

2025 Wisconsin BRFSS Questionnaire



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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 04/30/2028 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 who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many		1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	

	members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL08.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
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 - <i>Ask for correct respondent</i>	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition	We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.	
			9 Refused	If LL09 = refused then TERMINATE	"Thank you for your time, your number may be selected for another survey in the future."	
Transition to Section 1.			I will not ask for your last name, address, or other personal information		Do not read: Introductory text may be reread when selected respondent is reached.	

			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.		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.	
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		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 CP06.	We ask this question to determine which health related questions apply to each respondent. For example, males might be asked about prostate health issues.	
			9 Refused	If CP05 = Refused then TERMINATE.	"Thank you for your time, your number may be selected for another survey in the future."	
CP06.	Do you live in a private residence?		1 Yes 2 No	Go to CP08 Go to CP07	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.	
CP07.	Do you live in college housing?		1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in ___Wisconsin___?		1 Yes	Go to CP10		
			2 No	Go to CP09		

CP09.	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			
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			46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?		1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself,		__ Number 77 Don't know/ Not sure	If CP07 = yes then number of adults is		

	are 18 years of age or older?		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	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—		Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		__ 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, is 88 and CHD.02, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-		__ 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.	

	care, work, or recreation?					
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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 care coverage?		<u>Read if necessary:</u> 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program 88 No coverage of any type 77 Don't Know/Not Sure 99 Refused		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.	
CHCA.02	Do you have one person or a group		1 Yes, only one 2 More than one 3 No		If no, read: Is there more than one, or is there no	

	of doctors that you think of as your personal health care provider?		7 Don't know / Not sure 9 Refused		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 Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

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.)	
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Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.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		If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. Physical activity done at a work gym during the workday would count	
			2 No			
			7 Don't know/Not Sure			
			9 Refused			

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)
CHYPA.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes		If “Yes” and respondent is female, ask: “Was this only when you were pregnant?” By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don’t know / Not sure 9 Refused	Go to next section		
CHYPA.02	Are you currently taking prescription medicine for your high blood pressure?		1 Yes 2 No 7 Don’t know / Not sure 9 Refused			

Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHLA.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?		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	Go to next section.		
			9 Refused			

CCHLA.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
CCHLA.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk	

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?		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) melanoma or		1 Yes 2 No			

	any other types of cancer?		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 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?		__ 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.	
CDEM.04	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.05	What is the highest grade or year of school you completed?		Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.06	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.07	In what county do you currently live?		__ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state(cell phone data only)			
CDEM.08	What is the ZIP Code where you currently live?		----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM11		
CDEM.09	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?		1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
CDEM.10	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.11	How many cell phones do you have for your		__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both	

	personal use?				business and personal use.	
CDEM.12	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.13	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.14	How many children less than 18 years of age live in your household?		_ _ Number of children 88 None 99 Refused			
CDEM.15	Is your annual household income from all sources—		Read as 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	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)	

			(\$20,000 to less than \$25,000) 05 Less than \$35,000 (\$25,000 to less than \$35,000) 06 Less than \$50,000 (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
				Skip to CDEM.17 if Male (Or Age >49)		
CDEM.16	To your knowledge, are you now pregnant?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.17	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.18	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 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?		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			
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Core Section 10: Inadequate Sleep

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

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?		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 products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		1 Never used e-cigarettes in your entire life 2 Use them every day 3 Use them some days 4 Used them in the past but do not currently use them at all Do not read: 7 Don't know / Not sure 9 Refused		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigs, 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 that if they do not mean "Never used e-cigs in your entire life"	

Core Section 12: Alcohol Consumption

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

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?		1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many 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 more drinks on an occasion?		__ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women		
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 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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?		___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	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.	
CIMM.04	Have you received a tetanus shot in the past 10 years?		1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

			but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused			
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Core Section 14: 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. Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 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. 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?" Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.	

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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 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." 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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 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?" Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know		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?"	

			999 Refused		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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 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?" 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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 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?" 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."	

