

# 2022 Missouri BRFSS Questionnaire



# Table of Contents

OMB Header and Introductory Text .....	3
Landline Introduction.....	4
Cell Phone Introduction .....	10
Core Section 1: Health Status (1) .....	16
Core Section 2: Healthy Days (3).....	17
Core Section 3: Health Care Access (4) .....	19
Core Section 4: Exercise (1) .....	23
Core Section 5: Inadequate Sleep (1).....	23
Core Section 6: Oral Health (2) .....	24
Core Section 7: Chronic Health Conditions (13) [+ 2 if add Pre-diabetes module on BRFSS rather than CLS] .....	25
Core Section 8: Demographics.....	28
Core Section 9: Disability (6) .....	35
<b>Core Section 10: Breast and Cervical Cancer Screening (7) .....</b>	<b>37</b>
<b>Core Section 11: Colorectal Cancer Screening (13) .....</b>	<b>40</b>
Core Section 12: Tobacco Use (4) .....	47
<b>Core Section 13: Lung Cancer Screening (6).....</b>	<b>49</b>
Core Section 14: Alcohol Consumption (4) .....	52
Core Section 15: Immunization (4) .....	54
Core Section 16: H.I.V./AIDS (3) .....	56
<b>Emerging Core: Long-term COVID Effects .....</b>	<b>58</b>
<b>Optional Modules .....</b>	<b>60</b>
<b>Module 1: Prediabetes .....</b>	<b>60</b>
<b>Module 2: Diabetes .....</b>	<b>62</b>
Module 3: Cancer Survivorship: Type of Cancer (3).....	64
<b>Module 4: Cancer Survivorship: Course of Treatment (8).....</b>	<b>67</b>
<b>Module 5: Cancer Survivorship: Pain Management (2) .....</b>	<b>70</b>
<b>Module 6: Social Determinants and Health Equity (10) .....</b>	<b>71</b>
Module 7: Industry and Occupation (2) .....	74
<b>Module 25: Sex at Birth (1).....</b>	<b>78</b>
<b>State-Added: Tobacco Use (3) .....</b>	<b>78</b>
<b>State-Added: Gambling (2) .....</b>	<b>79</b>
Module 8: Random Child Selection (6) .....	80
Module 9: Childhood Asthma Prevalence (2) .....	84
Asthma Call-Back Permission Script.....	86
<b>Closing Statement .....</b>	<b>87</b>

## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>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).</b></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 <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</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>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>If cell phone respondent objects to being contacted by state where they have never lived, say: “This survey is conducted by all states and your information will be forwarded to the correct state of residence”</p>

## Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	<p><b>Read if necessary:</b> By private residence we mean someplace like a house or apartment.</p> <p><b>Do not read:</b> 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>	
			2 No	Go to LL03	<p><b>If no, business phone only:</b> Thank you very much but we are only interviewing persons on residential phones lines at this time.</p> <p><b>NOTE:</b> Business numbers which are also used for</p>	

					personal communication are eligible.
			3 No, this is a business		<b>Read:</b> Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	<b>Read if necessary:</b> By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
			2 No	TERMINATE	<b>Read:</b> Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
LL04.	Do you currently live in__(state)_____?	STATERE1	1 Yes	Go to LL05	
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	<b>Read:</b> Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.

			2 Not a cell phone	Go to LL06	<p><b>Read if necessary:</b> By cell phone we mean a telephone that is mobile and usable outside your neighborhood.</p> <p><b>Do not read:</b> Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p>	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	<b>Read:</b> Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary	<b>Go to Sex at Birth Module</b>		

			7 Don't know/Not sure 9 Refused			
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	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?	NUMADULT	1	Go to LL09	<b>Read:</b> Are you that adult? <b>If yes:</b> Then you are the person I need to speak with. <b>If no:</b> May I speak with the adult in the household?	
			2-6 or more	Go to LL10.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			3 Nonbinary  7 Don't know/Not sure 9 Refused	<b>Go to Sex at Birth Module.</b>  Terminate		
					Thank you for your time, your number may be selected for another survey in the future.	

