# 2021 BRFSS Questionnaire

2021-04-23, CDC: Core & selected modules

2021-02-01, UWSC: Wisconsin state-added items

UWSC p1521 & p1522

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## Introduction - Landline Sample

| Landline introduction |
|---|
| >intro2< <br><br> Hello, I'm calling for the Wisconsin Department of Health Services.  My name is (name).  We are gathering information about the health of U.S. residents.  This project is conducted by the Department of Health Services 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. <br><br> Is this    [fill phone number]    ? <br><br>         [# If Yes        [Go to home] <br>         [# If No       [Go to wrong number sequence] |
| >home< <br><br> Is this a private residence? <br><br> (IF NECESSARY: "By private residence, we mean someplace like a house or apartment.") <br><br> (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.) <br><br>         [# If Yes     Go to home_state] <br>         [# If NoGo to college] |

|  | >college< <br><br> Do you live in college housing? <br><br> (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.") <br><br>         [# If Yes, Go to home_state] <br>         [# If No, exit] |
|---|---|

| >home_state< <br><br> Do you currently live in Wisconsin? <br><br>         [# If Yes, go to cel] <br>         [# If No, exit] |
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>cell<

Is this a cell phone?

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

Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood." )

> [# If Yes, exit]
> [# If No, go to q0hh]

| [# if home = private residence] | [# if home = college] |
|---|---|
| >q0hh< | >cadult< |
| I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? __ Number of adults <br><br> [# If 1, go to single <br> [# If >1, go to q0m or q0f (randomly assigned) ] | Are you 18 years of age or older? <br><br> [# If Yes, go to singsex] <br> [# If No, exit] |
| [# if home = private residence] <br><br> >single< <br><br> Are you that adult? <br><br> [# If Yes, go to singsex <br> [# If No, go to select (for single-adult household)] |  |

>singsex<

At this point we ask everyone, are you male or female?

| | |
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| [# if home = private residence]<br><br>[# Either q0m or q0f will be asked at random, but not both.]<br><br>>q0m<<br>How many men, 18 or older, live in your household?<br><br>    \_\_      Number of men<br><br><br>>q0f<<br>How many women, 18 or older, live in your household?<br><br>    \_\_      Number of women | [# if home = college]<br><br>[# After singsex, go to cnfd] |
| [# if home = private residence]<br><br>>confirm<<br><br>So there [is/are] [X] men and [X] women, 18 years or older, living in your household? | |
| [# if home = private residence]<br><br>>select< [# version for multi-adult household]<br><br>We have randomly selected [the Nth oldest/youngest man/woman of the household] as the person we would like to interview for our study.<br><br>May I speak with [the Nth oldest/youngest man/woman of the household]?<br><br>    [# If R is informant, go to cnfd.]<br>    [# If R is other adult, go to expl, then go to cnfd.] | |
| [# if home = private residence]<br><br>>select< [# version for single adult household]<br><br>May I please speak to that person?<br><br>    [# If "yes", go to expl] | |

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|---|---|
| [# if home = private residence]<br><br>>expl<<br>Hello, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam].  We're gathering information on the health of U.S. residents. Your telephone number has been chosen randomly, and I'd like to ask some questions about health and health practices. | |
| >cnfd<<br><br>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 this survey, please call 608-267-9821. | |
| | |

## Introduction - Cell Phone Sample

| Cell introduction |
|---|
| >cellsafe<<br><br>Hello, I'm calling for the Wisconsin Department of Health Services.  My name is (name).  We are gathering information about the health of U.S. residents.  This project is conducted by the Department of Health Services 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.<br><br>Is it safe to talk now, or are you driving?<br><br>        [# If Yes      Go to intro2]<br>        [# If No    Exit] |
| >intro2<<br><br>(Hello, I'm calling for the Wisconsin Department of Health Services.  My name is (name).  We are gathering information about the health of U.S. residents.  This project is conducted by the Department of Health Services 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.)<br><br>Is this   [fill phone number]   ?<br><br>        [# If Yes     Go to home]<br>        [# If No    Go to wrong number sequence] |
| >cell<<br><br>Is this a cell phone?<br><br>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).<br><br>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood." )<br><br>        [# If Yes, go to cadult]<br>        [# If No, exit] |
| >cadult<<br><br>Are you 18 years of age or older?<br><br>        [# If Yes, go to singsex]<br>        [# If No, exit] |

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>singsex<

At this point we ask everyone, are you male or female?

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>pvtresid2<
Do you live in a private residence?

(BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT. 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.)

(THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.)

(PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.)

  [# If Yes        Go to home_state]
  [# If No    Go to college]

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>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.")

  [# If Yes, Go to home_state]
  [# If No, exit]

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>home_state<

Do you currently live in Wisconsin?

  [# If Yes, go to landline]
  [# If No, goto rspstate]

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>rspstate<

In what state do you live?

  [# If any of 50 states, DC, VI, PR, GU, go to landline]
  [# Else, exit]

>landline<

Do you also have a landline telephone in your home that is used to make and receive calls?

 (BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS CONNECTED TO OUTSIDE TELEPHONE LINES THROUGH A CABLE OR CORD AND IS USED FOR MAKING OR RECEIVING CALLS.  PLEASE INCLUDE LANDLINE PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.)

 (TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE.)

>numadult<

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

[# CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

>cnfd<

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 this survey, please call 608-267-9821.

# Core Section 1: Health Status

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

## Core Section 2: Healthy Days

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CHD.01** | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? | PHYSHLTH | _ _ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused | | Enter 88 if R says "never" or "none". | |
| **CHD.02** | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? | MENTHLTH | _ _ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused | | Enter 88 if R says "never" or "none". | |
| | | | | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 | | |
| **CHD.03** | During the past 30 days, for about how many days did poor physical or mental health keep | POORHLTH | _ _ Number of days (01-30)<br>88 None<br>77 Don't know/not sure | | Enter 88 if R says "never" or "none". | |

| | | | | | |
|---|---|---|---|---|---|
| | you from doing your usual activities, such as self-care, work, or recreation? | | 99 Refused | | |

# Core Section 3: Health Care Access

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

| | | | 77 Don't Know/Not Sure<br>99 Refused | | | |
|---|---|---|---|---|---|---|
| **CHCA.02** | Do you have one person or a group of doctors that you think of as your personal health care provider? | PERSDOC3 | 1 Yes, only one<br>2 More than one<br>3 No<br>7 Don't know / Not sure<br>9 Refused | | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? | |
| **CHCA.03** | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? | MEDCOST1 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CHCA.04** | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused | | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. | |
| **samc01** | >samc01<<br>[# inserted after core03] | MEDICAID | 1 = Yes<br>2 = No<br><br>7 = Don't know | | (IF NECESSARY: THESE ARE GOV'T PROGRAMS THAT PAY FOR | |

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| | Do you have health care coverage from Medicaid or BadgerCare? | | 9 = Refused | | HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.) | |

# Core Section 4: Exercise

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

# Core Section 5: Hypertension Awareness

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| C05.01 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? | BPHIGH6 | 1 Yes | | If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" | |
| | | | 2 Yes, but female told only during pregnancy | Go to next section | | |
| | | | 3 No | | | |
| | | | 4 Told borderline high or pre-hypertensive or elevated blood pressure | | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | |
| | | | 7 Don't know / Not sure | | | |
| | | | 9 Refused | | | |
| C05.02 | Are you currently taking prescription medicine for your high blood pressure? | BPMEDS | 1 Yes | | | |
| | | | 2 No | | | |
| | | | 7 Don't know / Not sure | | | |
| | | | 9 Refused | | | |

# Core Section 6: Cholesterol Awareness

| Question Number | Question text | Variable names | Responses<br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **C06.01** | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your ~~blood~~ cholesterol checked? | CHOLCHK3 | 1 Never | Go to next section. | | |
| | | | 2 Within the past year (anytime less than one year ago) | | | |
| | | | 3 Within the past 2 years (1 year but less than 2 years ago) | | | |
| | | | 4 Within the past 3 years (2 years but less than 3 years ago) | | | |
| | | | 5 Within the past 4 years (3 years but less than 4 years ago) | | | |
| | | | 6 Within the past 5 years (4 years but less than 5 years ago) | | | |
| | | | 8 5 or more years ago | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | 7 Don't know/ Not sure<br><br>9 Refused | Go to next section | | |
| **C06.02** | Have you ever been told by a doctor, nurse or other health professional that your ~~blood~~ cholesterol is high? | TOLDHI3 | 1 Yes | | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. | |
| | | | 2 No<br>7 Don't know / Not sure<br>9 Refused | ~~Go to next section.~~ | | |
| **C06.03** | Are you currently taking medicine prescribed by your doctor or other health professional for your ~~blood~~ cholesterol? | CHOLMED3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines. | |