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

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

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 1: Prediabetes

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

				code MPDIAB.02, equal to 1 (yes)		
MPDIAB.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes 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)
				Skip if CCHC.12 is not equal to 1.		
MDIAB.01	According to your doctor or other health professional, what type of diabetes do you have?		1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
MDIAB.02	Insulin can be taken by shot or pump. Are you now taking insulin?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MDIAB.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?		__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
MDIAB.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
MDIAB.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
MDIAB.06	When was the last time you took a course or class in how to manage your diabetes yourself?		1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less			

			than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
MDIAB.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 8: Cognitive Decline

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 few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.						
				If respondent is 45 years of age or older continue, else go to next module.		
MCOG.01	During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		

MCOG.02	Are you worried about these difficulties with thinking or memory?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.03	Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.04	During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.05	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		If respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working	

					and/or volunteering are not related to difficulties with thinking or memory, code as No.	
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Module 13: Industry and Occupation

Question Number	Question text	Variable names	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.13 = 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.13 = 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.13 = 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.”		
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Wisconsin State-Added 2: Work-related Illness/Injury

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			Ask this module only for those who CDME.13 is 1 (employed for wages), 2 (self-employed), or 4 (Out of work)		

	probabilidades de contraer debido a su trabajo.					
WI2.1	During the past 12 months, that is since [insert 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?	WRKINJ	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If WRKINK NE 1 then 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	WRKDAY5	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			

	a su lesión o enfermedad laboral más reciente (incluya fines de semana, días libres programados o vacaciones)?		4 30 a 89 días 5 90 días o mas			
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Module 23: Social Determinants

Question Number	Question text	Variable names	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 24: 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)
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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. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the			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 the Xth [CATI: please fill in] child.		
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	youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.					
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			
			9 Refused			
MRCS.03	Is the child Hispanic, Latino/a, or Spanish origin?		Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
MRCS.04	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		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories	

			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		underneath major heading.	
MRCS.05	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 25: Childhood Asthma Prevalence

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

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	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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(DO NOT READ UNLESS OTHERWISE NOTED) ASK IF STATERE1=1						
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.		

Module 16: Sexual Orientation

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 question is about sexual orientation.						
				If sex= male (using CP05, LL09) continue, otherwise go to MSOGI.02.		
MSOGI.01	Which of the following best represents how you think of yourself?	SOMALE	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 CP05, LL09) continue, otherwise go to MSOGI.03.		
MSOGI.02	Which of the following best represents how you think of yourself?	SOFEMALE	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.	

Wisconsin State-Added 6: Belonging and Meaning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note
Prologue	I am going to read three 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. Voy a leerle tres afirmaciones sobre sus experiencias en la vida cotidiana. Por favor, dígame si está muy de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o muy en desacuerdo con cada afirmación.			
WI6.1	I have enough people in my life who I feel comfortable asking for help from at any time.	PPLHELP	Please read 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	Please read 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	Please read 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
				Only ask if respondent is a state resident.

WI7.1	The next question is about exposure to smoke from other people's burning tobacco products and vapor from e-cigarettes or other vaping devices. While you are in your home, are you exposed to smoke from burning tobacco products, vapor from e-cigarettes or other vaping devices, both, or neither? La siguiente pregunta se refiere a la exposición al humo de la combustión de productos del tabaco ajenos y al vapor de los cigarrillos electrónicos u otros dispositivos de vapeo. Mientras está en su casa, ¿está expuesto al humo de la combustión de productos del tabaco, al vapor de cigarrillos electrónicos u otros dispositivos de vapeo, a ambos o a ninguno de ellos?	EXPSVHOM Note: This is an old question (EXPSHOME) that has been revised to include exposure to vapor from e-cigs, vaping devices.	1 Smoke from burning tobacco products 2 Vapor from e-cigarettes or other vaping devices 3 Both 4 Neither 7 Don't know / Not sure 9 Refused 1 Humo procedente de humo de productos del tabaco 2 Vapor de cigarrillos electrónicos u otros dispositivos de vapeo 3 Ambos 4 Ninguno de los dos	
WI7.2	Have you ever tried cigarette smoking, even one or two puffs? ¿Alguna vez ha probado fumar cigarrillos, aunque sea una o dos bocanadas?	EVRSMK	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	This is for Rs that are not current smokers or former smokers, so, [CTOB.01 (SMOKE100) NE 1]
WI7.3	Which of the following statements best applies to your use of regular cigarettes and e-cigarettes	CIGTRY	Please read: 1 = I tried regular cigarettes before I ever tried electronic	To be asked of Rs who have ever tried both cigarette smoking and e-

