace
09 Some other kind of place
11 A school

DO NOT READ:
12 A drive through location at some other place than listed above
10 RECEIVED VACCINATION IN CANADA/MEXICO
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 14: H.I.V./AIDS

S14Q1. Section 14: H.I.V./AIDS

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.?

INTERVIEWER NOTE: 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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

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.

01 January
02 February
03 March
04 April
05 May
06 June
07 July

08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF S14Q1=1]
S14Q2Y.
Code YEAR (RANGE 1985-2021) [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]
S14Q2CHK. I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

    1 CONTINUE [GO BACK TO S14Q2M]

Section 15: Fruits and Vegetables

[ASK ALL]
S15Q1. Section 15: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': "Include fresh, frozen or canned fruit. Do not include dried fruits."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of <u>times</u> per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"

1_ _	Day (RANGE 101-199)
2_ _	Week (RANGE 201-299)
3_ _	Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S15Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends."

INTERVIEWER NOTE: Enter quantity in times per day, week, or month**.** If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

1_ _	Day (RANGE 101-199)
2_ _	Week (RANGE 201-299)
3_ _	Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S15Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

INTERVIEWER NOTE: Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week or month?"

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S15Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "Do not include potato chips"

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S15Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:
"Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes."

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]
S15Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?'

1_ _   Day (RANGE 101-199)
2_ _   Week (RANGE 201-299)
3_ _   Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

Optional Modules

Module 19: Caregiver

[ASK IF CSTATE NE 2]
MOD19_1. Module 19: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or
disability?

1 Yes
2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_2. What is his or her relationship to you?

INTERVIEWER NOTE: **If more than one person, say:** Please refer to the person to whom you are giving the most care.

01 Mother
02 Father
03 Mother-in-law
04 Father-in-law
05 Child
06 Husband
07 Wife
08 Live in partner
09 Brother or brother-in-law
10 Sister or sister-in-law
11 Grandmother
12 Grandfather
13 Grandchild
14 Other relative
15 Non-relative / Family friend

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF MOD19_1=1 AND CSTATE NE 2]
MOD19_3. For how long have you provided care for that person? Would you say…

READ:

1 Less than 30 days
2 1 month to less than 6 months
3 6 months to less than 2 years
4 2 years to less than 5 years
5 More than 5 years

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_4. In an average week, how many hours do you provide care or assistance? Would you say…

READ:
1 Up to 8 hours per week
2 9 to 19 hours per week
3 20 to 39 hours per week
4 40 hours or more

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_5. What is the main health problem, long-term illness, or disability that the person you care for has?

READ ONLY IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?

01 Arthritis/Rheumatism
02 Asthma
03 Cancer
04 Chronic respiratory conditions such as Emphysema or COPD
05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
07 Diabetes
08 Heart Disease, Hypertension, Stroke
09 Human Immunodeficiency Virus Infection (HIV)

10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
11 Other organ failure or diseases such as kidney or liver problems
12 Substance Abuse or Addiction Disorders
13 Injuries, including broken bones
14 Old age/infirmity/frailty
15 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

ASK IF MOD19_1=1 AND MOD19_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]
MOD19_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]
MOD19_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

MOD19_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Marijuana Use

MOD21_1. Module 21: Marijuana Use

During the past 30 days, on how many days did you use marijuana or cannabis?

INTERVIEWER NOTE: If asked, participants should be advised NOT to include hemp-based CBD products

RANGE 1-30 [NUMBER BOX]

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

MOD21_2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually…

INTERVIEWER NOTE: Select one. If respondent provides more than one say: "Which way did you use it most often?"

INTERVIEWER: Read parentheticals only if asked for more detail

PLEASE READ:
1 **Smoke it** (for example, in a joint, bong, pipe, or blunt).