# Core Section 7: Chronic Health Conditions

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

| CCHC.06 | (Ever told) (you had) skin cancer? | CHCSCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
|---|---|---|---|---|---|---|
| CCHC.07 | (Ever told) (you had) any other types of cancer? | CHCOCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? | CHCCOPD3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? | CHCKDNY2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | Read if necessary: Incontinence is not being able to control urine flow. | |
| CCHC.11 | (Ever told) (you had) diabetes? | DIABETE4 | 1 Yes | | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4. | |

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|---|---|---|---|---|---|---|
| | | | 2 Yes, but female told only during pregnancy<br>3 No<br>4 No, pre-diabetes or borderline diabetes<br>7 Don't know / Not sure<br>9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. | | |
| **CCHC.12** | How old were you when you were told you had diabetes? | DIABAGE3 | _ _ Code age in years [97 = 97 and older]<br>98 Don't know / Not sure<br>99 Refused | Go to Diabetes Module if used, otherwise go to next section. | | |

# Module 1: Prediabetes [# Was 2020 mod01. No changes. Insert after core07's diabetes items.]

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | Skip if CCHC.11, DIABETE4, is coded 1. To be asked following Core CCHC.12; | | |
| **M01.01** | Have you had a test for high blood sugar or diabetes within the past three years? | PDIABTST | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |
| | | | | Skip if CCHC.11, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes) | | |
| **M01.02** | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1 | 1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused | | If Yes and respondent is female, ask: Was this only when you were pregnant? | |

## Module 2: Diabetes

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | | | |
| **M02.01** | Are you now taking insulin? | INSULIN | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |
| **M02.02** | About how often do you check your blood for glucose or sugar? | BLDSUGAR | 1 _ _ Times per day<br>2 _ _ Times per week<br>3 _ _ Times per month<br><br>4 _ _ Times per year<br><br>888 Never<br><br>777 Don't know / Not sure<br>999 Refused | | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.<br><br>Do not read: 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.' | |
| **M02.03** | Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? | FEETCHK3 | 1 _ _ Times per day<br>2 _ _ Times per week<br>3 _ _ Times per month<br><br>4 _ _ Times per year<br>555 No feet | | | |

| | | | 888 Never<br><br>777 Don't know / Not sure<br>999 Refused | | | |
|---|---|---|---|---|---|---|
| **M02.04** | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? | DOCTDIAB | _ _ Number of times [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused | | | |
| **M02.05** | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? | CHKHEMO3 | _ _ Number of times [76 = 76 or more]<br>88 None<br>98 Never heard of A-one-C test<br>77 Don't know / Not sure<br>99 Refused | | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. | |
| **M02.06** | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? | FEETCHK | _ _ Number of times [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused | If M02.03 = 555 (No feet), go to M02.07 | | |
| **M02.07** | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? | EYEEXAM1 | Read if necessary:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 months ago)<br>3 Within the past 2 years | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | (1 year but less than 2 years ago) 4  2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused | | | |
| **M02.08** | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |
| **M02.09** | Have you ever taken a course or class in how to manage your diabetes yourself? | DIABEDU | 1 Yes 2 No 7 Don't know/ not sure 9 Refused | | | |

# Core Section 8: Arthritis

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **C08.01** | Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH5 | 1 Yes<br><br>2 No<br>7 Don't know / Not sure<br>9 Refused | Go to next section | ~~Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)~~ | |
| **C08.02** | Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? | ARTHEXER | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase. | |
| **C08.03** | Have you ever taken an educational | ARTHEDU | 1 Yes<br>2 No | | | |

| | | | | | |
|---|---|---|---|---|---|
| | course or class to teach you how to manage problems related to your arthritis or joint symptoms? | | 7 Don't know / Not sure<br>9 Refused | | | |
| **C08.04** | Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? | LMTJOIN3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment" | |
| **C08.05** | 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? | ARTHDIS2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment." | |
| **C08.06** | Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken | JOINPAI2 | __ __ Enter number [00-10]<br>77 Don't know/ Not sure<br>99 Refused | | | |

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| | 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? | | | | | |
|---|---|---|---|---|---|---|

# Core Section 9: Demographics

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CDEM.01** | What is your age? | AGE | _ _ Code age in years<br>07 Don't know / Not sure<br>09 Refused | | | |
| **CDEM.02** | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you…<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused | | One or more categories may be selected. | |
| **CDEM.03** | Which one or more of the following would you say is your race? | MRACE1 | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>　　41 Asian Indian<br>　　42 Chinese<br>　　43 Filipino<br>　　44 Japanese<br>　　45 Korean<br>　　46 Vietnamese<br>　　47 Other Asian<br>50 Pacific Islander<br>　　51 Native Hawaiian<br>　　52 Guamanian or Chamorro<br>　　53 Samoan<br>　　54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure | . | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. | |

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|---|---|---|---|---|---|
| | | | 99 Refused | | |
| | | | | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05 | |
| **CDEM.04** | Which one of these groups would you say best represents your race? | ORACE3 | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>      41 Asian Indian<br>      42 Chinese<br>      43 Filipino<br>      44 Japanese<br>      45 Korean<br>      46 Vietnamese<br>      47 Other Asian<br>50 Pacific Islander<br>      51 Native Hawaiian<br>      52 Guamanian or Chamorro<br>      53 Samoan<br>      54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.<br><br>If respondent has selected multiple races in previous and refuses to select a single race, code refused | |
| **c0804b** | Do you consider yourself Hmong? | HMONG | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused | [# asked only if R chooses Asian as a race category in demographic section] | |
| | | | | If using Sex at Birth Module, insert here<br>If using SOGI module, insert here. [# | |

| | | | | Wisconsin will insert SOGI mod28 after this item] | | |
|---|---|---|---|---|---|---|
| | The next two questions are about sexual orientation and gender identity | | | | | |
| | | | | | | |
| **MSOGI.01** | Which of the following best represents how you think of yourself? | SOMALE | (Read answers, including leading number)<br>1 = One, (Lesbian or) Gay<br>2 = Two, Straight, that is, not gay<br>3 = Three, Bisexual<br>4 = Four, Something else<br>7 = I don't know the answer<br>9 = Refused | If R is female, insert "Lesbian or" | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word. | |
| **MSOGI.02** | Do you consider yourself to be transgender? | TRNSGNDR | 1 Yes, Transgender, male-to-female<br>2 No<br>7 Don't know/not sure<br>9 Refused<br><br>1 One, Transgender, male-to-female<br>2 Two, Transgender, female to male | [# UWSC version asks this as Yes/No, then follows up on transgender type.] | Read if necessary: Some people describe themselves as transgender when they experience | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | 3 Three, Transgender, gender nonconforming<br>7 Don't know/not sure<br>9 Refused | | 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.<br><br>If asked about definition of gender | |

| | | | | | | |
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| | | | | | 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.<br><br>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?<br><br>Please say the number before the text response. Respondent can answer with either the number or the text/word. | |
| | | | | | | |
| **CDEM.05** | Are you… | MARITAL | Please read:<br>1 Married<br>2 Divorced<br>3 Widowed<br>4 Separated<br>5 Never married<br>Or | | | |

| | | | 6 A member of an unmarried couple<br>Do not read:<br>9 Refused | | | |
|---|---|---|---|---|---|---|
| **CDEM.06** | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:<br>1 Never attended school or only attended kindergarten<br>2 Grades 1 through 8 (Elementary)<br>3 Grades 9 through 11 (Some high school)<br>4 Grade 12 or GED (High school graduate)<br>5 College 1 year to 3 years (Some college or technical school)<br>6 College 4 years or more (College graduate)<br>Do not read:<br>9 Refused | | | |
| **CDEM.07** | Do you own or rent your home? | RENTHOM1 | 1 Own<br>2 Rent<br>3 Other arrangement<br>7 Don't know / Not sure<br>9 Refused | | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.<br>Read if necessary:<br>We ask this question in order to compare health indicators among | |

| | | | | | people with different housing situations. | |
|---|---|---|---|---|---|---|
| **CDEM.08** | In what county do you currently live? | CTYCODE2 | _ _ _ANSI County Code<br>777 Don't know / Not sure<br>999 Refused<br>888 County from another state | | | |
| **C0808a** | Do you live in the city of Milwaukee? | MILW | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused | [# Wisconsin item, asked only if county is Milwaukee] | | |
| **CDEM.09** | What is the ZIP Code where you currently live? | ZIPCODE1 | _ _ _ _ _<br>77777 Do not know<br>99999 Refused | | | |
| | | | | If cell interview go to CDEM12 | | |
| **CDEM.10** | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? | NUMHHOL3 | 1 Yes | | | |
| | | | 2 No<br>7 Don't know / Not sure<br>9 Refused | Go to CDEM.12 | | |
| **CDEM.11** | How many of these telephone numbers are residential numbers? | NUMPHON3 | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused | | | |
| **CDEM.12** | How many cell phones do you have for personal use? | CPDEMO1B | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for | |