	or other electronic vaping products? ¿Cuál de las siguientes afirmaciones se aplica mejor a su uso de cigarrillos regulares y cigarrillos electrónicos u otros productos de vapeo electrónico?		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 1 = Probé cigarrillos regulares antes de probar los cigarrillos electrónicos u otros productos electrónicos de vapeo. 2 = Probé cigarrillos electrónicos u otros productos electrónicos de vapeo antes de probar los cigarrillos regulares. 7 = No lo sé 9 = Se niega	cigarettes, so, [CIG01 (EVRSMK)=1 or CTOB.01 (SMOKE100)=1] and [CTOB.04 (ECIGNOW2)=2 or 3 or 4]
WI7.4	Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips? (NOTE: DO NOT INCLUDE NICOTINE POUCHES) ¿Alguna vez ha usado algún producto de tabaco sin humo, como tabaco de mascar, rapé, snus, dip, orbes, palos o tiras? (NOTE: DO NOT INCLUDE NICOTINE POUCHES)	SMKLSEVR	1 Yes 2 No 7 Don't know / Not sure 8 Inapplicable 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If R does currently use smokeless (USENOW3=1 or 2), skip to CIGAREVN; else ask SMKLSEVR] [If R does currently use smokeless, so if (USENOW3=1 or 2 AND stateresident=1) code the respondent as 8 'Inapplicable' for this question, and then skip to CIGAREVN; else ask SMKLSEVR]
WI7.5	This next question is about cigars. Would you say you have never smoked cigars, cigarillos, or little cigars in your entire life, now smoke them every day, smoke them some days, or smoked them in the past	CIGAREVN New Question and Variable Name.	1 = Never smoked cigars in your entire life 2 = Smoke them every day 3 = Smoke them some days 4 = Used to smoke them, but do not	

	but do not currently smoke them at all? La siguiente pregunta es sobre puros. ¿Diría usted que nunca ha fumado puros, cigarrillos cigarrillos o cigarrillos en toda su vida, que ahora los fuma todos los días, que los fuma algunos días o que los fumó en el pasado pero que actualmente no los fuma en absoluto?	Note: This question combines ever cigar use and current cigar use.	currently smoke them at all Do not read: 7 = Don't know / Not sure 9 = Refused 1 = No ha fumado puros en toda su vida 2 = Los fuma todos los días 3 = Los fuma algunos días 4 = Solía fumarlos, pero actualmente no los fuma en absoluto	
W17.6	Nicotine pouches are small pouches filled with a nicotine-containing powder. They are placed in the mouth and users do not need to spit. Examples of nicotine pouches are ZYN, on!, VELO and Rogue. Would you say you have never used nicotine pouches in your entire life, currently use them every day, use them some days, or used to use them in the past but do not currently use them at all? Las bolsas de nicotina son pequeñas bolsitas rellenas de un polvo que contiene nicotina. Se colocan en la boca y los usuarios no necesitan escupir. Ejemplos de bolsas de nicotina son ZYN, on!, VELO y Rogue. ¿Dirías que no has utilizado bolsas de nicotina en toda tu vida, que las utilizas todos los días, que las utilizas algunos días, o que las utilizabas en el pasado	NICOTINE KP Note: for All R's New Question and Variable Name	1 = Never used nicotine pouches in your entire life 2 = Use them every day 3 = Use them some days 4 = Used to use them, but do not currently use them at all Do not read: 7 = Don't know / Not sure 9 = Refused 1 = No ha utilizado bolsas de nicotina en toda su vida 2 = Las usa todos los días 3 = Las usa algunos días 4 = Solía usarlas, pero actualmente no las usa en absoluto	