2 **Eat it** (for example, in brownies, cakes, cookies, or candy)
3 **Drink it** (for example, in tea, cola, or alcohol)
4 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device)
5 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or
6 **Use it some other way.**

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD21_1 =1-30]
MOD21_3. When you used marijuana or cannabis during the past 30 days, was it usually:

PLEASE READ:
1 For medical reasons;
2 For non-medical reasons or
3 For both medical and non-medical reasons

DO NOT READ:
7   DON'T KNOW / NOT SURE
9   REFUSED

Module 25: Random Child Selection

[ASK IF S9Q15=1 AND CSTATE NE 2]
MOD25T1. Module 25: Random Child Selection

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

      1 Continue

[ASK IF S9Q15=2-87]
[IF S9Q15=2-87, RANDOMLY SET RNDS9Q15 USING S9Q15 RESPONSE FOR RANDOMIZATION]

RNDS9Q15. System Generated Variable: Randomly Selected Child

      01 first
      02 second

03 third
04 fourth
05 fifth
06 sixth
07 seventh
08 eighth
09 ninth
10 tenth
11 eleventh
12 twelfth
13 thirteenth
14 fourteenth
15 fifteenth
16 sixteenth
17 seventeenth
18 eighteenth
19 nineteenth
20 twentieth
21 twenty-first
22 twenty-second
23 twenty-third
24 twenty-fourth
25 twenty-fifth
26 twenty-sixth
27 twenty-seventh
28 twenty-eighth
29 twenty-ninth
30 thirtieth
31 thirty-first
32 thirty-second
33 thirty-third
34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second

43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh
48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eight
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh
68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third
74 seventy-fourth
75 seventy-fifth
76 seventy-sixth
77 seventy-seventh
78 seventy-eighth
79 seventy-ninth
80 eightieth
81 eighty-first
82 eighty-second

83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

[ASK IF S9Q15=2-87 AND CSTATE NE 2]
MOD25T2. Previously, you indicated there were [S9Q15] children age 17 or younger in your household. Think about those [S9Q15] 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.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS9Q15] child in your household. All following questions about children will be about the [RNDS9Q15] child.

1 Continue

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_1M. What is the birth month and year of the [RNDS9Q15] child?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
MOD25_1Y.
Code YEAR (RANGE 2003-2021) [NUMBER BOX]

        7777 DON'T KNOW / NOT SURE
        9999 REFUSED

[ASK IF MOD25_1Y<=2021]
CHLDAGE1. Calculate child's age in months.

[ASK IF MOD25_1Y<=2021]
CHLDAGE2. Calculate child's age in years

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_2. Is the child a boy or a girl?

        1 Boy
        2 Girl

        9 REFUSED

[ASK IF S9Q15=1-87AND CSTATE NE 2]
MOD25_3. Is the child Hispanic, Latino/a, or Spanish origin?

        5 No, not of Hispanic, Latino/a, or Spanish origin
        1 Yes

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF MOD25_3=1]
[MUL=4]
MOD25_3B. Are they…
INTERVIEWER NOTE: One or more categories may be selected

        PLEASE READ:
        1 Mexican, Mexican American, Chicano/a
        2 Puerto Rican
        3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ:
5 No [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
[MUL=5]
MOD25_4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:
10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

DO NOT READ:
60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF MOD25_4=40]
[MUL=8]
MOD25_4A. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:
41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

DO NOT READ:
60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF MOD25_4=50]
[MUL=5]
MOD25_4P. Is that…

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:
51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

DO NOT READ:
60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF NBR(MOD25_4)>1]
[HIDE RESPONSES NOT SELECTED IN MOD25_4 AND DISPLAY 77,99]
MOD25_5. Which one of these groups would you say best represents the child's race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF NBR(MOD25_4A)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=40)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4A AND DISPLAY 77,99]
[IF MOD25_4 NE MUL AND MOD25_5=40 AUTO PUNCH WITH MOD25_4A RESPONSE]
MOD25_5A. Is that…

