

2020 BRFSS Questionnaire

CDC version: 2019-12-04

UWSC version: 2020-08-24

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OMB Header and Introductory Text [# Not part of standard intro, only read if needed.]

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

Introduction - Landline Sample

Landline introduction

>intro2<

Hello, I'm calling for the Wisconsin Department of Health Services. My name is (name). We are gathering information about the health of U.S. residents. This project is conducted by the Department of Health Services with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [fill phone number] ?

[# If Yes

[Go to home]

[# If No

[Go to wrong number sequence]

>home<

Is this a private residence?

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

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

[# If Yes Go to home_state]

[# If NoGo to college]

>college<

Do you live in college housing?

(READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.")

[# If Yes, Go to home_state]

[# If No, exit]

>home_state<

Do you currently live in Wisconsin?

[# If Yes, go to cel]

[# If No, exit]

<p>>cell<</p> <p>Is this a cell phone?</p> <p>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p> <p>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.")</p> <p>[# If Yes, exit] [# If No, go to q0hh]</p>	
<p>[# if home = private residence]</p> <p>>q0hh<</p> <p>I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?</p> <p>— Number of adults</p> <p>[# If 1, go to single [# If >1, go to q0m or q0f (randomly assigned)]</p>	<p>[# if home = college]</p> <p>>cadult<</p> <p>Are you 18 years of age or older?</p> <p>[# If Yes, go to singsex] [# If No, exit]</p>
<p>[# if home = private residence]</p> <p>>single<</p> <p>Are you that adult?</p> <p>[# If Yes, go to singsex [# If No, go to select (for single-adult household)]</p>	
<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	

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

<p>[# if home = private residence]</p> <p>>expl< Hello, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of U.S. residents. Your telephone number has been chosen randomly, and I'd like to ask some questions about health and health practices.</p>	
<p>>cnfd<</p> <p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about this survey, please call 608-267-9821.</p>	

Introduction - Cell Phone Sample

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

<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	
<p>>pvtresid2<</p> <p>Do you live in a private residence?</p> <p>(BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT. PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.)</p> <p>(THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.)</p> <p>(PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.)</p> <p>[# If Yes Go to home_state] [# If NoGo to college]</p>	
	<p>>college<</p> <p>Do you live in college housing?</p> <p>(READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.")</p> <p>[# If Yes, Go to home_state] [# If No, exit]</p>
<p>>home_state<</p> <p>Do you currently live in Wisconsin?</p> <p>[# If Yes, go to landline] [# If No, goto rspstate]</p>	
<p>>rspstate<</p> <p>In what state do you live?</p> <p>[# If any of 50 states, DC, VI, PR, GU, go to landline] [# Else, exit]</p>	

>landline<

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

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

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

>numadult<

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

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

>cnfd<

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about this survey, please call 608-267-9821.

Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			102-103
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical or mental health keep	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure			106-107

	you from doing your usual activities, such as self-care, work, or recreation?		99 Refused			
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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	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Health Care Access (HCA) Module go to MHCA.01, else continue		108
			2 No 7 Don't know/Not Sure 9 Refused			
CHCA.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	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?	109
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, MME.03, else continue.		110
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but	If using HCA Module and CHCA.01 = 1 go to Module 03 MME.04a or if using HCA Module and CHCA.01 = 2, 7, or 9 go to Module 03,	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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	MME.04b, else go to next section.		
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[** Include samc01 Medicaid/BadgerCare at this position, as in 2019.]

Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	112

Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIS.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	113-114

Core Section 6: 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)
CCHC.01	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. (Ever told you that you had a heart attack also called a myocardial infarction?)	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115
CCHC.02	(Ever told you that you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			116
CCHC.03	(Ever told you that you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
CCHC.04	(Ever told you that you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		118
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure			119

			9 Refused			
CCHC.06	(Ever told you that you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
CCHC.07	(Ever told you that you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
CCHC.08	(Ever told you that you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
CCHC.09	(Ever told you that you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura,	123

					Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.10	(Ever told you that you had) a depressive disorder ,including depression, major depression, dysthymia, or minor depression?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
CCHC.11	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	125
CCHC.12	(Ever told you that you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	126
			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 told you have diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older]	Go to Diabetes Module if used, otherwise go		127-128

			98 Don't know / Not sure 99 Refused	to next section.		
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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 Section CCHC.12, DIABETE4, is coded 1		
MPDB.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			264
				Skip MPDB.02 if CCHC.12 DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code MPDB.02, PREDIAB1, equal to 1 (yes);		
MPDB.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	265

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core CCHC.13; if response to CCHC.12 is Yes (code = 1)		
MDIA.01	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
MDIA.02	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 888 Never 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	267-269
MDIA.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year			270-272

			555 No feet 888 Never 777 Don't know / Not sure 999 Refused			
MDIA.04	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			273-274
MDIA.05	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 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.	275-276
				If MDIA.03 = 555 (No feet), go to MDIA.07		
MDIA.06	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			277-278
MDIA.07	When was the last time you had an eye exam in which the pupils were dilated, making	EYEXAM1	Read if necessary: 1 Within the past month (anytime less			279

	you temporarily sensitive to bright light?		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			
MDIA.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			280
MDIA.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			281

Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	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 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			131-132
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	133-136
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	If more than one response to CDEM.03; otherwise, go to CDEM.05.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	137-164
CDEM.04	Which one of these groups	ORACE3	Please read: 10 White		If 40 (Asian) or 50 (Pacific Islander) is	165-166

	would you say best represents your race?		<p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
	Do you consider yourself Hmong?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		[Asked if CDEM03 includes Asian]	
				If using Sex at Birth Module, insert here		
CDEM.05	Are you...	MARITAL	<p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			167
CDEM.06	What is the highest grade or year of school you	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p>			168

	completed ?		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.0 7	Do you own or rent your home?	RENTHOM1	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.	169
CDEM.0 8	In what county do you currently live?	CTYCODE2	-- _ANSI County Code 777 Don't know / Not sure 999 Refused			170-172
CDEM.0 9	What is the ZIP Code where you	ZIPCODE1	----- 77777 Do not know 99999 Refused			173-177

	currently live?					
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL3	1 Yes			178
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			179
CDEM.12	How many cell phones do you have for personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	180
CDEM.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the	181

	Guard or military reserve unit?				Persian Gulf War.	
CDEM.1 4	Are you currently...?	EMPLOY1	<p>Read:</p> <p>1 Employed for wages</p> <p>2 Self-employed</p> <p>3 Out of work for 1 year or more</p> <p>4 Out of work for less than 1 year</p> <p>5 A Homemaker</p> <p>6 A Student</p> <p>7 Retired</p> <p>Or</p> <p>8 Unable to work</p> <p>Do not read:</p> <p>9 Refused</p>		If more than one, say "select the category which best describes you".	182
					Ask Mod 26 Industry & Occupation if CDEM.14 = 1, 2, or 4	
CDEM.1 5	How many children less than 18 years of age live in your household?	CHILDREN	<p>_ _ Number of children</p> <p>88 None</p> <p>99 Refused</p>			183-184
CDEM.1 6	Is your annual household income from all sources—	INCOME2	<p>Read if necessary:</p> <p>04 Less than \$25,000</p> <p>If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000)</p> <p>03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)</p> <p>02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)</p> <p>01 Less than \$10,000 If no, code 02</p> <p>05 Less than \$35,000 If no, ask</p> <p>06 (\$25,000 to less than \$35,000)</p>		If respondent refuses at ANY income level, code '99' (Refused)	185-186

			06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
CDEM.1 7	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
CDEM.1 8	About how much do you weigh without shoes?	WEIGHT2	___ ___ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	188-191
CDEM.1 9	About how tall are you without shoes?	HEIGHT3	___ / ___ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	192-195

Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			196
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			197
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			198
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			199
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			200
CDIS.06	Because of a physical, mental, or emotional	DIFFALON	1 Yes 2 No 7 Don't know / Not sure			201

	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: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	202
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.05		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			203
			3 Not at all	Go to CTOB.04		
			7 Don't know / Not sure	Go to CTOB.05		
			9 Refused			

CTOB.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CTOB.05		204
CTOB.04	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			205-206

CTOB.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		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.	207
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Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days	Go to next section	Read if necessary: (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.) (A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)	208-210
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused			
CALC.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ 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.	211-212
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		213-214
CALC.04	During the past 30 days, what is	MAXDRNKS	__ Number of drinks			215-216

	the largest number of drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
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Core Section 12: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	217
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			218-223
				If age <50 GOTO CIMM.04.		
CIMM.03	Have you ever had the shingles or zoster vaccine?	SHINGLE2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	224
CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and	225

					conjugate, also known as Prevnar.	
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Core Section 13: Falls

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip Section if CDEM.01, AGE, coded 18-44		
CFAL.01	In the past 12 months, how many times have you fallen?	FALL12MN	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	Go to Next Section	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.	226-227
CFAL.02	How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?	FALLINJ4	__ Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.	228-229

Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			230
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
				If CALC.01 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused			231-232

Core Section 15: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip section if male.		
CBCC.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCC.03	Go to CBCC.03	
CBCC.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			234

CBCC.03	Have you ever had a Pap test?	HADPAP2	1 Yes	Go to CBCC.05	A Pap test is a test for cancer of the cervix.	235
			2 No 7 Don't know / Not sure 9 Refused			
CBCC.04	How long has it been since you had your last Pap test?	LASTPAP2	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			236
CBCC.05	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes	Go to CBCC.07	Human papillomavirus (pap-uh-loh-muh virus)	237
			2 No 7 Don't know / Not sure 9 Refused			

CBCC.06	How long has it been since you had your last H.P.V. test?	HPLSTTST	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			238
CBCC.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	239

Core Section 16: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is ≤39 years of age, or female, go to next section.		
CPCS.01	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	240
CPCS.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			241
CPCS.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			242
CPCS.04	Have you ever had a P.S.A. test?	PSATEST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		243

CPCS.05	How long has it been since you had your last P.S.A. test?	PSATIME	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			244
CPCS.06	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	Read: 1 Part of a routine exam 2 Because of a prostate problem 3 Because of a family history of prostate cancer 4 Because you were told you had prostate cancer 5 Some other reason Do not read: 7 Don't know / Not sure			245

			9 Refused			
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Core Section 17: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				CATI note: If respondent is < 45 years of age, go to next section.		
Prologue	The next questions are about the five different types of tests for colorectal cancer screening.					
CRC.01	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. Have you ever had a colonoscopy?	COLNSCPY	1 Yes		Do not include a virtual colonoscopy, where 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 on your stomach.	246
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.03		
CRC.02	How long has it been since you had this test?	COLNTEST	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)			247