	pero que actualmente no las utilizas en absoluto?			
WI7.7	During the past 12 months, have you stopped smoking cigarettes for one day or longer because you were trying to quit smoking? Las bolsas de nicotina son pequeñas bolsitas rellenas de un polvo que contiene nicotina. Se colocan en la boca y los usuarios no necesitan escupir. Ejemplos de bolsas de nicotina son ZYN, on!, VELO y Rogue. ¿Dirías que no has utilizado bolsas de nicotina en toda tu vida, que las utilizas todos los días, que las utilizas algunos días, o que las utilizabas en el pasado pero que actualmente no las utilizas en absoluto?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if SMOKDAY2 = 1 or 2.
WI7.8	Have you <u>ever</u> stopped smoking for one day or longer because you were trying to quit smoking? ¿Alguna vez dejó de fumar durante un día o más porque estaba tratando de dejar de fumar?	QUITEVER	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if CTOB.01 "smoked at least 100 cigarettes" is not 1, skip to QUITVAPE] [if CTOB.02 "now smoke" is 3 "not at all", skip to QUITVAPE] [if STOPSMOK2 =1 "stopped during the past 12 months?" is yes, skip to QUITVAPE]

WI7.9	During the past 12 months have you stopped using E-cigarettes and other vaping devices for one day or longer because you were trying to quit vaping? Durante los últimos 12 meses, ¿ha dejado de utilizar cigarrillos electrónicos y otros dispositivos de vapeo durante un día o más porque estaba intentando dejar de vapear?	QUITVAPE New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if CTOB.04 (ECIGNOW2)=2 or 3 Else skip to QUITSMKS
WI7.10	During the past 12 months, have you stopped using smokeless tobacco products such as chewing tobacco, snuff, snus, or dip for one day or longer because you were trying to quit using smokeless tobacco? (NOTE: DO NOT INCLUDE NICOTINE POUCHES) Durante los últimos 12 meses, ¿ha dejado de consumir productos de tabaco sin humo como tabaco de mascar, rapé, snus o dip durante un día o más porque estaba intentando dejar de consumir tabaco sin humo? (NOTE: NO INCLUYA BOLSAS DE NICOTINA)	QUITSMKS New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if CTOB.03 (USENOW3)=1 or 2 Else skip to QUITCIGR
WI7.11	During the past 12 months, have you stopped smoking Cigars for one day or longer because you were trying to quit cigars? Durante los últimos 12 meses, ¿ha dejado de fumar puros durante un día o más porque estaba	QUITCIGR New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if CIGAREVN=2 or 3 Else skip to QUITNICO

	intentando dejar de fumar puros?			
WI7.12	During the past 12 months, have you stopped using nicotine pouches for one day or longer because you were trying to quit using nicotine pouches? Durante los últimos 12 meses, ¿ha dejado de usar bolsas de nicotina durante un día o más porque estaba intentando dejar de usar bolsas de nicotina?	QUITNICO New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if NICOTINE=2 or 3 Else skip to QUITLINECIG
WI7.13	IF (CTOB.01=1) & (CTOB.02=3) You mentioned earlier that you have stopped smoking cigarettes. Please think about the time you quit smoking. Did you use the Wisconsin Tobacco Quit Line to help you quit? Anteriormente mencionó que ha dejado de fumar cigarrillos. Por favor, piense en el momento en que dejó de fumar. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo a dejar de fumar? IF (CTOB.02=1 OR 2 & MTC.02=1) You mentioned earlier that you have tried to quit smoking cigarettes for one day or longer. Please think about your last quit attempt that lasted one day or longer. Did you use	QUITLINECIG New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	For former cigarette smokers ---and--- For current cigarette smokers with a quit attempt in the last 12 months.