    41 Asian Indian
    42 Chinese
    43 Filipino
    44 Japanese
    45 Korean
    46 Vietnamese
    47 Other Asian

    60 Other
    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF NBR(MOD25_4P)>1 AND (NBR(MOD25_4)==1 OR MOD25_5=50)]
[HIDE RESPONSES NOT SELECTED IN MOD25_4P AND DISPLAY 77,99]
[IF MOD25_4P NE MUL AND MOD25_5=50 AUTO PUNCH WITH MOD25_4P RESPONSE]
MOD25_5P. Is that…

    51 Native Hawaiian
    52 Guamanian or Chamorro
    53 Samoan
    54 Other Pacific Islander

    60 Other
    77 DON'T KNOW / NOT SURE
    99 REFUSED

[DATA PROCESSING NOTE: MOD25_5 is presented as one question, combine MOD22_5A and MOD25_5P into MOD25_5 for delivery]

[ASK IF S9Q15=1-87AND CSTATE NE 2]

MOD25_6. How are you related to the child? Are you a…

Module 26: Childhood Asthma Prevalence

[ASK IF S9Q15=1-87 AND CSTATE NE 2]
MOD26_1. Module 26: Childhood Asthma Prevalence

The next two questions are about the [RNDS9Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD26_1=1]
MOD26_2. Does the child still have asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Indiana State Added Sections

IN State Added Section 3: COVID

[ASK IF STATE=IN AND CSTATE NE 2]

IN3_1. State Added Section 3: COVID

Have you ever tested positive for COVID-19 or been diagnosed by a health care provider as having COVID-19?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2]

IN3_2. Have you or anyone else in your household tried to be tested for COVID-19 and not been able to get tested?

      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF IN3_2=1]
[MUL=7]

IN3_2a. Why were you unable to get tested?

INTERVIEWER: Select all that apply.

      01 Did not meet criteria for testing
      02 Not seriously ill enough
      03 Diagnosed with another condition
      04 Waited until after symptoms went away
      05 Cost / Insurance wouldn't cover it
      06 I did not know where to get tested
      07 Other

      77 DON'T KNOW / NOT SURE [EXCLUSIVE]
      99 REFUSED [EXCLUSIVE]

Module 8: COVID Vaccination

MOD8_1. Module 8: COVID Vaccination

Have you had a COVID-19 vaccination?

    1 Yes
    2 No

    7 DON'T KNOW / NOT SURE
    9 REFUSED

IN3_3. Would you be willing to receive a COVID-19 vaccine?
    1 Yes – I would be willing
    2 Yes – I already received the vaccine
    3 No – I would not be willing

    7 DON'T KNOW / NOT SURE
    9 REFUSED

MOD8_2. 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?

    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

    7 DON'T KNOW / NOT SURE
    9 REFUSED

IN3_3a. Why [IF IN3_3=1 INSERT "would you be"] [IF IN3_3=2 INSERT "were you"] willing to receive a COVID-19 vaccine?

INTERVIEWER: Select all that apply.
    1 To protect myself
    2 To protect others
    3 Other

    7 DON'T KNOW / NOT SURE [EXCLUSIVE]
    9 REFUSED [EXCLUSIVE]

[ASK IF IN3_3=3]
[MUL=6]
IN3_3b. Why wouldn't you be willing to receive a COVID-19 vaccine?

INTERVIEWER: Select all that apply.
    1 Concern that it is unsafe
    2 Concern about side effects
    3 Concern that it is ineffective
    4 Vaccine unnecessary
    5 Potential Cost
    6 Other

    7 DON'T KNOW / NOT SURE [EXCLUSIVE]
    9 REFUSED [EXCLUSIVE]

[ASK IF MOD8_1=1 AND CSTATE NE 2]
MOD8_3. How many COVID-19 vaccinations have you received?

    1 One
    2 Two or more

    7 DON'T KNOW / NOT SURE
    9 REFUSED

[ASK IF MOD8_3=1,7,9 AND CSTATE NE 2]

MOD8_4. 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?

