2024 Wisconsin BRFSS Questionnaire

22 September 2025

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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).		Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024 Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.
	HELLO, I am calling for the Wisconsin Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample. If cell phone respondent objects to being contacted by state where they have never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence"

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02		
			2 No	TERMINATE	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
LL02.	Is this a private residence?		1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential	

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

LL05.	Is this a cell phone?		1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?		1 Yes	IF COLLEGE HOUSING (LL03) = "YES," GO TO LL09; OTHERWISE GO TO NUMBER OF ADULTS LL07		
			2 No	IF COLLEGE HOUSING (LL03) = "YES," Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	I need to randomly select one adult		1	Go to LL09	Read: Are you that 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?				If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL08.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL08.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?		1 = Yes 2 = No - *Ask for correct respondent*	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.	
			3 Transgender, non-binary,	Go to LL10		

			or another gender Do not read: 7 Don't know/Not sure 9 Refused			
LL10	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey, please call		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			877-551-6138.			

Cell Phone Introduction

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

CP05.	Are you ?		Please read: 1 Male 2 Female	Go to CP07.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Transgender, non-binary, or another gender Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06		
CP06	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
CP07.	Do you live in a private residence?		1 Yes	Go to CP09	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the	

					respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP08		
CP08.	Do you live in college housing?		1 Yes	Go to CP09	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP09.	Do you currently live in___Wisconsin____?		1 Yes	Go to CP11		
			2 No	Go to CP10		

CP10.	In what state do you currently live?		1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina			

			46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Wisconsin 53 Washington 54 West Wisconsin 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP11.	Do you also have a landline telephone in your home that is used to make and receive calls?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP12.	How many members of your household, including yourself,		_ _ Number	If CP08 = yes then number of adults is		

	are 18 years of age or older?		77 Don't know/ Not sure 99 Refused	automatically set to 1		
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.			

Core Section 1: Health Status

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

Core Section 2: Healthy Days

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	_ _ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	_ _ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
			Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical	_ _ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	

Core Section 3: Health Care Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health care coverage?	Read if necessary: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program 88 No coverage of any type		If respondent has multiple sources of insurance, ask for the one used most often. 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 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

		Do not read: 7 Don’t know / Not sure 8 Never 9 Refused			

Wisconsin State-Added 1: Health Care Coverage

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI1.1	Do you have health care coverage from Medicaid or BadgerCare? ¿Tiene cobertura de atención médica de Medicaid o BadgerCare?	MEDICAID	1 Yes 2 No 7 Don’t know / Not sure 9 Refused	Only ask if respondent is a state resident.	(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.) (SI ES NECESARIO: ESTOS SON PROGRAMAS DEL GOBIERNO QUE PAGAN LA ATENCIÓN MÉDICA PARA PERSONAS DE BAJOS INGRESOS Y FAMILIAS TRABAJADORAS. LOS DESTINATARIOS TIENEN UNA TARJETA DE IDENTIFICACIÓN DE PLÁSTICO QUE DICE "ENVIAR".	

					ESTOS PROGRAMAS SE LLAMAN MEDICAID, BADGERCARE, ASISTENCIA MÉDICA O TÍTULO 19.)	

Core Section 4: Exercise

Question Number	Question text	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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

Core Section 5: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental	Read if necessary: 1 Within the past year (anytime less than 12 months ago)			129

	hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

Core Section 6: Chronic Health Conditions

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

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

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

Core Section 7: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	_ _ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected. If respondent indicates that they are Hispanic for race, please read the race choices.	
			If more than one response to CDEM.03;		

			continue. Otherwise, go to CDEM.05		
CDEM.04	Which one of these groups would you say best represents your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: ~~60 Other~~ 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused	
			If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.		
CDEM.05	Are you…	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.06	What is the highest grade or	Read if necessary: 1 Never attended school or only attended kindergarten			

	year of school you completed?	2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.07	Do you own or rent your home?	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.08	In what county do you currently live?	_ _ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code	_ _ _ _ _ 77777 Do not know			

	where you currently live?	99999 Refused			
			If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	1 Yes			
		2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these landline telephone numbers are residential numbers?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.12	How many cell phones do you have for your personal use?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.13	Have you ever served on active	1 Yes 2 No 7 Don't know / Not sure		Read if necessary: Active duty	

	duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	9 Refused		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…?	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.15	How many children less than 18 years of age live in your household?	_ _ Number of children 88 None 99 Refused			
CDEM.16	Is your annual household income from all sources—	Read if necessary: 01 Less than $10,000? 02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000) 04 Less than $25,000 05 Less than $35,000 If ($25,000 to less than $35,000) 06 Less than $50,000 If ($35,000 to less than $50,000)	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