			<p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CRC.03	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?	SIGMSCPY	1 Yes			248
			<p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Go to CRC.05		
CRC.04	How long has it been since you had this test?	SIGMTEST	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 s ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			249

CRC.05	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?	BLDSTOL1	1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	250
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.07		
CRC.06	How long has it been since you had this test?	LSTBLDS4	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:			251

			7 Don't know / Not sure 9 Refused			
CRC.07	Another 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?	STOOLDNA	1 Yes		This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	252
			2 No 7 Don't know / Not sure 9 Refused	Go to CRC.09		
CRC.08	How long has it been since you had this test?	SDNATEST	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			253
CRC.09	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut	VIRCOLON	1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	254

	shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?		2 No 7 Don't know / Not sure 9 Refused	Go to next section		
CRC.10	How long has it been since you had this test?	VCLNTEST	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			255

Core Section 18: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?	HIVTST7	1 Yes	Go to CHIV.03	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.	256
			2 No 7 Don't know/ not sure 9 Refused			
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	257-262
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.	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

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

[# Mod 1 & Mod 2, pre-diabetes & diabetes, appear after core section 6, depending on R eligibility]

Module 11: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MTOC.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	CNCRDIFF	<p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p>	Go to next module		326

MTOC.02	At what age were you told that you had cancer?	CNCRAGE	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	327-328
				<p>If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19.</p>		

MTOC.03	What type of cancer was it?	CNCRTYP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p>Female reproductive (Gynecologic)</p> <p>02 Cervical cancer (cancer of the cervix)</p> <p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow)</p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p>Male reproductive</p> <p>19 Prostate cancer</p> <p>20 Testicular cancer</p> <p>Skin</p> <p>21 Melanoma</p> <p>22 Other skin cancer</p> <p>Thoracic</p> <p>23 Heart</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	329-330
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			24 Lung Urinary cancer 25 Bladder cancer 26 Renal (kidney) cancer Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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Module 12: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes		Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	331
			2 No, I've completed treatment			
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon		If the respondent requests clarification of this question, say: We want to know which type of doctor you see	332-333

			04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	334
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	CSRVTRN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		335

MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			336
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	337
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			338
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			339

Module 13: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		340
MCPM.02	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			341

Module 18: 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)
				<p>If CDEM.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue.</p> <p>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."</p> <p>Else go to next module</p>		
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	<p>_____ Record answer</p> <p>99 Refused</p>		<p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job ask: What is your main job?</p>	350-449
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary	TYPEINDS	<p>_____ Record answer</p> <p>99 Refused</p>	<p>If CDEM14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you</p>		450-549

	school, clothing manufacturing, restaurant			work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”		
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Module 20: Sexual Orientation and Gender Identity (SOGI)

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 two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	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	Ask if Sex= 1.	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	551

					the text response. Respondent can answer with either the number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		
MSOGI.01b	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.	552
MSOGI.02	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender,		Read if necessary: Some people describe themselves as transgender when they experience a different gender	553

			<p>gender nonconforming</p> <p>4 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>		<p>identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>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.</p> <p>If yes, ask Do you consider yourself to be 1.</p>	
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					<p>male-to-female, 2. female-to- male, or 3. gender non- conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 21: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
MACE.01	Now, looking back before you were 18 years of age--- 1) Did you live with anyone who was depressed, mentally ill, or suicidal?	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			554
MACE.02	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			555
MACE.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			556

MACE.04	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			557
MACE.05	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			558
MACE.06	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			559
MACE.07	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			560
MACE.08	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			561

MACE.09	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			562
MACE.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			563
MACE.11	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			564
Epilogue	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

Module 22: 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)
				If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		
				If CDEM.15 = 1 and CDEM.15 does not equal 88 or 99, read into text 1		
Intro text 1	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.15 is >1 and CDEM.15 does not equal 88 or 99, read intro text 2		
Intro text 2	Previously, you indicated there were [number] children age 17 or younger in your household.			CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth		

	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.			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.		
MRC.S.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/_____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			565-570
MRC.S.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			571
MRC.S.03	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: Are they 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin			572-575

			Do not read: 5 No 7 Don't know / Not sure 9 Refused			
MRCS.04	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 88 No additional choices 99 Refused		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	576-603
				[CATI NOTE: IF MORE THAN ONE RESPONSE TO MRCS.04; CONTINUE. OTHERWISE,		

				GO TO MRCS.06.]		
MRCS.05	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 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.	604-605
MRCS.06	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian			606

			4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			
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Module 23: Childhood Asthma Prevalence [Was 2019 mod31.]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	Fill in correct [Xth] number.		607
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		

MCAP.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			608
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State-added Items