| | | | | | | |
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| | | | | | both business and personal use. | |
| **CDEM.13** | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? | VETERAN3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. | |
| **CDEM.14** | Are you currently…? | EMPLOY1 | Read:<br>1 Employed for wages<br>2 Self-employed<br>3 Out of work for 1 year or more<br>4 Out of work for less than 1 year<br>5 A Homemaker<br>6 A Student<br>7 Retired<br>Or<br>8 Unable to work<br>Do not read:<br>9 Refused | [# Insert Occ&Ind mod24 after this item] | If more than one, say "select the category which best describes you". | |
| | | | | [# If employment status is Employed, Self-employed, or Out of work for less than 1 year, ask M24.01 & M24.01, else | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | skip to next item] | | |
| **M24.01** | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic. | TYPEWORK | _____Record answer  99 Refused | If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section.  If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic."  Else go to next module | If respondent is unclear, ask: What is your job title?  If respondent has more than one job ask: What is your main job? | |
| **M24.02** | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant | TYPEINDS | _____Record answer  99 Refused | If Core CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | manufacturing, restaurant." | | |
| | | | | | | |
| | | | | | | |
| **CDEM.15** | How many children less than 18 years of age live in your household? | CHILDREN | _ _ Number of children<br>88 None<br>99 Refused | | | |
| **CDEM.16** | Is your annual household income from all sources—less than $35,000? | INCOME3 | Read as necessary:<br>01 Less than $10,000?<br>02 Less than $15,000? ($10,000 to less than $15,000)<br>03 Less than $20,000? ($15,000 to less than $20,000)<br>04 Less than $25,000 ($25,000 to less than $35,000)<br>05 Less than $35,000<br>06 Less than $50,000 ($35,000 to less than $50,000)<br>07 Less than $75,000? ($50,000 to less than $75,000)<br>08 Less than $100,000? ($75,000 to less than $100,000)<br>09 Less than $150,000? ($100,000 to less than $150,000)?<br>10 Less than $200,000? ($150,000 to less than $200,000)<br>11 $200,000 or more<br><br>Do not read:<br>77 Don't know / Not sure<br>99 Refused | Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code '99' (Refused) | |
| | | | | Skip if Male (MSAB.01, BIRTHSEX, is | | |

| | | | | coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).<br>or YEARBORN < 1972 (Age >49) | | |
|---|---|---|---|---|---|---|
| **CDEM.17** | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDEM.18** | About how much do you weigh without shoes? | WEIGHT2 | _ _ _ _ Weight (pounds/kilograms)<br>7777 Don't know / Not sure<br>9999 Refused | | If respondent answers in metrics, put 9 in first column. Round fractions up | |
| **CDEM.19** | About how tall are you without shoes? | HEIGHT3 | _ _ / _ _ Height (ft / inches/meters/centimeters)<br>77/ 77  Don't know / Not sure<br>99/ 99  Refused | | If respondent answers in metrics, put 9 in first column. Round fractions down | |

# Core Section 10: Disability

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CDIS.01** | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? | DEAF | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDIS.02** | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BLIND | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDIS.03** | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDIS.04** | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDIS.05** | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | | |
| **CDIS.06** | Because of a physical, mental, or | DIFFALON | 1 Yes<br>2 No | | | |

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| | emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? | | 7 Don't know / Not sure<br>9 Refused | | | |

# Core Section 11: Tobacco Use

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CTOB.01** | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes | | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.<br>5 packs = 100 cigarettes. | |
| | | | 2 No<br>7 Don't know/Not Sure<br>9 Refused | Go to CTOB.03 | | |
| **CTOB.02** | Do you now smoke cigarettes every day, some days, or not at all? | SMOKDAY2 | 1 Every day<br>2 Some days<br>3 Not at all<br><br>7 Don't know / Not sure<br><br>9 Refused | | | |
| | | | | ~~Go to CTOB.05~~ | | |
| **CTOB.03** | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>9 Refused | | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. | |
| **CTOB.04** | Do you now use e- | ECIGNOW1 | 1 Every day<br>2 Some days | | Electronic cigarettes (e- | |

| | | | | | | |
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| | cigarettes or other electronic vaping products every day, some days or not at all? | | 3 Not at all<br>4 Never smoked e-cigs<br>7 Don't know / Not sure<br>9 Refused | | 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. | |

## Core Section 12: Alcohol Consumption

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? | ALCDAY5 | 1 _ _ Days per week<br>2 _ _ Days in past 30 days | | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | |
| | | | 888 No drinks in past 30 days<br>777 Don't know / Not sure<br>999 Refused | Go to next section | | |
| CALC.02 | One drink is equivalent to a | AVEDRNK3 | _ _ Number of drinks | | Read if necessary: A 40-ounce beer | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | 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? | | 88 None 77 Don't know / Not sure 99 Refused | | would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? | DRNK3GE5 | _ _ Number of times 77 Don't know / Not sure 88 no days 99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) | | |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | _ _ Number of drinks 77 Don't know / Not sure 99 Refused | | | |

# Core Section 13: Immunization

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CIMM.01** | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? | FLUSHOT7 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | Go to CIMM.04 | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. | |
| **CIMM.02** | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3 | _ _ / _ _ _ _<br>Month / Year<br>77 / 7777 Don't know / Not sure<br>09 / 9999 Refused | | | |
| **CIMM.03** | At what kind of place did you get your last flu shot or vaccine? | IMFVPLAC | Read if necessary:<br>01 A doctor's office or health maintenance organization (HMO)<br>02 A health department<br>03 Another type of clinic or health center (a community health center)<br>04 A senior, recreation, or community center<br>05 A store (supermarket, drug store) | | Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12" | |

| | | | 06 A hospital (inpatient)<br>07 An emergency room<br>08 Workplace<br>09 Some other kind of place<br>11 A school<br>Do not read:<br>12 A drive though location at some other place than listed above<br>10 Received vaccination in Canada/Mexico<br>77 Don't know / Not sure<br>99 Refused | | | |
|---|---|---|---|---|---|---|
| **CIMM.04** | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused | | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. | |

## Core Section 14: H.I.V./AIDS

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **CHIV.01** | Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V? | HIVTST7 | 1 Yes | | Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had. | |
| | | | 2 No 7 Don't know/ not sure 9 Refused | Go to Next section | | |
| **CHIV.02** | Not including blood donations, in what month and year was your last H.I.V. test? | HIVTSTD3 | _ _ / _ _ _ _ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. | |

# Core Section 15: Fruits and Vegetables

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| CFV.01 | Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.<br><br>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. | FRUIT2 | 1_ _ Day<br>2_ _ Week<br>3_ _ Month<br>300 Less than once a month<br>555 Never<br>777 Don't Know<br>999 Refused | | If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.<br><br>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?"<br><br>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits. | |

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

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

| | | | | | vegetables. Do not include rice." | |
|---|---|---|---|---|---|---|

# Module 13: Cancer Survivorship: Type of Cancer

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

| | | | | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer | | |
|---|---|---|---|---|---|---|
| MTOC.03 | What type of cancer was it? | CNCRTYP1 | Read if respondent needs prompting for cancer type: 01 Breast cancer **Female reproductive (Gynecologic)** 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary) **Head/Neck** 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx **Gastrointestinal** 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer | | If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it? | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 18 May 2023 | | | 14 Rectal (rectum) cancer<br>15 Stomach<br>**Leukemia/Lymphoma (lymph nodes and bone marrow)**<br>16 Hodgkin's Lymphoma (Hodgkin's disease)<br>17 Leukemia (blood) cancer<br>18 Non-Hodgkin's Lymphoma<br>**Male reproductive**<br>19 Prostate cancer<br>20 Testicular cancer<br>Skin<br>21 Melanoma<br>22 Other skin cancer<br>**Thoracic**<br>23 Heart<br>24 Lung<br>**Urinary cancer**<br>25 Bladder cancer<br>26 Renal (kidney) cancer<br>**Others**<br>27 Bone<br>28 Brain<br>29 Neuroblastoma<br>30 Other<br>Do not read:<br>77 Don't know / Not sure<br>99 Refused | | | |