		07 Less than $75,000? ($50,000 to less than $75,000) 08 Less than $100,000? ($75,000 to less than $100,000) 09 Less than $150,000? ($100,000 to less than $150,000)? 10 Less than $200,000? ($150,000 to less than $200,000) 11 $200,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
			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). Or Age >49		
CDEM.17	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.18	About how much do you weigh without shoes?	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
CDEM.19	About how tall are you without shoes?	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Core Section 8: Disability

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

	condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	9 Refused			

Core Section 9: Breast and Cervical Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			Skip to next module if sex/ sex at birth = male		
CBCCS.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
CBCCS.02	How long has it been since you had your last mammogram?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			

CBCCS.03	There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test. Have you ever had a cervical cancer screening test?	1 Yes		Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.	
		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
		7 Don't know / Not sure 9 Refused	~~Go to CBCCS.06~~		
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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

Core Section 10: Colorectal Cancer Screening

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

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

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

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

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

CCRC.10	How long has it been since you had this test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.11	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	1 Yes	Go to CCRC.12	The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition	
		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		

				to checking for blood in your stool.	
CCRC.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused		Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
CCRC.13	How long has it been since you had this test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less			

		than 5 years ago) 5 5 or more years ago Do not read: 7 Don’t know / Not sure 9 Refused Do not read: 7 Don't know / Not sure 9 Refused			

Core Section 11: Tobacco Use

Question Number	Question text	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?	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
		2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping	1 Never used e-cigarettes in your entire life 2 Use them every day		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not	

	products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?	3 Use them some days 4 Used them in the past but do not currently use them at all Do not read: 7 Don't know / Not sure 9 9 Refused		included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. If respondent says "Not at all" ask if they do not mean "Never used e-cigs in your entire life"	

Core Section 12: Lung Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04		
CLC.01	You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?	_ _ _ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.	
		888 Never smoked cigarettes regularly	Go to CLC.04		
			Skip CLC.02 if SMOKDAY2 = 1		

CLC.02	How old were you when you last smoked cigarettes regularly?	_ _ _ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			
CLC.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	_ _ _ Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	
CLC.04	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.	1 Yes			
		2 No 7 Don't know/not sure 9 Refused	Go to next section		

	Have you ever had a CT or CAT scan of your chest area?				
CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?	1 Yes			
		2 No 7 Don't know/not sure 9 Refused	Go to Next section		
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?	Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years (2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don’t know / Not sure 9 Refused			

Core Section 13: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.				
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage ~~such as beer, wine, a malt beverage or liquor~~?	1 _ _ Days per week 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 777 Don't know / Not sure 999 Refused	Go to next section		
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	_ _ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or	_ _ 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)		

	more drinks on an occasion?				
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	_ _ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 14: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.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?	_ _ / _ _ _ _ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	At what kind of place did you get your last flu shot or vaccine?	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a		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	

		community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	
CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

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

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

	sexually transmitted disease or STD in the past year. **You have given or received money or drugs in exchange for sex in the past year.** **You had anal sex without a condom in the past year.** **You had four or more sex partners in the past year.** Do any of these situations apply to you?				

Closing Statement/ Transition to Modules

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

Module 12: Caregiver

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCARE.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	1 Yes		If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8	
		2 No 7 Don't know/Not sure	Go to next module		
		8 Caregiving recipient died in past 30 days	Go to next module		
		9 Refused	Go to next module		
MCARE.02	What is their relationship to you?	1 Parent, stepparent, or parent-in-law 2 Grandparent, step grandparent or grandparent-in-law 3 Spouse or partner 4 Child or stepchild 5 Grandchild or step grandchild 6 Sibling, stepsibling, or sibling-in-law 7 Other relative 8 Friend or non-relative 77 Don't know/Not sure 99 Refused		If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.	
MCARE.03	What is the main health problem or disability that the person you care for has?	1)Alzheimer's disease, dementia, or other cognitive impairment 2)Heart disease, hypertension, or stroke 3)Cancer 4)Diabetes 5)Injuries including broken bones or traumatic brain injury	If MCARE.03 = 1 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, continue		