Field Size	Columns (beginning with 901; not to exceed 1399)	Question	Response Categories (Code = Response)
1	901	<p>>samc01<</p> <p>[# inserted after core03]</p> <p>Do you have health care coverage from Medicaid or BadgerCare?</p> <p>(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.)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	902	<p>>c0804b<</p> <p>[asked only if R chooses Asian as a race category in demographic section]</p> <p>Do you consider yourself Hmong?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	903	>c0808a< [# placed in core08, demographics] [if c0809 county is not Milwaukee, skip this item] Do you live in the city of Milwaukee?	1 = Yes 2 = No 7 = Don't know 9 = Refused
3	904-906	(left blank)	
1	907	[# PRESCRIPTION DRUG] >sapd01< 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? [if sapd01 NE 1, goto sapd05]	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	908	<p>>sapd01b<</p> <p>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?</p> <p>("OH-pee-oyd", "hye-droh-COH-dohn")</p> <p>(OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.)</p> <p>[if sapd01b ne <1> goto sapd02]</p>	<p>1 = Yes, contained opioid 2 = No, did not contain opioid</p> <p>7 = Don't know 9 = Refused</p>
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2	909-910	<p>>sapd01c<</p> <p>The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll read a list of reasons, and please tell me which was the main one. Was it for ...</p> <p>(IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.)</p> <p>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?</p>	<p>01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or tendon; includes joint replacement) 03 = Post-surgical care, for a non-orthopedic problem 04 = Back pain (chronic or recurring acute pain) 05 = Joint pain or arthritis 06 = Dental pain including procedures 07 = Carpal tunnel syndrome 08 = An injury causing short term pain 09 = An injury causing long term pain 10 = Other physical conditions causing pain 11 = To prevent or relieve withdrawal symptoms 12 = Another reason (specify) 77 = Don't know 99 = Refused</p>
99	911-1009	<p>[specify reason from sapd01c]</p> <p>>sapd01d<</p>	<p>[# 99-char text string]</p>

1	1010	<p>>sapd02<</p> <p>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?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1011	<p>>sapd03<</p> <p>The last time you filled a prescription for pain medication was there any medication left over?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1012	<p>>sapd04<</p> <p>[if sapd03 NE 1, skip to sapd05]</p> <p>What did you do with the leftover prescription pain medication?</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p> <p>[all answers here go to sapd05]</p>	<p>1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused</p>

1	1013	<p>>sapd05<</p> <p>Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.</p> <p>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.</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1014	<p>>sapd06<</p> <p>[if sapd05 NE 1, skip to next section]</p> <p>How did you obtain the prescription pain medication?</p> <p>(NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p>	<p>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</p>
2	1015-1016	(left blank)	

1	1017	>sapd0800< [# new] Have you ever used heroin, even just one time? [# if no/dk/ref, goto next section]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1018	>sapd0850< [# new] Have you used heroin in the past 12 months?	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	1019-120	(left blank)	
2	1021	{# MARIJUANA} >samj0100< During the past 30 days, on how many days did you use marijuana or cannabis? (INTERVIEWER: MARIJUANA AND CANNABIS INCLUDE BOTH CBD AND THC PRODUCTS.)	01-30 = Number of days 88 = None 77 = Don't know 99 = Refused
0	1022	[# For Rs that used marijuana during the past 30 days] >samj0200< In which of the following ways did you use marijuana?	

1	1023	>samj0210< Smoke it? (for example, in a joint, bong, pipe, or blunt)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1024	>samj0220< Eat it? (for example, in brownies, cakes, cookies, or candy)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1025	>samj0230< Drink it? (for example, in tea, cola, or alcohol)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1026	>samj0240< Vaporize it? (for example, in an e-cigarette-like vaporizer or another vaporizing device)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1027	>samj0250< Dab it? (for example, using waxes or concentrates)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1028	>samj0260< Use it some other way?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1029	(left blank)	

1	1030	<p>[# SOCIAL CONTEXT]</p> <p>>sasc01<</p> <p>[# If c0820 = 1 or 2 (own or rent) continue, else go to next section]</p> <p>Now, I am going to ask you about several factors that can affect a person's health.</p> <p>How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage? Would you say always, usually, sometimes, rarely, or never?</p>	<p>1 = Always 2 = Usually 3 = Sometimes 4 = Rarely 5 = Never 7 = Don't know 9 = Refused</p>
1	1031	<p>>sasc02<</p> <p>How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say always, usually, sometimes, rarely, or never?</p>	<p>1 = Always 2 = Usually 3 = Sometimes 4 = Rarely 5 = Never 7 = Don't know 9 = Refused</p>

1	1032	<p>[# If c0814 (employment status) EQ 3/4/7 (out of work GT 1 yr, out of work LT 1 yr, retired), then skip to sasc05.</p> <p>If c0814 EQ 5/6/8 (homemaker, student, unable to work), then skip to sasc07.</p> <p>Else (c0814 EQ 1/2/9) ask sasc03.]</p> <p>>sasc03<</p> <p>At your main job or business, how are you generally paid for the work you do. Are you paid by salary, paid by the hour, paid by the job or task, such as by commission or piecework, or paid some other way?</p> <p>(NOTE: IF PAID IN MULTIPLE WAYS AT THEIR MAIN JOB, SELECT OPTION 4 (PAID SOME OTHER WAY).</p> <p>IF ASKED WHY: "We ask this question in order to compare health indicators among people who are paid in different ways".)</p>	<p>1 = Paid by salary 2 = Paid by the hour 3 = Paid by the job/task (e.g. commission, piecework) 4 = Paid some other way 7 = Don't know 9 = Refused</p>
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2	1033-1034	>sasc04< About how many hours do you work per week at all of your jobs and businesses combined?	01 - 95 = Hours worked 96 = 96 or more hours worked 97 = Don't know 98 = Does not work 99 = Refused
1	1035	>sasc05< Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you did? Were you paid by salary, paid by the hour, paid by the job or task, such as by commission or piecework, or paid some other way? (NOTE: IF PAID IN MULTIPLE WAYS AT THEIR MAIN JOB, SELECT OPTION 4 (PAID SOME OTHER WAY). IF ASKED WHY: "We ask this question in order to compare health indicators among people who are paid in different ways".)	1 = Paid by salary 2 = Paid by the hour 3 = Paid by the job/task (e.g. commission, piecework) 4 = Paid some other way 7 = Don't know 9 = Refused
2	1036-1037	>sasc06< Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?	01 - 95 = Hours worked 96 = 96 or more hours worked 97 = Don't know 98 = Does not work 99 = Refused