<b>LL10.</b>	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure 99 Refused			
<b>LL11.</b>	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			<b>Do not read:</b> Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female].	
					If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.	
<b>LL12</b>	The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?	RESPLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	



<p><b>Transition to Section 1.</b></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 the survey, please call (give appropriate state telephone number).</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.</p>	
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## Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02	Thank you very much. We will call you back at a more convenient time.	
			2 No	Go to CP02 ([set appointment if possible]) TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1	If "no": Thank you very much, but we are only interviewing persons on cell telephones at this time	
			2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes		Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
			2 No	TERMINATE		
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		We ask this question to determine which health related questions apply to each respondent. For example,	

					persons who report males as their sex at birth might be asked about prostate health issues.
			3 Nonbinary 7 Don't know/Not sure 9 Refused	<b>Insert sex at birth state module</b>	
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
<b>CP06.</b>	Do you live in a private residence?	PVTRES03	1 Yes	Go to CP08	<b>Read if necessary:</b> By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other

					locations in which the respondent lives for portions of the year.	
			2 No	Go to CP07		
<b>CP07.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	<b>Read if necessary:</b> By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	<b>Read:</b> Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in Missouri?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		

CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee			
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			48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	<b>Read:</b> Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		<b>Read if necessary:</b> By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
<b>CP11.</b>	How many members of your household, including	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is		

	yourself, are 18 years of age or older?			automatically set to 1		
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

## Core Section 1: Health Status (1)

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	<b>Read:</b> 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor  <b>Do not read:</b> 7 Don't know/Not sure 9 Refused			



## Core Section 2: Healthy Days (3)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CHD.01</b>	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		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
<b>CHD.02</b>	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		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30)  88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
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Core Section 3: Health Care Access (4)

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

			<b>Do not read:</b> 77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person (or a group of doctors) that you think of as your personal health care provider?		1 Yes, only one 2 More than one 3 No  7 Don't know / Not sure 9 Refused		<b>If no, read:</b> Is there more than one, or is there no person who you think of as your personal doctor or health care provider?  NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	<b>Read if necessary:</b> 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)		<b>Read if necessary:</b> A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			4 5 or more years ago  <b>Do not read:</b> 7 Don't know / Not sure 8 Never 9 Refused			
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## Core Section 4: Exercise (1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CEX.01</b>	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		<b>Do not read:</b> If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

## Core Section 5: Inadequate Sleep (1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>C06.01</b>	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		<b>Do not read:</b> Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	

## Core Section 6: Oral Health (2)

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	<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months 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 5 or more years ago</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			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	<p><b>Read if necessary:</b></p> <p>1 1 to 5</p> <p>2 6 or more but not all</p> <p>3 All</p> <p>8 None</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		<p><b>Read if necessary:</b></p> <p>If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.</p>	130



Core Section 7: Chronic Health Conditions (13) [+ 2 if add Pre-diabetes module on BRFSS rather than CLS]

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	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.					
<b>CCHC.01</b>	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			
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes	Go to CCHC.06		
			2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No			

			7 Don't know / Not sure 9 Refused			
<b>CCHC.06</b>	(Ever told) (you had) skin cancer that is not melanoma?	***NEW***	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.07</b>	(Ever told) (you had) any melanoma or any other types of cancer?	***NEW***	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CCHC.09</b>	(Ever told) (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			
<b>CCHC.10</b>	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		<b>Read if necessary:</b> Incontinence is not being able to control urine flow.	
<b>CCHC.11</b>	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout,	HAVARTH4	1 Yes 2 No  7 Don't know / Not sure		<b>Do not read:</b> Arthritis diagnoses include: rheumatism, polymyalgia	

	lupus, or fibromyalgia?		9 Refused		rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		<b>If yes and respondent is female, ask:</b> Was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
			7 Don't know / Not sure			