		6)Mental illness such as depression, anxiety, or schizophrenia 7)Developmental disorders such as autism, Down syndrome, or spina bifida 8)Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease 9)Arthritis/rheumatism 10)Hearing or vision loss 11)Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy 12)Old age, infirmity, or frailty 13)Other 77 Don't know/Not sure 99 Refused			
MCARE.04	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MCARE.05	In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			

MCARE.06	In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MCARE.07	In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
MCARE.08	In an average week, how many hours do you provide regular care or assistance? Would you say…	Please read: 1) Less than 20 hours per week (19 hours or less) 2) Less than 40 hours per week (more than 19 hours, but less than 40 hours) 3) 40 hours or more per week Do not read: 7 Don't Know/ Not Sure 9 Refused			
MCARE.09	For how long have you provided regular care to this person?	Read if necessary: 1) Within the past 30 days (anytime less than 30 days ago) 2) Within the past 2 years (more than 30 days but less than 2 years ago) 3) Within the past 5 years (more than 2			

		years but less than 5 years ago) 4) 5 years or more Do not read: 7 Don't Know/ Not Sure 9 Refused			

Module 14: Social Determinants of Health and Health Equity

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

		7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or had hours reduced?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that…	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an	1 Yes 2 No			

	electric, gas, oil, or water company threatened to shut off services?	7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.10	How safe from crime do you consider your neighborhood to be? Would you say…	Read: 1 Extremely safe 2 Safe 3 Unsafe 4 Extremely unsafe 7 Don't know/not sure 9 Refused			

Module 16: Tobacco Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			Ask if CTOB.01 (SMOKE100)=		

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

MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 17: Other Tobacco Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
		ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
		ASK IF CTOB.04 = 2, 3			
MOTU.02	Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue: The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.					
MOTU.03	Before today, have you heard of heated tobacco products?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 20: Industry and Occupation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	_____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?	
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	_____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."		

Wisconsin State-Added 2: Work-related Illness/Injury

(Add questions after Employment and I/O module)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions are about work-related injury or illness. A work-related injury or illness includes injuries experienced on the job and illnesses that someone is more likely to get because of their job. Las siguientes preguntas se refieren a las lesiones o enfermedades relacionadas con el trabajo. Una lesión o enfermedad relacionada con el trabajo incluye las lesiones sufridas en el trabajo y las enfermedades que una persona tiene más probabilidades de contraer debido a su trabajo.			Ask this module only for those who CDME.13 is 1 (employed for wages), 2 (self-employed), or 4 (Out of work)		
WI2.1	During the past 12 months, that is since [insert	WRKINJ	1 Yes 2 No	If WRKINK NE 1 then		

	date for one year ago today] did you experience a work-related injury or illness serious enough that you got medical advice or treatment? Durante los últimos 12 meses, es decir, desde [insert date for one year ago today], ¿ha sufrido alguna lesión o enfermedad relacionada con el trabajo lo suficientemente grave como para recibir asesoramiento o tratamiento médico?		7 Don't know / Not sure 9 Refused	go to next module		
WI2.2	How many days in a row did you miss from work because of your most recent work-related injury or illness (include weekends, scheduled days off or vacation? ¿Cuántos días seguidos faltó al trabajo debido a su lesión o enfermedad laboral más reciente (incluya fines de semana, días libres	WRKDAYS	1 None 2 Fewer than 10 days 3 10 to 29 days 4 30 to 89 days 5 90 days or longer 7 Don't know / Not sure 9 Refused 1 Ninguno 2 Menos de 10 días 3 10 a 29 días 4 30 a 89 días 5 90 días o mas			

	programados o vacaciones)?					

Module 21: Random Child Selection

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

	Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.		the Xth [CATI: please fill in] child.		
MRCS.01	What is the birth month and year of the [Xth] child?	_ _ /_ _ _ _ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
MRCS.02	Is the child a boy or a girl?	1 Boy 2 Girl	Go to MRCS.04		
		3 Nonbinary/other 9 Refused			
MRCS.03	What was the child's sex on their original birth certificate?	1 Boy 2 Girl 9 Refused			
MRCS.04	Is the child Hispanic, Latino/a, or Spanish origin?	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic,		If yes, ask: Are they…	

		Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused			
MRCS.05	Which one or more of the following would you say is the race of the child?	10 White 20 Black or African American 30 American Indian or Alaska Native **40 Asian** 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian **50 Pacific Islander** 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
MRCS.06	How are you related to the child? Are you a….	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative			