1	1038	<p>>sasc07<</p> <p>Did you vote in the last presidential election?</p> <p>(NOTE: THE NOVEMBER 2016 ELECTION BETWEEN HILLARY CLINTON AND DONALD TRUMP.</p> <p>WE ARE NOT ASKING WHO R VOTED FOR.</p> <p>IF ASKED WHY: "We ask this question in order to compare health indicators among people with different community participation.")</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 8 = Not applicable (I did not register, I am not a U.S. citizen, or I am not eligible to vote) 9 = Refused</p>
1	1039	(left blank)	
1	1040	<p>[# STATE-ADDED TOBACCO]</p> <p>>satb0100<</p> <p>Our next questions are about tobacco.</p> <p>Are you exposed to other people's tobacco smoke while you are in your home?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1041	<p>>satb0220<</p> <p>How often are you exposed to other people's tobacco smoke while in outdoor public places such as parks, beaches, sporting events, festivals, or other outdoor venues?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never</p> <p>7 = Don't know 9 = Refused</p>

0		<p>>satb0500_int<</p> <p>[# satb0500 series uses 2017 version with multiple cessation services]</p> <p>There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products.</p> <p>Are you aware of any of the following services available to help people quit using tobacco?</p>	
1	1042	<p>>satb0500a<</p> <p>The Wisconsin Tobacco Quitline</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1043	<p>>satb0500b<</p> <p>The First Breath Program for Pregnant Women</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1044	<p>>satb0500c<</p> <p>Freedom from Smoking</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1045	<p>>satb0500d<</p> <p>Any other cessation programs in your community or at local clinics?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1046	<p>[if c0901 smoking status is not 1, skip to ctri01]</p> <p>[if c0902 smoke-now status is 3 "not at all", skip to satb0800, used-quitline]</p> <p>[if c0903 "quit in last 12 months?" is yes, skip to satb0800, used-quitline]</p> <p>>satb0700<</p> <p>Have you ever stopped smoking for one day or longer because you were trying to quit smoking?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1047	<p>[If R never quit smoking so satb0700 GT 1, skip to ctri01 (2018 was satb1300)]</p> <p>[if satb0500a (aware of WTQL) is NE 1, skip to satb1000]</p> <p>>satb0800<</p> <p>[If R is current smoker] You mentioned earlier that you have stopped smoking for one day or longer during the past 12 months.</p> <p>Please think about ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... your last quit attempt that lasted one day or longer. ...</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

		<p>[if R is former smoker and has quit]</p> <p>... the time you quit smoking. ...</p> <p>Did you use the Wisconsin Tobacco Quit Line service ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... to help you in your quit attempt?</p> <p>[if R is former smoker and has quit]</p> <p>... to help you quit?</p>	
1	1048	<pre>>satb1000< [if (c0904 LE <6>) or (c0903 EQ <1>) or (satb0700 EQ <1>)] continue [else][skip to ctri01 (2018 was satb1300)][endif] [if c0904 LE <6>] When you quit smoking ... [if (c0903 EQ <1>) or (satb0700 EQ <1>)] The last time you tried to quit smoking ... Did you use a class or program to help you quit?</pre>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

99	1049-1147	>satb1100< [if satb1000 NE 1, skip to ctri01] What program did you use?	[# 99-character text string]
1	1148	(left blank)	
1	1149	>ctri01< In the past 12 months, have you seen a doctor, nurse or other healthcare professional to get any kind of care for yourself?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1150	[if R is not a current smoker, or did not smoke in the past year (c0901 NE 1 or (c0902 EQ 3 & c0904 GT 4))skip to satb2200 smokeless- status] >ctri02< In the past 12 months, were you advised to quit smoking by a doctor or other health provider?	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	1151	<p>[if R did not get dental care in past 12 months, skip to satb2200 smokeless-status]</p> <p>[# returns from 2018]</p> <p>>ctri05<</p> <p>In the past 12 months, were you advised to quit smoking by a dentist or dental hygienist?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1152	(left blank)	
1	1153	<p>[If R does currently use SLT, skip to satb2500; else ask satb2200]</p> <p>>satb2200<</p> <p>Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1154	<p>>satb2500<</p> <p>[for all Rs]</p> <p>Has a doctor, nurse or other health care provider ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1155	>satb2600< [for all Rs] Has a dentist or dental hygienist ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?	1 = Yes 2 = No 7 = Don't know 9 = Refused
3	1156-1158	(left blank)	