			9 Refused			
<b>CCHC.13</b>	How old were you when you were first told you had diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

## Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years  07 Don't know / Not sure 09 Refused			
<b>CDEM.02</b>	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	<b>If yes, read:</b> Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin  <b>Do not read:</b> 5 No  7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	<b>Please read:</b> 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	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories	

			50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander  <b>Do not read:</b> 60 Other (specify ____)  88 No choices  77 Don't know / Not sure 99 Refused		may be selected.	
				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	<b>Please read:</b> 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  <b>Do not read:</b> 60 Other (Specify ____) 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.  If respondent has selected multiple races in previous and refuses to select a single race, code refused	

<b>CDEM.05</b>	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
<b>CDEM.06</b>	What is the highest grade or year of school you completed ?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
<b>CDEM.07</b>	Do you own or rent your home?	RENTHOM 1	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.	
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
<b>CDEM.10</b>	Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one landline telephone number in your household ?	NUMHHOL 3	1 Yes  2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM.11</b>	How many of these landline telephone numbers are	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			

	residential numbers?					
<b>CDEM.1 2</b>	How many cell phones do you have for your personal use?	CPDEMO1 B	<p>___ Enter number (1-5)</p> <p>6 Six or more</p> <p>7 Don't know / Not sure</p> <p>8 None</p> <p>9 Refused</p>	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
<b>CDEM.1 3</b>	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>CDEM.1 4</b>	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>		If more than one, say "select the category which best describes you".	



			8 Unable to work Do not read: 9 Refused			
<b>CDEM.1 5</b>	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
<b>CDEM.1 6</b>	Is your annual household income from all sources—	***NEW** *	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure 99 Refused	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or		

				LL09 = 1 or LL07 =1). Or Age >49		
<b>CDEM.1 7</b>	To your knowledge , are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CDEM.1 8</b>	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	
<b>CDEM.1 9</b>	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	

## Core Section 9: Disability (6)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	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			
<b>CDIS.02</b>	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			
<b>CDIS.03</b>	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			
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No  7 Don't know / Not sure 9 Refused			
<b>CDIS.06</b>	Because of a physical,	DIFFALON	1 Yes 2 No			

	mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?		7 Don't know / Not sure 9 Refused			
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Core Section 10: Breast and Cervical Cancer Screening (7)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if sex/ sex at birth = male		
<b>CBCCS.01</b>	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?	HADMAM	1 Yes		<b>Read if necessary:</b> A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No  7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
<b>CBCCS.02</b>	How long has it been since you had your last mammogram?	HOWLONG	<b>Read if necessary:</b> 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  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			

<b>CBCCS.03</b>	Have you ever had a cervical cancer screening test?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
<b>CBCCS.04</b>	How long has it been since you had your last cervical cancer screening test?		<b>Read if necessary:</b> 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			
			<b>Do not read:</b> 7 Don't know / Not sure 9 Refused	Go to CBCCS.06		
<b>CBCCS.05</b>	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
<b>CBCCS.06</b>	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		<b>Read if Necessary:</b> H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	

				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
<b>CBCCS.07</b>	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No  7 Don't know / Not sure 9 Refused		<b>Read if necessary:</b> A hysterectomy is an operation to remove the uterus (womb).	