    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

[ASK IF MOD8_3=1,2 AND CSTATE NE 2]
MOD8_5M. During what month and year did you receive your [IF MOD8_3=2 INSERT "first"] COVID-19 vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

    77 DON'T KNOW / NOT SURE
    99 REFUSED

[ASK IF MOD8_3=1,2 AND CSTATE NE 2]
MOD8_5Y.
Code YEAR (RANGE 2020-2021) [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF MOD8_5Y=CYEAR AND MOD8_5M>CMONTH AND NOT(MOD8_5M=77,99)]
MOD8_5CHK. I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD8_5M]

[ASK IF MOD8_5Y=2020 AND MOD8_5M<11]
MOD8_5CHK2. Are you sure you received your vaccine in [MOD8_5M] [MOD8_5Y]?

INTERVIEWER NOTE: Widespread COVID vaccination in the United States started mid December 2020.

1 Yes, that is correct.
2 No [GO BACK TO MOD8_5M]

[ASK IF MOD8_3=2 AND CSTATE NE 2]
MOD8_6M. During what month and year did you receive your second COVID-19 vaccination?

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD8_3=2 AND CSTATE NE 2]
MOD8_6Y.
Code YEAR (RANGE 2020-2021) [NUMBER BOX]

    7777 DON'T KNOW / NOT SURE
    9999 REFUSED

[ASK IF MOD8_6Y=CYEAR AND MOD8_6M>CMONTH AND NOT(MOD8_6M=77,99)]
MOD8_6CHK. I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

    1 Continue [GO BACK TO MOD8_6M]

[ASK IF MOD8_3=2 AND MOD8_5Y NE 7777, 9999 AND ((MOD8_5Y>MOD8_6Y) OR (MOD8_5Y=MOD8_6Y AND MOD8_6M<MOD8_5M))]
MOD8_6CHK2. I'm sorry, but you have given me a date for your first COVID vaccination that is after your second COVID vaccination date. I must go back and correct this inconsistency.

    1 Continue [GO BACK TO MOD8_5M]

[ASK MOD8_6Y=2020 AND MOD8_6M<11 AND NOT (MOD8_5Y=MOD8_6Y AND MOD8_5M=MOD8_6M)]
MOD8_6CHK3. Are you sure you received your vaccine in [MOD8_6M] [MOD8_6Y]?

INTERVIEWER NOTE: Widespread COVID vaccination in the United States started mid December 2020.

    1 Yes, that is correct.
    2 No [GO BACK TO MOD8_6M]

[ASK IF STATE=IN AND CSTATE NE 2]
IN3_4. How important is mask use for reducing the spread of COVID-19 in Indiana?
PLEASE READ:
    1 Very Important
    2 Important
    3 Moderately Important
    4 Slightly Important

5 Not Important

DO NOT READ:
      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2]
IN3_5. How important is social distancing for reducing the spread of COVID-19 in Indiana?
PLEASE READ:
      1 Very Important
      2 Important
      3 Moderately Important
      4 Slightly Important
      5 Not important

DO NOT READ:
      7 DON'T KNOW / NOT SURE
      9 REFUSED

IN State Added Section 4: Opioid Use

[ASK IF STATE=IN AND CSTATE NE 2]
IN4_1. State Added Section : Opioid Use

In the past year, did you use a prescription pain medication that was not prescribed specifically for you by a doctor, dentist, nurse practitioner, or other healthcare provider? This can include, but is not limited to, codeine, OxyContin, Hydrocodone, Percocet, and Tramadol
      1 Yes
      2 No

      7 DON'T KNOW / NOT SURE
      9 REFUSED

[ASK IF IN4_1=1]
[MUL=5]
IN4_1a. From whom did you obtain the prescription pain medication?