2	1159-1160	<p>>satb2750<</p> <p>Would you be in favor of, or opposed to, a law that prohibits using e-cigarettes and other electronic vaping devices in indoor public places. Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it?</p> <p>[If favor] Would that be slightly in favor of it, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Would that be slightly opposed to it, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>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</p> <p>77 = Don't know 99 = Refused</p>
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2	1161-1162	<p>>satb2800<</p> <p>[# asked in 2-part structure: favor/oppose, then intensity, and combined into 7-point scale]</p> <p>Would you be in favor of, or opposed to, a law that prohibits smoking in public outdoor places such as parks, beaches, sporting events, festivals or other outdoor venues?</p> <p>Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it?</p> <p>[If favor]</p> <p>Would you be slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed]</p> <p>Would you be slightly opposed to the law, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>01 = Strongly opposed</p> <p>02 = Somewhat opposed</p> <p>03 = Slightly opposed</p> <p>04 = Neither favor or oppose</p> <p>05 = Slightly in favor</p> <p>06 = Somewhat in favor</p> <p>07 = Strongly in favor</p> <p>77 = Don't know</p> <p>99 = Refused</p>
2	1163-1164	(left blank)	

1	1165	<p>>satb3100<</p> <p>Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?</p> <p>(READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include Juuls, electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1166	<p>[for Rs that have ever used e-cigarettes]</p> <p>>satb3110<</p> <p>Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?</p>	<p>1 = Every day 2 = Some days 3 = Not at all 7 = Don't know 9 = Refused</p>
1	1167	<p>>cig01<</p> <p>[this is for Rs that are not current smokers or former smokers, so, c0901 NE 1]</p> <p>Have you ever tried cigarette smoking, even one or two puffs?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1168	<p>>ecig0110<</p> <p>[to be placed after cig01] [to be asked of Rs who have ever tried cigarette smoking (cig01=1 or c0901=1), and who have ever tried e-cigarettes (satb3100=1)]</p> <p>Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products?</p> <p>I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping” products</p> <p>I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes</p>	<p>1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products</p> <p>2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes</p> <p>7 = Don't know 9 = Refused</p>
2	1169-1170	(left blank)	
1	1171	<p>>satb3200<</p> <p>Do you think electronic cigarettes are <u>less</u> harmful to your health than regular cigarettes?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	1172	<p>>satb3220<</p> <p>How often are you exposed to the vapor from other people's e-cigarettes or other electronic vaping devices while in indoor public places?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never 7 = Don't know 9 = Refused</p>
1	1173	<p>>satb3260<</p> <p>Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause</p> <p>no harm, a little harm, some harm, or a lot of harm?</p>	<p>1 = No harm 2 = A little harm 3 = Some harm 4 = A lot of harm 7 = Don't know 9 = Refused</p>
0		<p>[if e-cig use is not Yes, skip to next section]</p> <p>>satb3300_int<</p> <p>Next I'll read a list of reasons why you may have used electronic cigarettes or other electronic vaping products. For each one, please tell me yes or no.</p>	
1	1174	<p>>satb3300a<</p> <p>Because they are in style, they are fun, or they are cool?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1175	>satb3300b< Because you like the flavors they come in?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1176	>satb3300c< Because you can use them indoors where you can't smoke other tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1177	>satb3300d< Because you can use them at outdoor events where you can't smoke other tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1178	>satb3300e< To help you try to quit smoking regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1179	>satb3300f< Because they are less harmful to your health than regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1180	>satb3300g< Because the vapor is less harmful to the people around you than regular tobacco products?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1181	>satb3300h< Because you like the effect you get from the nicotine in them?	1 = Yes 2 = No 7 = Don't know 9 = Refused
4	1182-1185	(left blank)	

1	1186	>satb4010< Have you ever smoked cigars, cigarillos, or little cigars?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1187	>satb4020< [# If satb4010 NE 1, skip to satb4030] Do you now smoke cigars, cigarillos, or little cigars every day, some days, or not at all?	1 = Every day 2 = Some days 3 = Not at all 7 = Don't know 9 = Refused
1	1188	>satb4030< [# Ask satb4030 only if R ever used cigarettes, smokeless tobacco, e-cigarettes, or cigars { (c0901 EQ 1) or (cig01 EQ 1) or (c0905 EQ 1) or (satb2200 EQ 1) or (satb3100 EQ 1) or (satb4010 EQ 1) }, else skip to satb5010] When you have used tobacco products, do you or did you prefer those that are flavored, such as menthol, mint, clove, spice, candy, fruit, chocolate, alcohol, or other flavors?	1 = Yes 2 = No 3 = Does not make any difference (IF VOLUNTEERED) 7 = Don't know 9 = Refused
2	1189-1190	(left blank)	