## Core Section 11: Colorectal Cancer Screening (13)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01, AGE, is less than 45 go to next module.		
<b>CCRC.01</b>	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
<b>CCRC.02</b>	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both 7 Don't know/Not sure	Go to CCRC.05		
			9 Refused	Go to CCRC.06		
<b>CCRC.03</b>	How long has it been since your most recent colonoscopy?		<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months 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</p>	Go to CCRC.06		



			<p>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><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.04</b>	How long has it been since your most recent sigmoidoscopy?		<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months 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><b>Do not read:</b></p>	Go to CCRC.06		

			7 Don't know / Not sure 9 Refused			
<b>CCRC.05</b>	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG3	<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months 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><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.06</b>	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>	<p>Go to CCRC.07</p> <p>Go to Next Module</p>		

<b>CCRC.07</b>	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?		1 Yes	Go to CCRC.08	<b>Read if necessary:</b> CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.
			2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09	
<b>CCRC.08</b>	When was your most recent CT colonography or virtual colonoscopy?		<b>Read if necessary:</b>  1 Within the past year (anytime less than 12 months ago)  2 Within the past 2 years (1 year but less than 2 years ago)  3 Within the past 5 years (2 years but less than 5 years ago)  4 Within the past 10 years (5		

			<p>years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.09</b>	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		1 Yes	Go to CCRC.10	<b>Read if necessary:</b> The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.11		
<b>CCRC.10</b>	How long has it been since you had this test?		<p><b>Read if necessary:</b></p> <p>1 Within the past year (anytime less than 12 months 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><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
<b>CCRC.11</b>	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>	<p>Go to CCRC.12</p> <p>Go to Next Module</p>	<p><b>Read if necessary:</b></p> <p>Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.</p>	
<b>CCRC.12</b>	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't Know/Not sure</p> <p>9 Refused</p>			
<b>CCRC.13</b>	How long has it been since you had this test?		<b>Read if necessary:</b>			

			<p>1 Within the past year (anytime less than 12 months 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><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
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Core Section 12: Tobacco Use (4)

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		<b>Do not include:</b> electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes:	SMOKDAY2	<b>Please read:</b> 1 Every day 2 Some days Or 3 Not at all  <b>Do not read</b> 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus:	USENOW3	<b>Please read:</b> 1 Every day 2 Some days Or 3 Not at all  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused		<b>Read if necessary:</b> Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have: ,		<b>Please read:</b> 1 Never used e-cigarettes or other		<b>Read if necessary:</b> Electronic cigarettes (e-cigarettes) and	

			<p>electronic vaping products in your entire life</p> <p>2 Now use them every day</p> <p>3 Use them some days</p> <p>Or</p> <p>4 Used them in the past but do not currently use them at all?</p> <p><b>Do not read:</b></p> <p>7 Don't know / Not sure</p> <p>9 9 Refused</p>		<p>other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>	
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## Core Section 13: Lung Cancer Screening (6)

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

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

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

## Core Section 14: Alcohol Consumption (4)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Prologue</b>	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days  888 No drinks in past 30 days  777 Don't know / Not sure 999 Refused	Go to next section	<b>Read if necessary:</b> A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.02</b>	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		<b>Read if necessary:</b> A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
<b>CALC.03</b>	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	DRNK3GE5	__ Number of times  88 no days  77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if		

	for women] or more drinks on an occasion?			module is adopted)		
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks  77 Don't know / Not sure 99 Refused			

Core Section 15: Immunization (4)

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	<b>Read if necessary:</b> A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year  77 / 7777 Don't know / Not sure 99 / 9999 Refused			
CIMM.03	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		<b>Read if necessary:</b> There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
CIMM.04	Have you received a tetanus shot in the past 10 years?	TETANUS2	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type		<b>If yes, ask:</b> Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

			4 No, did not receive any tetanus shot in the past 10 years			
			7 Don't know/Not sure			
			9 Refused			

Core Section 16: H.I.V./AIDS (3)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?	HIVTST7	1 Yes	Go to CHIV.03	<b>Read if necessary:</b> Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No  7 Don't know/ not sure 9 Refused			
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".	<b>INTERVIEWER NOTE:</b> If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.  <b>You have injected any drug other than those</b>	HIVRISK5	1 Yes 2 No  7 Don't know / Not sure  9 Refused			263