# Module 14: Cancer Survivorship: Course of Treatment

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. | | |
| MCOT.01 | Are you currently receiving treatment for cancer? | CSRVTRT3 | Read if necessary: 1 Yes | Go to next module | Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills. | |
| | | | 2 No, I've completed treatment | Continue | | |
| | | | 3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused | Go to next module | | |
| MCOT.02 | What type of doctor provides the majority of your health care? Is it a…. | CSRVDOC1 | Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist | | If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or | |

| | | | 06 Plastic Surgeon, Reconstructive Surgeon<br>07 Medical Oncologist<br>08 Radiation Oncologist<br>09 Urologist<br>10 Other<br>Do not read:<br>77 Don't know / Not sure<br>99 Refused | | physicals, treatment of colds, etc.).<br><br>Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis. | |
| --- | --- | --- | --- | --- | --- | --- |
| MCOT.03 | Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? | CSRVSUM | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional. | |
| MCOT.04 | 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? | CSRVRTRN | 1 Yes | | | |
| | | | 2 No<br>7 Don't know/ not sure<br>9 Refused | Go to MCOT.06 | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| MCOT.05 | Were these instructions written down or printed on paper for you? | CSRVINST | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |
| MCOT.06 | With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? | CSRVINSR | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. | |
| MCOT.07 | Were you ever denied health insurance or life insurance coverage because of your cancer? | CSRVDEIN | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |
| MCOT.08 | Did you participate in a clinical trial as part of your cancer treatment? | CSRVCLIN | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |

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# Module 15: Cancer Survivorship: Pain Management

| Question Number | Question text | Variable names | Responses<br><br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module. | | |
| MCPM.01 | Do you currently have physical pain caused by your cancer or cancer treatment? | CSRVPAIN | 1 Yes | | | |
| | | | 2 No<br>7 Don't know/ not sure<br>9 Refused | Go to next module | | |
| MCPM.02 | Would you say your pain is currently under control…? | CSRVCTL2 | Read:<br>1 With medication (or treatment)<br>2 Without medication (or treatment)<br>3 Not under control, with medication (or treatment)<br>4 Not under control, without medication (or treatment)<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused | | | |

# Module 18: Cognitive Decline

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | If respondent is 45 years of age or older continue, else go to next module. | | |
| **M18.01** | The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you. | CIMEMLOS | 1 Yes | Go to M18.02 | | |
| | | | 2 No | Go to next module | | |
| | | | 7 Don't know/ not sure | Go to M18.02 [# Since an impaired R might not know] | | |
| | | | 9 Refused | Go to next module | | |

| | | | | | |
|---|---|---|---|---|---|
| | During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? | | | | |
| M18.02 | During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is… | CDHOUSE | Read:<br><br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | | |
| M18.03 | As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is… | CDASSIST | Read:<br>1 Always<br>2 Usually<br>3 Sometimes | | |
| | | | 4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | Go to M18.05 | |
| M18.04 | When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is… | CDHELP | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | | |

| M18.05 | During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is… | CDSOCIAL | Read:<br><br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | | | |
|---|---|---|---|---|---|---|
| M18.06 | Have you or anyone else discussed your confusion or memory loss with a health care professional? | CDDISCUS | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |

# Module 19: Caregiver

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **M19.01** | During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? | CAREGIV1 | 1 Yes | | If caregiving recipient has died in the past 30 days, code x and say: I'm so sorry to hear of your loss | |
| | | | 2 No 7 Don't know/Not sure | Go to M19.09 | | |
| | | | x Caregiving recipient died in past 30 days | Go to next module | | |
| | | | 9 Refused | Go to M19.09 | | |
| **M19.02** | What is his or her relationship to you? | CRGVREL4 | 01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused | | If more than one person, say: Please refer to the person to whom you are giving the most care. | |
| **M19.03** | For how long have you provided care for that person? | CRGVLNG1 | Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | | 5 More than 5 years<br>Do not read:<br>7 Don't Know/ Not Sure<br>9 Refused | | |
| **M19.04** | In an average week, how many hours do you provide care or assistance? | CRGVHRS1 | Read if necessary:<br>1 Up to 8 hours per week<br>2 9 to 19 hours per week<br>3 20 to 39 hours per week<br>4 40 hours or more<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused | | |
| **M19.05** | What is the main health problem, long-term illness, or disability that the person you care for has? | CRGVPRB3 | 01 Arthritis/ rheumatism<br>02 Asthma<br>03 Cancer<br>04 Chronic respiratory conditions such as emphysema or COPD<br>05 Alzheimer's disease, dementia or other cognitive impairment disorder<br>06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida<br>07 Diabetes<br>08 Heart disease, hypertension, stroke<br>09 Human Immunodeficiency Virus Infection (H.I.V.)<br>10 Mental illnesses, such as anxiety, | If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue | | |

| | | | depression, or schizophrenia<br>11 Other organ failure or diseases such as kidney or liver problems<br>12 Substance abuse or addiction disorders<br>13 Injuries, including broken bones<br>14 Old age/ infirmity/frailty<br>15 Other<br>77  Don't know/Not sure<br>99 Refused | | | |
|---|---|---|---|---|---|---|
| **M19.06** | Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder? | CRGVALZD | 1 Yes<br>2 No<br>7 Don't know/ Not sure<br>9 Refused | [# New item for 2021.] | | |
| **M19.07** | In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing? | CRGVPER1 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |
| **M19.08** | In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or | CRGVHOU1 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |

65

| | | | | | | |
|---|---|---|---|---|---|---|
| | preparing meals? | | | | | |
| | | | | If M19.01 = 1 or 8, go to next module | | |
| **M19.09** | In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability? | CRGVEXPT | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |

# Module 20: Adverse Childhood Experiences

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **Prologue** | I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. | | | | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. | |
| **M20.01** | Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal? | ACEDEPRS | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused | | | |
| **M20.02** | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused | | | |
| **M20.03** | Did you live with anyone who used illegal street drugs or who abused prescription medications? | ACEDRUGS | 1 Yes<br>2 No | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | 7 Don't Know/Not Sure<br>9 Refused | | | |
| **M20.04** | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | ACEPRISN | 1 Yes<br>2 No<br>7 Don't Know/Not Sure<br>9 Refused | | | |
| **M20.05** | Were your parents separated or divorced? | ACEDIVRC | 1 Yes<br>2 No<br>8 Parents not married<br>7 Don't Know/Not Sure<br>9 Refused | | | |
| **M20.06** | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?<br>Was it… | ACEPUNCH | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused | | | |
| **M20.07** | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it— | ACEHURT1 | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused | | | |
| **M20.08** | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it… | ACESWEAR | Read:<br>1 Never<br>2 Once<br>3 More than once<br>Don't Read:<br>7 Don't know/Not Sure<br>9 Refused | | | |

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| M20.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it… | ACETOUCH | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
|---|---|---|---|---|---|---|
| M20.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it… | ACETTHEM | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M20.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it… | ACEHVSEX | Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused | | | |
| M20.12 | For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time? | ACEADSAF | 1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused | | | |

| M20.13 | For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time? | ACEADNED | 1. Never<br>2. A little of the time<br>3. Some of the time<br>4. Most of the time<br>5. All of the time<br>7 Don't Know/Not sure<br>9 Refused | | | |
|---|---|---|---|---|---|---|
| | Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions. | | | | If yes provide number [STATE TO INSERT NUMBER HERE] | |

## Module 25: Random Child Selection

| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| **Intro text and screening** | If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.<br><br>If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in | | | If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.<br><br>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be | | |

| | | | | | |
|---|---|---|---|---|---|
| | 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. | | | about the Xth [CATI: please fill in] child. | |
| **M25.01** | What is the birth month and year of the [Xth] child? | RCSBIRTH | _ _ /_ _ _ _<br>Code month and year<br>77/ 7777<br>Don't know / Not sure<br>99/ 9999<br>Refused | | |
| **M25.02** | Is the child a boy or a girl? | RCSGENDR | 1 Boy<br>2 Girl<br>9 Refused | | |
| **M25.03** | Is the child Hispanic, Latino/a, or Spanish origin? | RCHISLA1 | Read if response is yes:<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused | If yes, ask: Are they… | |

| M25.04 | Which one or more of the following would you say is the race of the child? | RCSRACE1 | 10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>**40 Asian**<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>**50 Pacific Islander**<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused | | Select all that apply<br><br>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. | |
| | | | | IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.] | | |
| **M25.05** | Which one of these groups would you say best represents | RCSBRAC2 | 10 White<br>20 Black or African American | | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories | |

| | | | | | |
|---|---|---|---|---|---|
| | the child's race? | | 30 American Indian or Alaska Native<br>**40 Asian**<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>**50 Pacific Islander**<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused | | underneath major heading. | |
| **M25.06** | How are you related to the child? Are you a…. | RCSRLTN2 | Please read:<br>1 Parent (include biologic, step, or adoptive parent)<br>2 Grandparent<br>3 Foster parent or guardian<br>4 Sibling (include biologic, step, and adoptive sibling)<br>5 Other relative | | | |

| | | | | |
|---|---|---|---|---|
| | | 6 Not related in any way<br>Do not read:<br>7 Don't know / Not sure<br>9  Refused | | |