1	1191	<p>>satb5010<</p> <p>[# to be asked of Rs who have children less than 18 years of age (Core 8.15 GE 1 and Core 8.15 NE 88 or 99)]</p> <p>Have you ever talked to your children about tobacco products?</p>	<p>1 = Yes 2 = No 3 = No, my children are too young to understand (if R volunteers) 4 = R has no children (if volunteered)</p> <p>7 = Don't know 9 = Refused</p>
0		<p>> satb5020_int<</p> <p>[to be asked if satb5010 = 1]</p> <p>What kinds of tobacco products have you talked to your children about?</p>	
1	1192	<p>>satb5020a<</p> <p>... regular cigarettes?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1193	<p>>satb5020b<</p> <p>... electronic cigarettes, e-cigarettes, or other electronic vaping devices?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1194	<p>>satb5020c<</p> <p>... cigars or cigarillos?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	1195	>satb5020d< ... pipes or hookahs?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1196	>satb5020e< ... smokeless tobacco, such as chewing tobacco, snuff, snus, or dip?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1197	(left blank)	
1	1198	>satb7010< In the past 12 months, have you seen a healthcare professional for mental health treatment or counseling?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1199	[# MENTAL HEALTH TREATMENT] [# for 2020, insert existing samh01 here within S-A tobacco] >samh01< Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	1200	<p>>satb7030<</p> <p>In the past 12 months, have you seen a healthcare professional for substance use treatment or counseling?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1201	<p>[# If { R never smoked (c0901 NE 1) OR R did not smoke in past year (c0902 EQ 3 and c0904 GT 4) } OR { R did not get MH counseling (satb7010 GT 1) AND R did not get SA counseling (satb7030 GT 1) } then skip satb7040]</p> <p>>satb7040<</p> <p>In the past 12 months, were you advised to quit smoking by a mental health or substance use counselor?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1202	(left blank)	
0		<p>>sash_int<</p> <p>The next questions are about a sensitive topic that some people may feel uncomfortable with. At the end of the section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can skip any question you do not want to answer.</p>	

1	1203	<p>>sash0100<</p> <p>During the past year, did you ever do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?</p> <p>(DO NOT PROBE)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1204	<p>>sash0200<</p> <p>In the past year, have you ever seriously thought about attempting suicide?</p> <p>(DO NOT PROBE)</p> <p>[#if no/dk/ref, skip to next section]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1205	<p>>sash0300<</p> <p>In the past year, have you attempted suicide?</p> <p>(DO NOT PROBE)</p> <p>[#if no/dk/ref, skip to next section]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1206	<p>>sash0400<</p> <p>Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?</p> <p>(DO NOT PROBE)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

0		<p>>sash_refer<</p> <p>As I mentioned, I will give you a phone number for an organization that can provide information and referral for addressing these issues. You can dial the National Crisis Line at 1-800-273-8255, OR you can speak directly to your doctor or health care provider.</p>	
2	1207-1208	(left blank)	
1	1209	<p>[# EMOTIONAL SUPPORT AND LIFE SATISFACTION]</p> <p>>saes01<</p> <p>The next question is about social and emotional support.</p> <p>How often do you get the social and emotional support you need?</p> <p>Would you say always, usually, sometimes, rarely, or never?</p> <p>(NOTE: IF ASKED, SAY "Please include support from any source".)</p>	<p>1 = Always 2 = Usually 3 = Sometimes 4 = Rarely 5 = Never 7 = Don't know 9 = Refused</p>

1	1210	<p>>saes02<</p> <p>In general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?</p>	<p>1 = Very satisfied 2 = Satisfied 3 = Dissatisfied 4 = Very dissatisfied 7 = Don't know 9 = Refused</p>
3	1211-1213	(left blank)	
1	1214	<p>[# STATE-ADDED FAMILY PLANNING]</p> <p>>safp01<</p> <p>[if sex = male, skip to sapf_end] [if age > 49, skip to sapf_end] [if R is pregnant, skip to safp_end]</p> <p>The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?</p> <p>[if safp01 = 2, skip to safp03] [if safp01 = 3 or 4, skip to safp_end]</p>	<p>1 = Yes 2 = No 3 = No partner/not sexually active 4 = Same sex partner 7 = Don't know 9 = Refused</p>
2	1215-1216	<p>>safp02<</p> <p>The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?</p> <p>(IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.)</p>	<p>01 = Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 = Male sterilization (vasectomy) 03 = Contraceptive implant (ex. Implanon)</p>

		<p>(IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS.")</p> <p>(IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD.")</p> <p>(IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY.)</p>	<p>04 = Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)</p> <p>05 = Copper-bearing IUD (ex. ParaGard)</p> <p>06 = IUD, type unknown</p> <p>07 = Shots (ex. Depo-Provera)</p> <p>08 = Birth control pills, any kind</p> <p>09 = Contraceptive patch (ex. Ortho Evra)</p> <p>10 = Contraceptive ring (ex. NuvaRing)</p> <p>11 = Male condoms</p> <p>12 = Diaphragm, cervical cap, sponge</p> <p>13 = Female condoms</p> <p>14 = Not having sex at certain times (rhythm or natural family planning)</p> <p>15 = Withdrawal (or pulling out)</p> <p>16 = Foam, jelly, film, or cream</p> <p>17 = Emergency contraception (morning after pill)</p> <p>18 = Other method</p> <p>77 = Don't know/Not sure</p> <p>99 = Refused</p>
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2	1217-1218	<p>>safp03<</p> <p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p> <p>(IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY.)</p>	<p>01 = You didn't think you were going to have sex/no regular partner</p> <p>02 = You just didn't think about it</p> <p>03 = Don't care if you get pregnant</p> <p>04 = You want a pregnancy</p> <p>05 = You or your partner don't want to use birth control</p> <p>06 = You or your partner don't like birth control/side effects</p> <p>07 = You couldn't pay for birth control</p> <p>08 = You had a problem getting birth control when you needed it</p> <p>09 = Religious reasons</p> <p>10 = Lapse in use of a method</p> <p>11 = Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 = You had tubes tied (sterilization)</p> <p>13 = You had a hysterectomy</p> <p>14 = Your partner had a vasectomy (sterilization)</p>
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			<p>15 = You are currently breast-feeding 16 = You just had a baby/postpartum 17 = You are pregnant now 18 = Same sex partner 19 = Other reasons</p> <p>77 = Don't know/Not sure 99 = Refused</p>
0		>safp_end<	
2	1219-1220	(left blank)	
1	1221	<p>[# FOLIC ACID]</p> <p>>safa01<</p> <p>Do you currently take any vitamin pills or supplements?</p> <p>Include liquid supplements.</p> <p>[if safa01 NE 1, skip to safa05]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1222	<p>>safa02<</p> <p>Are any of these a multivitamin?</p> <p>[# if safa02 EQ 1, skip to safa04]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1223	<p>>safa03<</p> <p>Do any of the vitamin pills or supplements you take contain folic acid?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