	<p><b>prescribed for you in the past year.</b></p> <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p>					
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## Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	***NEW***	1 Yes 3 Tested positive using home test without health professional		<b>Read if necessary:</b> Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
			2 No  7 Don't know / Not sure 9 Refused	Go to next section		
COVID.02	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	***NEW***	1 Yes		<b>Read if necessary:</b> Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to	
			2 No  7 Don't know / Not sure 9 Refused	Go to next section		

						the virus itself	
<b>COVID.03</b>	Which of the following was the primary symptom that you experienced? Was it....	<b>***NEW***</b>		<p><b>READ</b></p> <p>1 Tiredness or fatigue</p> <p>2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)</p> <p>3 Difficulty breathing or shortness of breath</p> <p>4 Joint or muscle pain</p> <p>5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain</p> <p>6 Dizziness on standing</p> <p>7 Depression, anxiety, or mood changes</p> <p>8 Symptoms that get worse after physical or mental activities</p> <p>9 You did not have any long-term symptoms that limited your activities.</p> <p><b>Do not read:</b></p> <p>77 Don’t know/Not sure</p> <p>99 Refused</p>			

# Optional Modules

## Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
<b>M01.01</b>	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	PDIABTST	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			

				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)		
<b>M01.02</b>	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

## Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
<b>M02.01</b>	According to your doctor or other health professional, what type of diabetes do you have?	***NEW***	1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
<b>M02.02</b>	Insulin can be taken by shot or pump. Are you now taking insulin?	***NEW***	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
<b>M02.03</b>	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.	
<b>M02.04</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago)			

			<p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
<b>M02.05</b>	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?	***NEW***	<p>Read if necessary:</p> <p>1 Within the past month (anytime less than 1 month ago)</p> <p>2 Within the past year (1 month but less than 12 months ago)</p> <p>3 Within the past 2 years (1 year but less than 2 years ago)</p> <p>4 2 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>8 Never</p> <p>9 Refused</p>			
<b>M02.06</b>	When was the last time you took a course or class in how to manage your diabetes yourself?	***NEW***	<p>1 Within the past year (anytime less than 12 months ago)</p> <p>2 Within the last 2 years (1 year but less than 2 years ago)</p> <p>3 Within the last 3 years (2 years but less</p>			

			than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
<b>M02.07</b>	<b>Have you ever had any sores or irritations on your feet that took more than four weeks to heal?</b>	<b>***NEW***</b>	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

### Module 3: Cancer Survivorship: Type of Cancer (3)

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



	<p>about your cancer.</p> <p>How many different types of cancer have you had?</p>					
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	<p>__ Age in Years (97 = 97 and older)  98 Don't know/Not sure  99 Refused</p>		<p>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.</p>	
				<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 16 if Melanoma or 22 if other skin cancer</p>		
MTOC.03	What kind of cancer is it?	***NEW***	<p>Read if respondent needs prompting for cancer type:  01 Bladder  02 Blood</p>		<p>If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most</p>	

		03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other  <b>Do not read:</b> 77 Don't know / Not sure 99 Refused		recent diagnoses of cancer, what type of cancer was it?	
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## Module 4: Cancer Survivorship: Course of Treatment (8)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVRT3	<b>Read if necessary:</b> 1 Yes	Go to next module	<b>Read if necessary:</b> By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary  <b>Do not read:</b> 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	<b>Read:</b> 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist		<b>If the respondent requests clarification of this question, say:</b> We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals,	

			06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other  <b>Do not read:</b> 77 Don't know / Not sure 99 Refused		treatment of colds, etc.).  <b>Read if necessary:</b> 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		<b>Read if necessary:</b> By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	CSRVTRN	1 Yes  2 No  7 Don't know/ not sure 9 Refused	Go to MCOT.06		

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			
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		<b>Read if necessary:</b> Health insurance also includes Medicare, Medicaid, or other types of state health programs.	
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No  7 Don't know/ not sure 9 Refused			
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			