	the Wisconsin Tobacco Quit Line to help you in your quit attempt? Anteriormente mencionó que ha intentado dejar de fumar cigarrillos durante un día o más. Por favor, piense en su último intento de dejar de fumar que duró un día o más. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo en su intento de dejar de fumar?			
WI7.14	IF CTOB.04=4 You mentioned earlier that you have stopped using e-cigarettes. Please think about the time you quit using e-cigarettes. Did you use the Wisconsin Tobacco Quit Line to help you quit? Anteriormente mencionó que ha dejado de utilizar cigarrillos electrónicos. Piensa en el momento en que dejaste de utilizarlos. ¿Utilizó la Wisconsin Tobacco Quit Line para dejar de fumar? IF CTOB.04=2 OR 3 & QUITVAPE=1 You mentioned earlier that you have tried to quit using e-cigarettes for one day or longer. Please think about your last quit attempt that lasted one day or longer. Did you use the Wisconsin Tobacco Quit Line to help you in your quit attempt?	QUITLINEECIG New Question and Variable Name. For former e-cigarette users ---and--- For current e-cigarette users with a quit attempt in the last 12 months.	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	

	Anteriormente mencionó que ha intentado dejar de utilizar cigarrillos electrónicos durante un día o más. Por favor, piense en su último intento de dejar de fumar que duró un día o más. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo en su intento de dejar de fumar?			
WI7.15	IF (SMKLEVR=1) & (CTOB.03=3) You mentioned earlier that you have stopped using smokeless tobacco products. Please think about the time you quit using smokeless tobacco products. Did you use the Wisconsin Tobacco Quit Line to help you quit? Anteriormente mencionó que ha dejado de consumir productos del tabaco sin humo. Por favor, piense en el momento en que dejó de consumir productos de tabaco sin humo. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo a dejar de fumar? IF CTOB.03=1 OR 2 & QUITSMKS=1 You mentioned earlier that you have tried to quit smokeless tobacco products for one day or longer. Please think about your last quit attempt that lasted one day or longer. Did you use the Wisconsin Tobacco Quit Line to help you in your quit attempt? Anteriormente mencionó que ha intentado dejar los	QUITLINELES S New Question and Variable Name. For former smokeless tobacco users ---and--- For current smokeless tobacco users with a quit attempt in the last 12 months.	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	

	productos del tabaco sin humo durante un día o más. Por favor, piense en su último intento de dejar de fumar que duró un día o más. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo en su intento de dejar de fumar?			
WI7.16	IF CIGAREVN=4 You mentioned earlier that you have stopped smoking cigars. Please think about the time you quit smoking cigars. Did you use the Wisconsin Tobacco Quit Line to help you quit? Anteriormente mencionó que ha dejado de fumar puros. Por favor, piense en el momento en que dejó de fumar puros. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarlo a dejar de fumar? IF CIGAREVN=2 OR 3 & QUITCIGAR=1 You mentioned earlier that you have tried to quit smoking cigars for one day or longer. Please think about your last quit attempt that lasted one day or longer. Did you use the Wisconsin Tobacco Quit Line to help you in your quit attempt? Anteriormente mencionó que ha intentado dejar de fumar puros durante un día o más. Por favor, piense en su último intento de dejar de fumar que duró un día o más. ¿Utilizó la Wisconsin	QUITLINECIGAR New Question and Variable Name. For former cigar smokers ---and--- For current cigar smokers with a quit attempt in the last 12 months.	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	