		[if safa03 NE 1, skip to safa05]	
3	1224-1226	>safo404< How often do you take this vitamin pill or supplement?	101-176 = Times per day 201-276 = Times per week 301-376 = Times per month 777 - Don't know 999 = Refused
1	1227	>safo505< [if age GE 45, skip safo505] Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons: to make strong bones, to prevent birth defects, to prevent high blood pressure, or some other reason?	1 = To make strong bones 2 = To prevent birth defects 3 = To prevent high blood pressure 4 = Some other reason 7 = Don't know 9 = Refused
3	1228-1230	(left blank)	
1	1231	[# only asked for cases in the letter=yes condition] >saal0110< Do you recall receiving a letter in the mail about this survey?	1 = Yes 2 = No 7 = Don't know 9 = Refused
5	1232-1236	(left blank)	

0		<p>[# ASTHMA FOLLOW-UP RECRUITING]</p> <p>[Ask only if R or child is asthma-eligible]</p>	
1	1237	<p>[Interviewer-only item]</p> <p>>afu_intcert<</p> <p>INTERVIEWER: ARE YOU CERTIFIED FOR ASTHMA?</p> <p>[if afu_intcert EQ 1, skip to afu_yn2, else go to afu_yn]</p>	<p>1 = Yes 2 = No</p>
1	1238	<p>>afu_yn<</p> <p>We would like to call you again in a few weeks to talk in more detail about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>May we call you back to ask additional asthma-related questions at a later time?</p> <p>[this item is also stored in column 609 in main data layout]</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1239	<p>>afu_yn2<</p> <p>We would like to ask some more detailed questions about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>Would you like to do that interview now, or should we call back another time?</p>	<p>1 = Do interview now 2 = Call back later 3 = Refused asthma interview</p>
0		<p>[if afu_yn EQ 1, use "when we call back" wording below]</p> <p>{if afu_yn2 EQ 2, use "when we call back" wording below]</p> <p>[if afu_yn2 EQ 1, use "if we need to call back" wording below]</p>	
1	1240	<p>>afu < [Asthma follow-up focal person, randomly generated by CATI system, not read to R]</p> <p>[this item is also stored in column 610 in main data layout]</p>	<p>1 = Adult 2 = Child</p>

0		<p>>CHILDname< [name not delivered in data]</p> <p>Can I please have your child's first name, initials or nickname so we refer to the right child [when we / if we need to] call back?</p> <p>[if c0816 gt <1> This is the [fill rkid_age2] year old child which is the [fill rkid_fill] child. [endif]</p>	
0		<p>>ADULTname< [name not delivered in data]</p> <p>Can I please have your first name, initials or nickname so we know who to refer to [when we / if we need to] call back?</p>	
1	1241	<p>>MOSTKNOW<</p> <p>Are you the parent or guardian in the household who knows the most about [fill CHILDname]'s asthma?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
0		<p>>MKPname< [name not delivered in data]</p> <p>Can I please have the first name, initials or nickname of the person who knows the most about [fill CHILDname]'s asthma so we will know who to ask for [when we / if we need to] call back?</p>	

1	1242	<p>>afu_phone1< [phone number not delivered in data]</p> <p>[When we / If we need to] call back, what's the best phone number for us to call?</p> <p>[Display the current number on screen as a choice]</p>	<p>1 = Same number as this case 2 = Different number</p>
0		<p>>afu_phone2< [phone number not delivered in data]</p> <p>[enter new phone number here]</p>	
0		<p>>afu_time< [time information not delivered]</p> <p>[When / If we need to call back] would be a good time to call back and speak with [you/MKP]?</p> <p>For example, evenings, days, weekends?</p>	<p>[# open-end text answer]</p>

0		<p>>afu_cnf<</p> <p>The information you gave us today and any [you/MKP] give us in the future will be kept confidential. We will keep [your/their/child's] name and phone number [and your child's name] on file, separate from the answers separate from the answers collected today. Even though you agreed today, [you/MKP] may refuse to participate in the future.</p>	
1	1243	<p>>afu_link<</p> <p>Some of the information that you shared with us today could be useful when combined with the information we will ask for during the follow-up interview. If the information from the two interviews is combined, identifying information such as your name, [if afu EQ <2>][fill CHILDname]'s name, [endif] and your phone number will not be included.</p> <p>May we combine your answers from today with the answers from the asthma interview?</p>	<p>1 = Yes 2 = No 9 = Refused</p>
156	1244-1399	(left blank)	
1	1400	End of record	