## Module 26: Childhood Asthma Prevalence

| Question Number | Question text | Variable names | Responses<br><br>(DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|---|---|---|---|---|---|---|
| | | | | If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module. | | |
| **M26.01** | The next two questions are about the Xth child.<br><br>Has a doctor, nurse or other health professional EVER said that the child has asthma? | CASTHDX2 | 1 Yes | Fill in correct [Xth] number. | | |
| | | | 2 No<br>7 Don't know/ not sure<br>9 Refused | Go to next module | | |
| **M26.02** | Does the child still have asthma? | CASTHNO2 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused | | | |

| Field Size | Columns (beginning with 901; not to exceed 1399) | Question | Response Categories (Code = Response) |
|---|---|---|---|
| 1 | 901<br><br>MEDICAID | >samc01<<br>[# inserted after core03]<br><br>Do you have health care coverage from Medicaid or BadgerCare?<br><br>(IF NECESSARY:  THESE ARE GOV'T PROGRAMS THAT PAY FOR HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.) | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 902<br><br>HMONG | >c0804b<<br><br>[asked only if R chooses Asian as a race category in demographic section, so skip if CDEM03@a- CDEM03@3 are all NE 1]<br><br>Do you consider yourself Hmong? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 903<br><br>MILW | >c0808a<<br><br>[# placed in core08, demographics]<br>[if c0809 county is not Milwaukee (CDEM09 NE 41), skip this item]<br><br>Do you live in the city of Milwaukee? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 3 | 904-906 | (left blank) | |

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| 1 | 907<br><br>PAINMED | [# PRESCRIPTION DRUG]<br><br>>sapd01<<br><br>The next questions are about medications and other drugs that some people use.<br><br>In the past year, did you use any pain medications that were prescribed to you by a doctor?<br><br>[if sapd01 NE 1, goto sapd05] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 1 | 908<br><br>MEDTYPE | >sapd01b<<br><br>Was the pain medication that was prescribed for you one that contained an opioid pain reliever, such as hydrocodone, or was it some other kind of pain reliever?<br><br>("OH-pee-oyd", "hye-droh-COH-dohn")<br><br>(OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.)<br><br>[if sapd01b ne <1> goto sapd02] | 1 = Yes, contained opioid<br>2 = No, did not contain opioid<br><br><br>7 = Don't know<br>9 = Refused |

| | | | |
|---|---|---|---|
| 2 | 909-910 WHYPRESC | >sapd01c< The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll read a list of reasons, and please tell me which was the main one. Was it for ... (IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.) pain related to cancer, post-surgical care, for an orthopedic problem, post-surgical care, for a non-orthopedic problem, back pain, joint pain or arthritis, dental pain including procedures, carpal tunnel syndrome, an injury causing short term pain, an injury causing long term pain, other physical conditions causing pain, to prevent or relieve withdrawal symptoms, or another reason? | 01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or tendon; includes joint replacement) 03 = Post-surgical care, for a non-orthopedic problem 04 = Back pain (chronic or recurring acute pain) 05 = Joint pain or arthritis 06 = Dental pain including procedures 07 = Carpal tunnel syndrome 08 = An injury causing short term pain 09 = An injury causing long term pain 10 = Other physical conditions causing pain 11 = To prevent or relieve withdrawal symptoms 12 = Another reason (specify) 77 = Don't know 99 = Refused |
| 99 | 911-1009 | [# specify reason from sapd01c] >sapd01d< | [# 99-char text string] |
| 2 | 1010-1011 | (left blank) | |

| 1 | 1012 MRMED_OP | >sapd02<<br><br>The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 1 | 1013 MDLFT_OP | >sapd03<<br><br>The last time you filled a prescription for pain medication was there any medication left over? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1014 WTMED_OP | >sapd04<<br><br>[if sapd03 NE 1, skip to sapd05]<br><br>What did you do with the leftover prescription pain medication?<br><br>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)<br><br>[all answers here go to sapd05] | 1 = Kept it<br>2 = Disposed of it<br>3 = Gave it to someone else<br>4 = Sold it<br>5 = Other<br><br>7 = Don't know<br>9 = Refused |

| 1 | 1015  NOPRESCB | >sapd05<  Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.  In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter. | 1 = Yes  2 = No  7 = Don't know  9 = Refused |
|---|---|---|---|
| 1 | 1016  OBTMED | >sapd06<  [if sapd05 NE 1, skip to next section]  How did you obtain the prescription pain medication?  (NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)  (NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING) | 1 = Given to me for free from a friend or relative  2 = Taken from owner without his or her knowledge  3 = Purchased from friend or relative  4 = Purchased from street dealer  5 = Purchased online  6 = Other  7 = Don't know  9 = Refused |
| 2 | 1017-1018 | (left blank) | |

| | | | |
|---|---|---|---|
| 1 | 1019<br><br>HEROIN | >sapd0800<<br><br>Have you ever used heroin, even just one time?<br><br>[# if sapd0800 NE 1, goto next section] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1020<br><br>HEROIN12 | >sapd0850<<br><br>Have you used heroin in the past 12 months? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1021 | (left blank) | |
| 2 | 1022-1023<br><br>MARJ | {# MARIJUANA]<br><br>>samj0100<<br><br>During the past 30 days, on how many days did you use marijuana or cannabis?<br><br>(INTERVIEWER: MARIJUANA AND CANNABIS INCLUDE BOTH CBD AND THC PRODUCTS.) | 01-30 = Number of days<br>88 = None<br><br>77 = Don't know<br>99 = Refused |
| 0 | | [# Ask samj02xx series only for Rs that used marijuana during the past 30 days; if samj0100 EQ 88 or 77 or 99, skip to next section]<br><br>>samj0200<<br><br>In which of the following ways did you use marijuana? | |
| 1 | 1024<br><br>SMKDMARJ | >samj0210<<br><br>Smoke it?<br><br>(for example, in a joint, bong, pipe, or blunt) | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

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| 1 | 1025 ATEMARJ | >samj0220<  Eat it?  (for example, in brownies, cakes, cookies, or candy) | 1 = Yes 2 = No  7 = Don't know 9 = Refused |
|---|---|---|---|
| 1 | 1026 DRNKMARJ | >samj0230<  Drink it?  (for example, in tea, cola, or alcohol) | 1 = Yes 2 = No  7 = Don't know 9 = Refused |
| 1 | 1027 VAPEMARJ | >samj0240<  Vaporize it?  (for example, in an e-cigarette-like vaporizer or another vaporizing device) | 1 = Yes 2 = No  7 = Don't know 9 = Refused |
| 1 | 1028 DABMARJ | >samj0250<  Dab it?  (for example, using waxes or concentrates) | 1 = Yes 2 = No  7 = Don't know 9 = Refused |
| 1 | 1029 OTHMARJ | >samj0260<  Use it some other way? | 1 = Yes 2 = No  7 = Don't know 9 = Refused |
| 2 | 1030-1031 | (left blank) | |
| 1 | 1032 EXPSHOME | [# STATE-ADDED TOBACCO]  >satb0100<  Our next questions are about tobacco.  Are you exposed to other people's tobacco smoke while you are in your home? | 1 = Yes 2 = No  7 = Don't know 9 = Refused |

| 1 | 1033<br><br>EXPSOTHR | >satb0220<<br><br>How often are you exposed to other people's tobacco smoke while in outdoor public places such as parks, beaches, sporting events, festivals, or other outdoor venues? | 1 = Often<br>2 = Sometimes<br>3 = Rarely<br>4 = Never<br><br>7 = Don't know<br>9 = Refused |
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| 1 | 1034 | (left blank) | |
| 1 | 1035<br><br>HOUSESMK | >satb0300<<br>[# from 2019]<br><br>Not counting decks, porches, or garages, which statement best describes the rules about smoking inside your home: smoking is not allowed anywhere inside your home, smoking is allowed in some places or at some times, smoking is allowed anywhere inside your home, or there are no rules about smoking inside your home? | 1 = Smoking is not allowed anywhere inside your home<br>2 = Smoking is allowed in some places or at some times<br>3 = Smoking is allowed anywhere inside your home<br>4 = There are no rules about smoking inside your home<br><br>7 = Don't know<br>9 = Refused |

| 1 | 1036 | >satb0350< | 1 = Not at all |
| | | | 2 = A little |
| | PANDAFCT | [# new for 2021, asked only in January] | 3 = A lot |
| | | | |
| | | [# ask if R ever used any tobacco or e-cig (CTOB01 EQ 1, or CTOB03 EQ 1 or 2, or CTOB04 EQ 1 or 2)] | 7 = Don't know |
| | | | 9 = Refused |
| | | How much has the COVID-19 pandemic affected your tobacco use: not at all, a little, or a lot? | |
| | | [# if satb0350 NE 1 or 2, skip to satb0400] | |
| | | (NOTE: PANDEMIC PERIOD IS MARCH 2020 THROUGH NOW. TOBACCO USE INCLUDES CIGARETTES, E-CIGS OR VAPING, CIGARS, PIPES, HOOKAHS, SMOKELESS TOBACCO, ETC.) | |