1 From a friend or relative
2 From an acquaintance
3 From a street dealer or other person I did not know
4 Online
5 Other

7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF IN4_1=1]
IN4_1b. About how often in the past year did you use prescription pain medications that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider? Would you say…

PLEASE READ:
1 Rarely – once or twice a year
2 Several times a year
3 Several times a month
4 Every day or nearly every day

DO NOT READ:
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=IN AND CSTATE NE 2]
IN4_2. In the past year, besides prescription pain medication, did you use any other pharmaceutical drugs not prescribed for you?
1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF IN4_2=1]
[MUL=4]
IN4_2a. Which drugs did you use

DO NOT READ:

1 Prescription stimulants not prescribed to you (including, but not limited to, amphetamines [Adderall® and Dexedrine®], methylphenidate [Concerta®and Ritalin®], diet aids [such as Didrex®, Bontril®,Preludin®, Fastin®, Adipex P®, Ionomin®, and Meridia®]).

2 Prescription sedatives not prescribed to you (including, but not limited to, benzodiazepines, [Valium®, Xanax®, Restoril®, Ativan®, Klonopin®], and barbiturates [Fiorina®, Pentothal®, Seconal®, or Nembutal®]).

3 Over the counter drugs to get high
4 Other

7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF STATE=IN AND CSTATE NE 2]
IN4_3. In the past year, did you use any illicit drugs? This can include, but is not limited to, substances such as cocaine/crack, heroin/fentanyl/other synthetic opioids, hallucinogens, inhalants, marijuana/synthetic cannabinoids, and methamphetamines.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF IN4_3=1]
[MUL=7]
IN4_3a. Which illicit drugs did you consume?

INTERVIEWER: Select all that apply

DO NOT READ:

1 Cocaine / Crack (also called coke, crank, rock, snow)
2 Heroin / Fentanyl / Other Synthetic Opioids

3 Hallucinogens (including, but not limited to, acid, LSD, mushrooms, ecstasy. Ecstasy is also called molly or MDMA)
4 Inhalants (including but not limited to aerosol spray cans, paints, glue, lighter fluid, and cleaning fluids)
5 Marijuana / Synthetic cannabinoids (also called Spice, fake weed, K2, King Kong, Yucatan Fire, or Skunk) (also called pot, weed, or cannabis)
6 Methamphetamines (also called speed, crystal meth, crank, ice, or meth)
8 Other

7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF STATE=IN AND CSTATE NE 2]
IN4_CLOSE. Would you like a phone number for an organization that can provide information and referral for this issue?
1 Yes
2 No

[ASK IF IN4_CLOSE=1]
IN4_HOT. You can contact the Indiana Addiction Hotline at 1-800-662-HELP (4357)
1 Continue

IN State Added Section 5: Recovery

[ASK IF STATE=IN AND CSTATE NE 2]
IN5_1. State Added Section 5: Recovery

Has your use of drugs or alcohol negatively impacted your daily life in the past but not anymore?
1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF IN5_1=1]
IN5_2. Do you consider yourself to be a person in recovery?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[MUL=10]
IN5_3. What recovery supports, or resources, have you ever (including currently) engaged with?

01 Sober living environment (e.g., halfway house, Oxford house, sober dorm, etc.)
02 Recovery high schools or College recovery programs/communities
03 Recovery community centers / State or local recovery community organization (RCO)
04 Faith-based recovery services (e.g., an addiction recovery support group provided by a church, synagogue, mosque, etc.)
05 12-step based recovery meetings (e.g., AA, NA, CA, etc.)
06 Professional Treatment / Services (detoxification, inpatient, residential, or intensive outpatient)
07 Medications to support your recovery (e.g., Suboxone, Methadone, Vivitrol, etc.)
08 Peer-based recovery coaching or support services or non-12-step based recovery meetings (SMART Recovery, Refuge Recovery, etc.)
09 Pre-arrest diversion program / Drug Court / Recovery Court diversion program
10 Other (Specify) [TEXT BOX]
11 None of the above [EXCLUSIVE]

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

IN State Added Section 6: Unwanted Sexual Experiences

IN6_1. State Added Section 6: Unwanted Sexual Experiences

The next questions are about unwanted sexual experiences. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section I will give you a phone number for an organization that can provide information and referral for this issue. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. This information will help us better understand the problem of unwanted sexual contact and may help others in the future. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

        1 Yes
        2 No

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF STATE=IN AND IN6_1=1]
IN6_2. I am going to ask you some questions about unwanted sexual contact. Unwanted sex includes both verbal and physical contact without consent. Have you experienced unwanted sexual contact?