		6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 22: Childhood Asthma Prevalence

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	1 Yes	Fill in correct [Xth] number.		
		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCAP.02	Does the child still have asthma?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 24: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue: The next two questions are about sexual orientation and gender identity					
			If sex= male (using MSAB.01 (BIRTHSEX), CP.05, CP.06(CELLSEX2, CELSXBRT), LL.09, LL.10 (LANDSEX2, LNDSXBRT)) continue, otherwise go to MSOGI.02.		
MSOGI.01	Which of the following best represents how you think of yourself?	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	
			If sex= female (using MSAB.01(BIRTHSEX),CP.05, CP.06 (CELLSEX2, CELSXBRT), LL.09, LL.10 (LANDSEX2, LNDSXBRT) continue, otherwise go to MSOGI.03.		

MSOGI.02	Which of the following best represents how you think of yourself?	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
MSOGI.03	Do you consider yourself to be transgender?	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches	553

				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. If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming? Please say the number before the text response. Respondent can answer with either the number or the text/word.	

Module 26: Reactions to Race

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

				that they think about their race between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?	Read if necessary: 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
			Skip If CDEM.13= 3, 5, 6, 7, 8, 9 [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?	1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races,			

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

Wisconsin State-Added 3: Hmong Identity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)

WI3.1	Do you consider yourself Hmong? ¿Te consideras Hmong?	HMONG	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused	Only ask if respondent is a state resident and CDEM.03 =40 (Asian)	Pronunciation is MUHNG	

Wisconsin State-Added 4: City of Milwaukee

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
WI4.1	Do you live in the city of Milwaukee? ¿Vives en la ciudad de Milwaukee?	MILW	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Only ask if respondent is a state resident and CTYCODE2 is equal to Milwaukee.		

Wisconsin State-Added 5: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI5.1	Have you ever tested positive for COVID-19 using a rapid point-of-care test, self-test, or laboratory test or been told by a doctor or other health care provider that you have or had COVID-19?	COVIDPO1	1 Yes		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests.	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

WI5.2	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	COVIDSM1	1 Yes		Long term conditions may be an indirect effect of COVID 19. Long term conditions may be an indirect effect of COVID 19. Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as “brain fog”) - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing -menstrual changes - Symptoms that get worse after physical or mental activities -Loss of taste or smell	
			2 No 7 Don’t know / Not sure 9 Refused	Go to next section		

WI5.3	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?	COVIDACT	Please read 1 Yes, a lot 2 Yes, a little 3 Not at all			

Wisconsin State-Added 6: Belonging and Meaning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	I am going to read four statements about your experiences in your everyday life. Please let me know if you strongly agree, agree, neither agree or disagree, disagree, or strongly with each statement					
WI6.1	I have enough people in my life who I feel comfortable asking for help from at any time.	PPLHELP	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused			

WI6.2	My life has meaning and purpose	MEANING	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused			
WI6.3	I have a say about what goes on around me	CONTROL	1 Strongly Agree 2 Agree 3 Neither agree or disagree 4 Disagree 5 Strongly Disagree 7 Don't know / Not sure 9 Refused			

Wisconsin State-Added 7: Tobacco

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident.		
WI7.1	Are you exposed to other people's tobacco smoke while you are in your home?	EXPSHOME	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
WI7.2	Do any members of your household [If R smokes (SMOKDAY2 EQ 1 or 2): other than you] currently smoke?	MULTSMK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

WI7.3	During the past seven days, on how many days did you ride in a car with someone who was smoking cigarettes?	CARSMOKE	00-07 = Days 77 = Don't know 99 = Refused			
WI7.4	Have you ever stopped smoking for one day or longer because you were trying to quit smoking?	QUITEVER	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if SMOKE100 "smoked at least 100 cigarettes" is not 1, skip to SMKLSEVR] [if SMOKDAY2 "now smoke" is 3 "not at all", skip to QUITLINE, used-quitline] [if STOPSMOK2=1 "stopped during the past 12 months?" is yes, skip to QUITLINE, used-quitline]		
WI7.5	[If R is current smoker ((SMOKDAY2=1,2) AND (STOPSMK2=1 OR QUITEVER=1)] You mentioned earlier that you have stopped smoking… [If STOPSMK2=1] for one day or longer during the past 12 months. [If QUITEVER=1] for one day or longer [ALL]	QUITLINE	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[If R never quit smoking so QUITEVER GT 1, skip to SMKLSEVR]		