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| 2 | 1037-1038<br><br>PANDUSE | >satb0353<<br><br>[# new for 2021]<br><br>[# Ask this for all Rs regardless of tobacco use, unless satb0350 EQ 1]<br><br>Which of the following statements is true about your use of any kinds of tobacco products during the COVID-19 pandemic?<br><br>(IF R CHOOSES ANSWER 1, STOP READING, AND ENTER 1.)<br><br>(NOTE: PANDEMIC PERIOD IS MARCH 2020 THROUGH NOW. TOBACCO USE INCLUDES CIGARETTES, E-CIGS OR VAPING, CIGARS, PIPES, HOOKAHS, SMOKELESS TOBACCO, ETC.) | 01 = One, I did not use any tobacco products before and haven't used any during the pandemic<br>02 = Two, I started using tobacco products<br>03 = Three, I quit using tobacco products<br>04 = Four, I used tobacco products more than usual<br>05 = Five, I used tobacco products less than usual<br>06 = Six, There was no change in my use of tobacco products<br>77 = Don't know<br>99 = Refused |
| 1 | 1039<br><br>PANSWTCH | >satb0356<<br><br>[# new for 2021]<br><br>During the COVID-19 pandemic, did you switch the type of tobacco products you used, or use any additional types of tobacco products that you don't typically use?<br><br>[# if satb0356 EQ 1 or 2 or 3, go to satb0359; else skip to satb0400] | 1 = Switched type of tobacco<br>2 = Used additional types of tobacco<br>3 = Both switched and used additional types<br>4 = Neither<br>7 = Don't know<br>9 = Refused |

| | | | |
|---|---|---|---|
| 99 | 1040-1138 | >satb0358<<br><br>[# new for 2021]<br><br>What switches or additions did you make? | [# 99-character text string] |
| 1 | 1140 | (left blank) | |
| 2 | 1141-1142<br><br>CARSMOKE | >satb0400<<br><br>[# In years when we ask the seat belt question, this item will be skipped for "never drive or ride" Rs (item TBD) ]<br><br>[# from 2017]<br><br>During the past seven days, on how many days did you ride in a car with someone who was smoking cigarettes? | 00-07 = Days<br>77 = Don't know<br>99 = Refused |
| 1 | 1143<br><br>METHOL | [Ask satb0450 if R is current smoker (CTOB02 EQ 1 or 2) or former smoker (CTOB02 EQ 3) ]<br><br>>satb0450<<br><br>[# from 2019]<br><br>[If R is current smoker]<br>Do you<br>[if R is former smoker]<br>Did you<br>smoke menthol cigarettes? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

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|---|---|---|---|
| 3 | 1144-1146<br><br>SMOKENUM | [If R is current smoker (CTOB02 EQ 1 or 2) ask satb0470, else skip to satb0500_int ]<br><br>>satb0470<<br><br>[# from 2017]<br><br>On average, about how many cigarettes a day do you now smoke? | 001-200 = Cigarettes per day<br>777 = Don't Know<br>999 = Refused |
| 2 | 1147-1148 | (left blank) | |
| 0 | | >satb0500_int<<br><br>[# satb0500 series is for all Rs]<br><br>There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products.<br><br>Are you aware of any of the following services available to help people quit using tobacco? | |
| 1 | 1149<br><br>QUITAWAR | >satb0500a<<br><br>The Wisconsin Tobacco Quitline | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1150<br><br>FBREATH | >satb0500b<<br><br>The First Breath Program for Pregnant Women | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1151<br><br>FFAWAR | >satb0500c<<br><br>Freedom from Smoking | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

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| 1 | 1152<br><br>OTHAWAR | >satb0500d<<br><br>Any other cessation programs in your community or at local clinics? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 3 | 1153-1155 | (left blank) | |
| 1 | 1156<br><br>STOPSMK2 | >satb0695<<br><br>[# previously in BRFS core]<br><br>[# Ask only for current smokers (CTOB02 EQ 1 or 2) ]<br><br>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 2 | 1157-1158 | (left blank) | |
| 1 | 1159<br><br>QUITEVER | [if CTOB01 ever-smoked status is not 1, skip to satb2200]<br><br>[if CTOB02 smoke-now status is 3 "not at all", skip to satb0800, used-quitline]<br><br>[if satb0695 "quit in last 12 months?" EQ 1, skip to satb0800, used-quitline]<br><br>>satb0700<<br><br>Have you ever stopped smoking for one day or longer because you were trying to quit smoking? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1160<br><br>QUITLINE | [if CTOB01 ne <1> goto satb2200][# not smoked 100 cigs ] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

| | | | |
|---|---|---|---|
| | | [if satb0700 eq <2> goto satb1300][# smoker never quit]<br><br>[if satb0500a ne <1> goto satb1000][# never heard of WI TQL]<br><br>>satb0800<<br><br>[If R is current smoker]<br>You mentioned earlier that you have stopped smoking for one day or longer during the past 12 months.<br><br>Please think about …<br><br>[if R is current smoker and has quit previously]<br><br>… your last quit attempt that lasted one day or longer. …<br><br>[if R is former smoker and has quit]<br><br>… the time you quit smoking. …<br><br>Did you use the Wisconsin Tobacco Quit Line service …<br><br>[if R is current smoker and has quit previously]<br><br>… to help you in your quit attempt?<br><br>[if R is former smoker and has quit]<br><br>… to help you quit? | |

| | | | |
|---|---|---|---|
| 1 | 1161<br><br>CLASPROG | >satb1000<<br><br>[if R has ever quit smoking (CTOB02 EQ 3) or<br>(satb0695 EQ <1>) or (satb0700 EQ <1>)]<br>continue<br>[else][skip to satb1300][endif]<br><br>[if CTOB02 EQ 3]<br><br>When you quit smoking …<br><br>[if (satb0695 EQ <1>) or<br>(satb0700 EQ <1>)]<br><br>The last time you tried to quit smoking ….<br><br>Did you use a class or program to help you quit? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 99 | 1162-1260 | >satb1100<<br><br>[if satb1000 NE 1, skip to satb1300]<br><br>What program did you use? | [# 99-character text string] |
| 2 | 1261-1262 | (left blank) | |
| 3 | 1263-1265<br><br>REGSMK | >satb1300<<br><br>[# from 2018]<br><br> [# If R never smoked (CTOB01 gt <1>) goto satb1310]<br><br>How old were you when you started smoking cigarettes regularly? | 000-120 = Years<br>777 = Don't know<br>999 = Refused |

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| 3 | 1266-1268 | >satb1310< | 000-120 = Years |
|---|---|---|---|
| | | | 777 = Don't know |
| | AGESTOP | [# skip if R never smoked or currently smokes (CTOB01 ne <1> or CTOB02 ne <3>) goto satb1320] | 999 = Refused |
| | | How old were you when you last smoked cigarettes regularly? | |
| 2 | 1269-1270 | >satb1320< | 01 = Within the past month (less than 1 month ago) |
| | LASTSMK | [# Ask only if R is former smoker (CTOB02 EQ 3)] | 02 = Within the past 3 months (1 month but less than 3 months ago) |
| | | How long has it been since you last smoked a cigarette, even one or two puffs? | 03 = Within the past 6 months (3 months but less than 6 months ago) |
| | | | 04 = Within the past year (6 months but less than 1 year ago) |
| | | | 05 = Within the past 5 years (1 year but less than 5 years ago) |
| | | | 06 = Within the past 10 years (5 years but less than 10 years ago) |
| | | | 07 = 10 years or more |
| | | | 08 = Never smoked regularly |
| | | | 77 = Don't know |
| | | | 99 = Refused |
| 3 | 1271-1273 | (left blank) | |