	Tobacco Quit Line para ayudarle en su intento de dejar de fumar?			
WI7.17	IF NICOTINE=4 You mentioned earlier that you have stopped using nicotine pouches. Please think about the time you quit using nicotine pouches. Did you use the Wisconsin Tobacco Quit Line to help you quit? Anteriormente mencionó que ha dejado de utilizar bolsas de nicotina. Por favor, piense en el momento en que dejó de usar bolsas de nicotina. ¿Utilizó la Wisconsin Tobacco Quit Line para ayudarle a dejar de fumar? IF NICOTINE=2 OR 3 & QUITNICO=1 You mentioned earlier that you have tried to quit using nicotine pouches for one day or longer ~~during~~. Please think about your last quit attempt that lasted one day or longer. Did you use the Wisconsin Tobacco Quit Line to help you in your quit attempt? Anteriormente mencionó que ha intentado dejar de usar bolsas de nicotina durante un día o más. Por favor, piense en su último intento de dejar de fumar que duró un día o más. ¿Utilizó la Wisconsin	QUITLINENICO New Question and Variable Name. For former nicotine pouch users ---and--- For current nicotine pouch users with a quit attempt in the last 12 months.	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	

	Tobacco Quit Line para ayudarle en su intento de dejar de fumar?			
WI7.18	In the past 12 months, were you advised to quit using tobacco products and e-cigarettes or other vaping devices by a doctor, nurse or other health care provider? En los últimos 12 meses, ¿le ha aconsejado un médico, enfermera u otro profesional de la salud que deje de consumir tabaco, cigarrillos electrónicos u otros dispositivos de vapeo?	DOCADT12 New Question and Variable Name. KP Note: Only for Current Users of cigarettes, smokeless, e-cigarettes, cigars or nicotine pouches	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	Ask if [(SMOKDAY2=1 or 2) OR (USENOW3=1 or 2) OR (ECIGNOW2=2 or 3) OR (CIGAREVN=2 or 3) OR (NICOTINE=2 or 3)] Else skip to DENADT12
WI7.19	In the past 12 months, were you advised to quit using tobacco products and e-cigarettes or other vaping devices by a dentist or dental hygienist? En los últimos 12 meses, ¿le ha aconsejado un dentista o higienista dental que deje de consumir productos del tabaco y cigarrillos electrónicos u otros dispositivos de vapeo?	DENADT12 New Question and Variable Name. KP Note: Only for Current Users of cigarettes, smokeless, e-cigarettes, cigars, or nicotine pouches	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	Ask if [(SMOKDAY2=1 or 2) OR (USENOW3=1 or 2) OR (ECIGNOW2=2 or 3) OR (CIGAREVN=2 or 3) OR (NICOTINE=2 or 3)] Else skip to MHSUBC12
WI7.20	In the past 12 months, have you received treatment or counseling from a healthcare professional for mental health, or for substance	MHSUBC12 New Question and Variable Name.	1 = Have not received treatment or counseling for either mental health or substance use	

	use, or for both mental health and substance use, or for neither? En los últimos 12 meses, ¿ha recibido tratamiento o asesoramiento de un profesional de la salud para la salud mental, por consumo de sustancias, por salud mental y consumo de sustancias, o por ninguno de los dos?	KP Note: for All R's	2 = Have received treatment or counseling for mental health 3 = Have received treatment or counseling for substance use 4 = Have received treatment or counseling for both mental health and substance use Do not read: 7 = Don't know / Not sure 9 = Refused 1 = No ha recibido tratamiento ni asesoramiento en materia de salud mental ni de consumo de sustancias. 2 = Ha recibido tratamiento o asesoramiento sobre salud mental 3 = Ha recibido tratamiento o asesoramiento por consumo de sustancias 4 = Ha recibido tratamiento o asesoramiento tanto para la salud mental como para el consumo de sustancias	
WI7.21	In the past 12 months, were you advised to quit using tobacco products or e-cigarettes and other vaping devices by a mental health or substance use counselor? En los últimos 12 meses, ¿le ha aconsejado un consejero de salud mental o de abuso de sustancias que deje de consumir	MHSADV12 New Question and Variable Name.	1 Yes 2 No 7 Don't know / Not sure 8 Inapplicable 8 Inaplicable 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	Ask if (MHSUBC12 = 2 or 3 or 4) AND [(SMOKDAY2=1 or 2) OR (USENOW3=1 or 2) OR (ECIGNOW2=2 or 3) OR (CIGAREVN=2 or 3) OR (NICOTINE=2 or 3)]