	Please think about … [if R is current smoker and has quit previously (SMOKDAY2=1,2 OR QUITEVER=1)] … your last quit attempt that lasted one day or longer. … [if R is former smoker and has quit (SMOKDAY2=3)] … the time you quit smoking. … [ALL] Did you use the Wisconsin Tobacco Quit Line service … [[if R is current smoker and has quit previously (SMOKDAY2=1,2)] … to help you in your quit attempt? [if R is former smoker and has quit (SMOKDAY2=3)] … to help you quit?					
WI7.6	Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?	SMKLSEVR	1 Yes 2 No 7 Don't know / Not sure 8 Inapplicable 9 Refused	[If R does currently use SLT (USENOW3=1 or 2), skip to EHARM; else ask SMKLSEVR]		

				[If R does currently use SLT, so if (USENOW3=1 or 2 AND stateresident=1) code the respondent as 8 'Inapplicable' for this question, and then skip to EHARM; else ask SMKLSEVR]		
WI7.7	Do you think electronic cigarettes are less harmful to your health than regular cigarettes?	EHARM	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
WI7.8	Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause no harm, a little harm, some harm, or a lot of harm?	VAPEHARM	1 = No harm 2 = A little harm 3 = Some harm 4 = A lot of harm 7 = Don't know 9 = Refused			
WI7.9	Have you ever smoked cigars, cigarillos, or little cigars?	CIGAREV	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
WI7.10	Do you now smoke cigars, cigarillos, or little cigars every day, some days, or not at all?	CIGARNOW	1 = Every day 2 = Some days 3 = Not at all 7 = Don't know 9 = Refused	[Ask CIGARNOW if CIGAREV=1 "yes"] [If CIGAREV NE 1, skip to PREFFLAV]		
WI7.11	When you have used tobacco products, do you or did you prefer those that are flavored, such as	PREFFLAV	1 = Yes 2 = No 3 = Does not make any difference (IF	[Ask PREFFLAV if R ever used cigarettes or smokeless tobacco or e-		

	menthol, mint, clove, spice, candy, fruit, chocolate, alcohol, or other flavors?		VOLUNTEERED) 7 = Don't know 9 = Refused	cigarettes or cigars { (SMOKE100 EQ 1) or (USENOW3 EQ 1 or 2) or (SMKLSEVR EQ 1) or (ECIGNOW2 EQ 2 or 3 or 4) or (CIGAREV EQ 1) }, else skip to MENTHOLF]		
WI7.12	[if R is former smoker] When you were smoking cigarettes, did you smoke menthol cigarettes?	MENTHOLF	1 = Yes 2 = No 7 = Don't know 9 = Refused	[Ask MENTHOLF if R is former smoker (SMOKDAY2 EQ 3)] [If R is not a former smoker (SMOKDAY2 NE 3), skip to QUITAWAR]		
	>QUITAWAR_int< [# series on awareness of services for quitting is for all Rs] There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products. Are you aware of any of the following services available to help people quit using tobacco?	QUITAWAR				

WI7.13	The Wisconsin Tobacco Quitline	QUITAWAR	1 = Yes 2 = No 7 = Don't know 9 = Refused			
WI7.14	The American Indian Quitline	AIQAWAR	1 = Yes 2 = No 7 = Don't know 9 = Refused			
WI7.15	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? [If favor] Are you slightly in favor of the law, somewhat in favor of it, or strongly in favor of it? [If opposed] Are you slightly opposed to the law, somewhat opposed to it, or strongly opposed to it? [Answers will be combined into a single 7-point scale]	FAVELAW	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			
WI7.16	Would you be in favor of, or opposed to, a law that prohibits using e-cigarettes and other electronic	ECIGLAW	01 = Strongly opposed 02 = Somewhat opposed			

	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]		03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor 77 = Don't know			

Wisconsin State-Added 8: Prescription Pain Medication

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI8.1	The next questions are about medications and other drugs that some people use. In the past year, did you use any pain medications that were prescribed to	PAINMED	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if PAINMED NE 1, goto NOPRESCB]		

	you by a doctor? Las siguientes preguntas son sobre medicamentos y otras drogas que usan algunas personas. El año pasado, ¿usó algún analgésico que le haya recetado un médico?					
WI8.2	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? ¿El analgésico que le recetaron era uno que contenía un analgésico opioide, como hidrocodona, o era algún otro tipo de analgésico?	MEDTYPE	1 = Yes, contained opioid 2 = No, did not contain opioid 7 = Don't know 9 = Refused	[if MEDTYPE ne <1> goto MRMED_OP]	INTERVIEWER NOTE: ("OH-pee-oyd", "hye-droh-COH-dohn") (OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.)	
WI8.3	The last time that an opioid pain medication was prescribed for you, what was the main reason it was	WHYPRESC	01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or			