        1 Yes
        2 No

        7 DON'T KNOW / NOT SURE
        9 REFUSED

[ASK IF IN6_2=1]
[MUL=8]
IN6_3. In what type of place did the incident (if more than one incident reported, ask about the most recent) occur? For instance, did this happen at home, school, or at work?

        01 At home
        02 At work
        03 In a park
        04 At a friend's home
        05 At a family member's home
        07 At school
        08 At a bar or restaurant
        09 In a car
        06 Other [TEXT BOX] [EXCLUSIVE]

        77 DON'T KNOW / NOT SURE [EXCLUSIVE]
        99 REFUSED [EXCLUSIVE]

IN6_CLOSE. Would you like a phone number for an organization that can provide information and referral for this issue?

      1 Yes
      2 No

[ASK IF IN6_CLOSE=1]
IN6_CLOSEB. National Sexual Assault Hotline 1-800-656-4673

      1 Continue

Asthma Call Back Permission

ACFLAG_SPLIT. Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)
IF S7Q5=1,2,7,9 AND MOD26_2=1,2,7,9 AND CSTATE NE 2 AND STATE= IN THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)
IF S7Q5=1,2,7,9 AND MOD26_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= IN THEN SET ACFLAG_SPLIT=1
IF S7Q5 NE 1,2,7,9 AND MOD26_2=1,2,7,9 AND CSTATE NE 2 AND STATE=IN THEN SET ACFLAG_SPLIT=2

      1 adult
      2 child

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

SET ACFLAG=01 IF ACFLAG_SPLIT=1 AND S7Q5=1
SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S7Q5=2,7,9
SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD26_2=1
SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD26_2=2,7,9
01 adult with asthma
02 adult had asthma
03 child with asthma

04 child had asthma

AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "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. Would it be okay to continue with those questions now?

    1 Yes
    2 No

AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

    1 Yes
    2 No

MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

    1 Yes
    2 No

    7 DON'T KNOW
    9 REFUSED

MKP. Are you the parent or guardian in the household who knows the most about the child's asthma?

    1 Yes
    2 No

7 DON'T KNOW
9 REFUSED

[ASK IF (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]
AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

1   Gave Response [TEXT BOX]

7   DON'T KNOW
9   REFUSED

[ASK IF MKP1=2,7,9]
ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

1   Yes
2   No

7   DON'T KNOW
9   REFUSED

[ASK IF MKP=2 OR ATP1=2,7,9]
ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

1   Gave Response [TEXT BOX]

7   DON'T KNOW
9   REFUSED

[ASK IF (AST2A=1 OR ATP=1,7,9) AND ACFLAG=03,04]
AST2B. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

[ASK IF ATP1=2,7,9]
ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Continue

7   DON'T KNOW
9   REFUSED

[ASK IF (STATE= IN AND ((AST1A=1 AND ACFLAG=01,02) OR (ACFLAG=03,04 AND (MKP1=1 OR ATP1=1 OR ATP2=1,7,9)))]
ASTHMA_END. INTERVIEWER:

Enter the reason for ending the call.
    1 Callback
    2 Refusal

[ASK IF ASTHMA_END=1 AND MKP1 NE 2,7,9]
AST2A_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW
99 REFUSED

[ASK IF ASTHMA_END=1 AND ACFLAG=03,04 AND MKP1 NE 2,7,9]
AST2B_CB. Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

1 Gave Response [TEXT BOX]

7 DON'T KNOW
9 REFUSED

[ASK IF ASTHMA_END=1]
ASTHMA_CB. Interviewer: Enter time to call back.

[ASK IF ASTHMA_END=1]
ASTHMA_CLOSE. Thank you very much for your time and cooperation, we will callback at the previous stated time to continue with the Asthma survey.

1 Continue