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| 1 | 1274 SMKLSEVR | [If R does currently use SLT (CTOB03 EQ 1 or 2), skip to next item; else ask satb2200]<br><br>>satb2200<<br><br>Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 3 | 1275-1277 | (left blank) | |
| 2 | 1278-1279 FAVELAW | >satb2700<<br><br>[# from 2019]<br><br>The State of Wisconsin has passed a law that prohibits smoking in most public places, including all workplaces, public buildings, offices, restaurants, and bars. Are you in favor of this law, opposed to this law, or are you neither in favor nor opposed to it?<br><br>[If favor]<br>Are you slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?<br><br>[If opposed]<br>Are you slightly opposed to the law, somewhat opposed to it, or strongly opposed to it?<br><br>[Answers will be combined into a single 7-point scale] | 01 = Strongly opposed<br>02 = Somewhat opposed<br>03 = Slightly opposed<br>04 = Neither favor or oppose<br>05 = Slightly in favor<br>06 = Somewhat in favor<br>07 = Strongly in favor<br><br>77 = Don't know<br>99 = Refused |

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| 2 | 1280-1281 ECIGLAW | >satb2750< Would you be in favor of, or opposed to, a law that prohibits using e-cigarettes and other electronic vaping devices in indoor public places. Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it? [If favor] Would that be slightly in favor of it, somewhat in favor of it, or strongly in favor of it? [If opposed] Would that be slightly opposed to it, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale] | 01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor 77 = Don't know 99 = Refused |

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| 2 | 1282-1283 FAVELAW2 | >satb2800< [# asked in 2-part structure: favor/oppose, then intensity, and combined into 7-point scale] Would you be in favor of, or opposed to, a law that prohibits smoking in public outdoor places such as parks, beaches, sporting events, festivals or other outdoor venues? Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it? [If favor] Would you be slightly in favor of the law, somewhat in favor of it, or strongly in favor of it? [If opposed] Would you be slightly opposed to the law, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale] | 01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor 77 = Don't know 99 = Refused |
|---|---|---|---|
| 2 | 1284-1285 | (left blank) | |

| 1 | 1286 MULTSMK | >samu01< [# samu items from 2019] Do any members of your household [If R smokes (CTOB02 EQ 1 or 2): other than you] currently smoke? (NOTE: INCLUDE CIGARETTES, CIGARS, OR PIPE SMOKING) | 1 = Yes 2 = No 7 = Don't know 9 = Refused |
|---|---|---|---|
| 1 | 1287 MULTBLDG | >samu02< In the next few questions, when we refer to a multi-unit building, we mean a building with more than one individual housing unit.  Do you live a multi-unit building?  (NOTE: ELIGIBLE BUILDINGS CAN INCLUDE APARTMENTS, CONDOS, TOWNHOMES, DORMS, OR OTHER SIMILAR BUILDINGS. RENTING/OWNING DOESN'T MATTER.) | 1 = Yes 2 = No 7 = Don't know 9 = Refused |
| 1 | 1288 MULTPRHB | [If samu02 NE 1, skip to next section] >samu03< Does your building prohibit smoking in individual housing units?  (THIS MEANS WITHIN SOMEONE'S OWN APARTMENT/CONDO/ETC., NOT IN OUTDOOR OR COMMON AREAS.) | 1 = Yes 2 = No 7 = Don't know 9 = Refused |

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| | | | |
|---|---|---|---|
| 2 | 1289-1290 MULTPREF | >samu04< [randomize the order of the choices read aloud] Which of the following kinds of buildings would you prefer to live in: one that prohibits smoking in the individual housing units OR one that allows/permits smoking in the individual housing units? (NOTE: ACCEPT EITHER "would prefer" OR "do prefer" ANSWERS HERE) [if R prefers one or the other] Would you say you slightly prefer it, somewhat prefer it, or strongly prefer it? | 01 = Strongly prefer allows 02 = Somewhat prefer allows 03 = Slightly prefer allows 04 = Neither 05 = Slightly prefer prohibits 06 = Somewhat prefer prohibits 07 = Strongly prefer prohibits 77 = Don't know 99 = Refused |
| 2 | 1291-1292 | (left blank) | |
| 1 | 1293 CASINO1 | >saca01< {# from 2019, revised for COVID] Thinking back before the COVID-19 pandemic started, so before March 2020, how often did you typically visit casinos in Wisconsin? Would you say weekly, monthly, a few times a year, once a year or less, or do you not visit casinos? | 1 = Weekly 2 = Monthly 3 = A few times a year 4 = Once a year or less 5 = Do not visit casinos 7 = Don't know 9 = Refused |

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| 1 | 1294<br><br>CASINFR | >saca02<<br><br>{# from 2019, revised for COVID]<br><br>If casinos in Wisconsin were to go smoke-free after the COVID-19 pandemic ends, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?<br><br>(NOTE: IF R SAYS "DO NOT VISIT", PROMPT WITH:<br>"We're asking how that change might affect your decision in the future."<br>IF R STILL WON'T CHOOSE MORE/LESS/NO, ENTER DK.) | 1 = I would be more likely to visit<br>2 = I would be less likely to visit<br>3 = It would make no difference in how likely I am to visit<br>7 = Don't know<br>9 = Refused |
| --- | --- | --- | --- |
| 2 | 1295-1296 | (left blank) | |

| 1 | 1297 ECIGLIFE | [# Ask this only for Rs who don't currently use e-cigarettes, so ask only if 2021's CTOB04 NE 1 or 2] >satb3100< Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? (READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include Juuls, 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. ) | 1 = Yes 2 = No 7 = Don't know 9 = Refused |
|---|---|---|---|
| 1 | 1298 EVRSMK | >cig01< [# Ask this only for Rs that are not current smokers or former smokers (CTOB01 NE 1) ] Have you ever tried cigarette smoking, even one or two puffs? | 1 = Yes 2 = No 7 = Don't know 9 = Refused |

| 1 | 1299 CIGTRY | >ecig0110< [# to be placed after cig01] [# to be asked of Rs who have ever tried cigarette smoking (cig01=1 or CTOB01=1), and who have ever tried e-cigarettes (CTOB04 EQ 1 or 2 or satb3100 EQ 1)] Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products? I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping" products I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes | 1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products 2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes 7 = Don't know 9 = Refused |
|---|---|---|---|
| 2 | 1300-1301 | (left blank) | |
| 1 | 1302 EHARM | >satb3200< Do you think electronic cigarettes are _less_ harmful to your health than regular cigarettes? | 1 = Yes 2 = No 7 = Don't know 9 = Refused |

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|---|---|---|---|
| 1 | 1303<br><br>EXPSVAPR | >satb3220<<br><br>How often are you exposed to the vapor from other people's e-cigarettes or other electronic vaping devices while in indoor public places? | 1 = Often<br>2 = Sometimes<br>3 = Rarely<br>4 = Never<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1304<br><br>VAPEHARM | >satb3260<<br><br>Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause<br><br>no harm, a little harm, some harm, or a lot of harm? | 1 = No harm<br>2 = A little harm<br>3 = Some harm<br>4 = A lot of harm<br><br>7 = Don't know<br>9 = Refused |
| 2 | 1305-1306 | (left blank) | |
| 1 | 1307<br><br>CIGAREV | >satb4010<<br><br>Have you ever smoked cigars, cigarillos, or little cigars? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1308<br><br>CIGARNOW | >satb4020<<br><br>[# If satb4010 NE 1, skip to satb4030]<br><br>Do you now smoke cigars, cigarillos, or little cigars every day, some days, or not at all? | 1 = Every day<br>2 = Some days<br>3 = Not at all<br><br>7 = Don't know<br>9 = Refused |

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|---|---|---|---|
| 1 | 1309<br><br>PREFFLAV | >satb4030<<br><br>[# Ask satb4030 only if R ever used cigarettes, smokeless tobacco, e-cigarettes, or cigars { (CTOB01 EQ 1) or (CTOB03 EQ 1 or 2) (cig01 EQ 1) or (CTOB04 EQ 1or 2) or (satb2200 EQ 1) or (satb3100 EQ 1) or (satb4010 EQ 1) }, else skip to satb5010 ]<br><br>When you have used tobacco products, do you or did you prefer those that are flavored, such as menthol, mint, clove, spice, candy, fruit, chocolate, alcohol, or other flavors? | 1 = Yes<br>2 = No<br><br>3 = Does not make any difference (IF VOLUNTEERED)<br><br>7 = Don't know<br>9 = Refused |
| 2 | 1310-1311 | (left blank) | |
| 1 | 1312<br><br>TBCTALK | >satb5010<<br><br>[# to be asked of Rs who have children less than 18 years of age (CDEM15 GE 1 and CDEM15 NE 88 or 99)]<br><br>Have you ever talked to your children about tobacco products? | 1 = Yes<br>2 = No<br>3 = No, my children are too young to understand (if R volunteers)<br>4 = R has no children (if volunteered)<br><br>7 = Don't know<br>9 = Refused |
| 0 | | > satb5020_int<<br><br>[satb5020 series to be asked if satb5010 EQ 1]<br><br>What kinds of tobacco products have you talked to your children about? | |