	productos del tabaco o cigarrillos electrónicos y otros dispositivos de vapeo?			Else skip to MULTBLDG
WI7.22	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 in a multi-unit building? (NOTE: ELIGIBLE BUILDINGS CAN INCLUDE APARTMENTS, CONDOS, TOWNHOMES, DORMS, OR OTHER SIMILAR BUILDINGS. RENTING/OWNING DOESN'T MATTER.) En las siguientes preguntas, cuando nos referimos a un edificio con unidades múltiples, nos referimos a un edificio con más de una vivienda individual. ¿Vive usted en un edificio con unidades múltiples? (NOTA: LOS EDIFICIOS CON UNIDADES MÚLTIPLES PUEDEN SER APARTAMENTOS, CONDOMINIOS, CASAS ADOSADAS, RESIDENCIAS DE ESTUDIANTES U OTROS EDIFICIOS SIMILARES. NO IMPORTA SI DE ALQUILER O DE PROPIEDAD.)	MULTBLDG	1 = Yes 2 = No 7 = Don't know 9 = Refused	If MULTBLDG NE 1, skip to next module
WI7.23	Does your building prohibit smoking in individual housing units? (THIS MEANS WITHIN SOMEONE'S OWN APARTMENT/CONDO/ETC., NOT IN OUTDOOR OR COMMON AREAS.)	MULTPREF	1 = Yes 2 = No 7 = Don't know 9 = Refused	

	¿Prohíbe su edificio fumar en las viviendas individuales? (ESTO SIGNIFICA DENTRO DEL PROPIO APARTAMENTO/CONDO/ET C. DE ALGUIEN, NO EN ZONAS EXTERIORES O COMUNES.)			
WI7.24	[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? ¿En cuál de los siguientes tipos de edificios preferiría vivir? uno que prohíba fumar en las viviendas individuales O uno que permita fumar en las viviendas individuales? (NOTA: ACEPTE LAS RESPUESTAS "preferiría" O "prefiero" AQUÍ) [if R prefers one or the other] ¿Diría que lo prefiere un poco, algo o mucho?	MULTPRHB	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 01 = Muy preferido que sea permitido 02 = Un poco preferido que sea permitido 03 = Ligeramente preferido que sea permitido 04 = Ninguna de las dos 05 = Prefiere ligeramente que sea prohibido 06 = Prefiere algo que sea prohibido 07 = Prefiere mucho que sea prohibido 77 = No sabe 99 = Se negó a contestar	

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)
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 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?	PAINMED	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if PAINMED NE 1, goto NOPRESCB]	
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,	WHYPRESC	01 = Pain related to cancer 02 = Post-surgical care, for an		

	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? La última vez que le recetaron un analgésico opiode, ¿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		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 1: Dolor relacionado con el cáncer 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		
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	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 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?		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 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? La última vez que surtió una receta de analgésicos, ¿le sobró algún medicamento?	MDLFT_OP	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if MDLFT_OP NE 1, skip to NOPRESC B]	

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 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 específicamente. El año pasado, ¿usó analgésicos recetados que NO le recetó un médico específicamente? Solo queremos saber sobre medicamentos recetados, NO medicamentos que están disponibles sin receta.	NOPRESCB	1 Yes 2 No 7 Don't know / Not sure 9 Refused	[if NOPRESCB NE 1, skip to HEROIN]	

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 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		(INTERVIEWER 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)
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 HEROIN NE 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		

Wisconsin State-Added 9: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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OTHERWISE NOTED)						
WI9.1	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		
WI9.2	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. 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	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		

					-Loss of taste or smell	
WI9.3	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 7 Don't know/Not sure 9 Refused			

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 Wisconsin. Thank you very much for your time and cooperation.