	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?		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 1: Dolor relacionado con el cáncer			

	La última vez que le recetaron un analgésico opioide, ¿Cuál fue la razón principal por la que se recetó? Leeré una lista de razones y por favor dime cuál fue el principal. Fue por ... (SI EL MOTIVO ES VOLUNTARIO, NO LEA LA LISTA; DE LO CONTRARIO, DETÉNGASE CUANDO LLEGUE EL MOTIVO CORRECTO). dolor relacionado con el cáncer, atención posquirúrgica, para un problema ortopédico, atención posquirúrgica, para un problema no ortopédico, dolor de espalda, dolor en las articulaciones o artritis, dolor dental, incluidos los procedimientos, síndrome del		2: Atención posquirúrgica, por un problema ortopédico (hueso o tendón; incluye reemplazo de articulación) 3: Atención posquirúrgica, por un problema no ortopédico 4: Dolor de espalda (dolor agudo crónico o recurrente) 5: dolor articular o artritis 6: Dolor dental incluyendo procedimientos 7: síndrome del túnel carpiano 8: Una lesión que causa dolor a corto plazo 9: Una lesión que causa dolor a largo plazo 10: Otras condiciones			

	túnel carpiano, una lesión que causa dolor a corto plazo, una lesión que causa dolor a largo plazo, otras condiciones físicas que causan dolor, para prevenir o aliviar los síntomas de abstinencia, u otra razón?		físicas que causan dolor 11: Para prevenir o aliviar los síntomas de abstinencia 12: Otra razón (especificar)			
WI8.4	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? La última vez que surtió una receta de analgésicos, ¿utilizó alguno de los analgésicos con más frecuencia o en dosis más altas que las indicadas por un médico?	MRMED_OP	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
WI8.5	The last time you filled a prescription for pain medication was there any medication left over?	MDLFT_OP	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if MDLFT_OP NE 1, skip to NOPRESCB]		

	La última vez que surtió una receta de analgésicos, ¿le sobró algún medicamento?					
WI8.6	What did you do with the leftover prescription pain medication? ¿Qué hizo con el analgésico recetado que le sobró?	WTMED_OP	1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused 1: lo guardé 2: Eliminado 3: Se lo di a otra persona 4: lo vendí 5: Otro		(INTERVIEWER NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)	
WI8.7	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	NOPRESCB	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if NOPRESCB NE 1, skip to next section]		

	prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter. Ahora me gustaría hacerle algunas preguntas sobre los analgésicos recetados que NO le recetó un médico específicament e. El año pasado, ¿usó analgésicos recetados que NO le recetó un médico específicament e? Solo queremos saber sobre medicamentos recetados, NO medicamentos que están disponibles sin receta.					
WI8.8	How did you obtain the prescription pain medication? ¿Cómo obtuvo el analgésico recetado?	OBTMED	1 = Given to me for free from a friend or relative 2 = Taken from owner without his or her knowledge		(INTERVIEWER NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)	

			3 = Purchased from friend or relative 4 = Purchased from street dealer 5 = Purchased online 6 = Other 7 = Don't know 9 = Refused 1: Me lo dio gratis un amigo o familiar 2: Tomado del propietario sin su conocimiento 3: comprado a un amigo o familiar 4: comprado en un comerciante callejero 5: comprado en línea 6: Otro		(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)	
WI8.9	Have you ever used heroin, even just one time? ¿Ha consumido heroína alguna vez, aunque sea una sola vez?	HEROIN	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if HEROINE 1, go to closing statement]		

WI8.10	Have you used heroin in the past 12 months? ¿Ha consumido heroína en los últimos 12 meses?	HEROIN12	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Asthma Call-Back Permission Script

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	1 Yes 2 No			
CB01.02	Which person in the household was selected as the focus of the asthma call-back?	1 Adult 2 Child			
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask	_____ Enter first name or initials.			

	for when we call back?				

Closing Statement

Read
That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.