| 1 | 1313<br><br>TALKREG | >satb5020a<<br><br>… regular cigarettes? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 1 | 1314<br><br>TALKECIG | >satb5020b<<br><br>… electronic cigarettes, e-cigarettes, or other electronic vaping devices? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1315<br><br>TALKCIGR | >satb5020c<<br><br>… cigars or cigarillos? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1316<br><br>TALKPIPE | >satb5020d<<br><br>… pipes or hookahs? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1317<br><br>TALKSMLS | >satb5020e<<br><br>… smokeless tobacco, such as chewing tobacco, snuff, snus, or dip? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1318 | (left blank) | |
| 1 | 1319<br><br>MCH12MO | >satb7010<<br><br>In the past 12 months, have you seen a healthcare professional for mental health treatment or counseling? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

| | | | |
|---|---|---|---|
| 1 | 1320<br><br>MISTMNT | [# MENTAL HEALTH TREATMENT]<br><br>[# for 2021, insert existing samh01 here within S-A tobacco]<br><br>>samh01<<br><br>Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1321<br><br>SUTC12M | >satb7030<<br><br>In the past 12 months, have you seen a healthcare professional for substance use treatment or counseling? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1322<br><br>MHSADV12 | [# If { R never smoked (CTOB01 NE 1) OR R did not smoke in past year (CTOB02 EQ 3 and satb1320 GT 4) } OR { R did not get MH counseling (satb7010 GT 1) AND R did not get SA counseling (satb7030 GT 1) AND R does not get MH services (samh01 GT 1)} then skip satb7040]<br><br>>satb7040<<br><br>In the past 12 months, were you advised to quit smoking by a mental health or substance use counselor? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 2 | 1323-1324 | (left blank) | |

| | | | |
|---|---|---|---|
| 0 | | >sash_int<<br><br>The next questions are about a sensitive topic that some people may feel uncomfortable with. At the end of the section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can skip any question you do not want to answer. | |
| 1 | 1325<br><br>SELFHARM | >sash0100<<br><br>During the past year, did you ever do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?<br><br>(DO NOT PROBE) | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1326<br><br>SUICTHTS | >sash0200<<br><br>In the past year, have you ever seriously thought about attempting suicide?<br><br>(DO NOT PROBE)<br><br>[#if sash0200 NE 1, skip to next section] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1327<br><br>SUICATMT | >sash0300<<br><br>In the past year, have you attempted suicide?<br><br>(DO NOT PROBE)<br><br>[#if sash0300 NE 1, skip to next section] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

| | | | |
|---|---|---|---|
| 1 | 1328<br><br>SUICINJ | >sash0400<<br><br>Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?<br><br>(DO NOT PROBE) | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 0 | | >sash_refer<<br><br>As I mentioned, I will give you a phone number for an organization that can provide information and referral for addressing these issues. You can dial the National Crisis Line at 1-800-273-8255, OR you can speak directly to your doctor or health care provider. | |
| 2 | 1329-1330 | (left blank) | |
| 1 | 1331<br><br>VITAMINS | [# FOLIC ACID]<br><br>>safa01<<br><br>Do you currently take any vitamin pills or supplements?<br><br>Include liquid supplements.<br><br>[if safa01 NE 1, skip to safa05] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1332<br><br>MULTIVIT | >safa02<<br><br>Are any of these a multivitamin?<br><br>[# if safa02 EQ 1, skip to safa04] | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 1 | 1333<br><br>FOLICACD | >safa03< | 1 = Yes<br>2 = No |

| | | Do any of the vitamin pills or supplements you take contain folic acid?<br><br>[if safa03 NE 1, skip to safa05] | 7 = Don't know<br>9 = Refused |
|---|---|---|---|
| 3 | 1334–1336<br><br>TAKEVIT | >safa04<<br><br>How often do you take this vitamin pill or supplement? | 101–176 = Times per day<br>201–276 = Times per week<br>301–376 = Times per month<br><br>777 - Don't know<br>999 = Refused |
| 1 | 1337<br><br>RECOMMEN | >safa05<<br><br>[if age GE 45, skip safa05]<br><br>Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons: to make strong bones, to prevent birth defects, to prevent high blood pressure, or some other reason? | 1 = To make strong bones<br>2 = To prevent birth defects<br>3 = To prevent high blood pressure<br>4 = Some other reason<br><br>7 = Don't know<br>9 = Refused |
| 2 | 1338–1339 | (left blank) | |
| 1 | 1340 | [# only asked for cases in the LETTERMATCH EQ 1 condition]<br><br>>saal0010<<br><br>Do you recall receiving a letter in the mail about this survey? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 3 | 1341–1343 | (left blank) | |

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| | | | |
|---|---|---|---|
| 0 | | [# ASTHMA FOLLOW-UP RECRUITING]<br><br>[# Ask only if R or child is asthma-eligible] | |
| 1 | 1344 | [Interviewer-only item]<br><br>>afu_intcert<<br><br>INTERVIEWER: ARE YOU CERTIFIED FOR ASTHMA?<br><br>[if afu_intcert EQ 1, skip to afu_yn2, else go to afu_yn] | 1 = Yes<br>2 = No |
| 1 | 1345<br><br>ASTHOK | >afu_yn<<br><br>We would like to call you again in a few weeks to talk in more detail about {your/your child's} experiences with asthma.  The information will be used to help develop and improve the asthma programs in Wisconsin.<br><br>May we call you back to ask additional asthma-related questions at a later time? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |

| 1 | 1346 | >afu_yn2< We would like to ask some more detailed questions about {your/your child's} experiences with asthma.  The information will be used to help develop and improve the asthma programs in Wisconsin. Would you like to do that interview now, or should we call back another time? | 1 = Do interview now<br>2 = Call back later<br>3 = Refused asthma interview |
|---|---|---|---|
| 0 | | [# during delivery, we will compute afu_yn_combined from afu_yn & afu_yn2, to indicate persmission to call back. This will be stored in column 602 in main data layout] | |
| 0 | | [if afu_yn EQ 1, use "when we call back" wording below] {if afu_yn2 EQ 2, use "when we call back" wording below] [if afu_yn2 EQ 1, use "if we need to call back" wording below] | |
| 1 | 1347 | >afu < [Asthma follow-up focal person, randomly generated by CATI system, not read to R] [this item is also stored in column 653 in main data layout] | 1 = Adult<br>2 = Child |

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| | | | |
|---|---|---|---|
| 0 | | >CHILDname< [name not delivered in data]<br><br>Can I please have your child's first name, initials or nickname so we refer to the right child [when we / if we need to] call back?<br><br>[if c0816 gt <1>]<br>This is the [fill rkid_age2] year old child which is the [fill rkid_fill] child.<br>[endif] | |
| 0 | | >ADULTname< [name not delivered in data]<br><br>Can I please have your first name, initials or nickname so we know who to refer to [when we / if we need to] call back? | |
| 1 | 1348 | >MOSTKNOW<<br><br>Are you the parent or guardian in the household who knows the most about [fill CHILDname]'s asthma? | 1 = Yes<br>2 = No<br><br>7 = Don't know<br>9 = Refused |
| 0 | | >MKPname< [name not delivered in data]<br><br>Can I please have the first name, initials or nickname of the person who knows the most about [fill CHILDname]'s asthma so we will know who to ask for [when we / if we need to] call back? | |

| | | | |
|---|---|---|---|
| 1 | 1349 | >afu_phone1< [phone number not delivered in data]<br><br>[When we / If we need to] call back, what's the best phone number for us to call?<br><br>[Display the current number on screen as a choice] | 1 = Same number as this case<br>2 = Different number |
| 0 | | >afu_phone2< [phone number not delivered in data]<br><br>[enter new phone number here] | |
| 0 | | >afu_time< [time information not delivered]<br><br>[When / If we need to call back] would be a good time to call back and speak with [you/MKP]?<br><br>For example, evenings, days, weekends? | [# open-end text answer] |
| 0 | | >afu_cnfd<<br><br>The information you gave us today and any [you/MKP] give us in the future will be kept confidential. We will keep [your/their/child's] name and phone number [and your child's name] on file, separate from the answers separate from the answers collected today.  Even though you agreed today, [you/MKP] may refuse to participate in the future. | |

| 1 | 1350 | >afu_link<<br><br>Some of the information that you shared with us today could be useful when combined with the information we will ask for during the follow-up interview.  If the information from the two interviews is combined, identifying information such as your name, [if afu EQ <2>][fill CHILDname]'s name,[endif] and your phone number will not be included.<br><br>May we combine your answers from today with the answers from the asthma interview? | 1 = Yes<br>2 = No<br><br>9 = Refused |
|---|---|---|---|
| 49 | 1351-1399 | (left blank) | |
| 1 | 1400 | End of record | |
| | | | |
| | | | |