## Module 5: Cancer Survivorship: Pain Management (2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
<b>MCPM.01</b>	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		
<b>MCPM.02</b>	Would you say your pain is currently under control...?	CSRVCTL2	<b>Read:</b> 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)  <b>Do not read:</b> 7 Don't know / Not sure 9 Refused			

## Module 6: Social Determinants and Health Equity (10)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MSDHE.01</b>	In general, how satisfied are you with your life? Are you..		<b>Read:</b> 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied  <b>Do not read:</b> 7 Don't know/not sure 9 Refused			
<b>MSDHE.02</b>	How often do you get the social and emotional support that you need? Is that...		<b>Read:</b> 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never  <b>Do not read:</b> 7 Don't know/not sure 9 Refused			
<b>MSDHE.03</b>	How often do you feel socially isolated from others? Is it...		<b>Read:</b> 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never  <b>Do not read:</b> 7 Don't know/not sure 9 Refused			
<b>MSDHE.04</b>	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No  7 Don't Know/ Not sure			

			9 Refused			
<b>MSDHE.05</b>	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No  7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.06</b>	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		<b>Read:</b> 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never  <b>Do not read</b> 7 Don't know/not sure 9 Refused			
<b>MSDHE.07</b>	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No  7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.08</b>	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No  7 Don't Know/ Not sure 9 Refused			
<b>MSDHE.09</b>	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No  7 Don't Know/ Not sure 9 Refused			



<b>MSDHE.10</b>	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		<b>Read:</b> 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never  <b>Do not read:</b> 7 Don't know/not sure 9 Refused			
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## Module 7: Industry and Occupation (2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>MIO.01</b>	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	<p>If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section.</p> <p><b>If CDEM.14 = 4 (Out of work for less than 1 year) ask,</b> “What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.”</p> <p>Else go to next module</p>	<p><b>If respondent is unclear, ask:</b> What is your job title?</p> <p><b>If respondent has more than one job ask:</b> What is your main job?</p>	
<b>MIO.02</b>	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	<p><b>If Core CDEM.14 = 4 (Out of work for less than 1 year) ask,</b> “What kind of business or industry did you work in? For example, hospital, elementary school, clothing</p>		

				manufacturing, restaurant.”		
<b>Module XX</b>	<b>Sexual Orientation – Gender Identity (SOGI)</b>	<b>(2)</b>				
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				<b>If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.</b>		
<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	<p><b>Please read:</b>  1 = Gay  2 = Straight, that is, not gay  3 = Bisexual  4 = Something else</p> <p><b>Do not read:</b>  7 = I don't know the answer  9 = Refused</p>		<p><b>Read if necessary:</b> We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
				If sex= female (using		

				BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	<p><b>Please read:</b> 1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p><b>Do not read:</b> 7 = I don't know the answer 9 = Refused</p>	.	<p><b>Read if necessary:</b> We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	MSOGI.01b
<b>MSOGI.02</b>	Do you consider yourself to be transgender?	TRNSGNDR	<p>1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused</p>		<p><b>Read if necessary:</b> Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some</p>	

					<p>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. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response.</p>	
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					Respondent can answer with either the number or the text/word.	
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### Module 25: Sex at Birth (1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSAB.01	What was your sex at birth? Was it male or female?	BIRTHSEX	1 Male 2 Female  7 Don't know/ Not sure 9 Refused		This question refers to the original birth certificate of the respondent. It does not refer to amended birth certificates.	

### State-Added: Tobacco Use (3)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SATOB1	During the past 7 days, on how many days did you breathe the smoke from someone who was smoking tobacco products in the place where you work?		1 I did not work during the past 7 days 2 0 days 3 1 day 4 2 days 5 3 days 6 4 days 7 5 days 8 6 or 7 days  9 Refused			
SATOB2	During the past 7 days, on how many days did you breathe the	***NEW***	1 I did not work during the past 7 days 2 0 days		<b>Read if necessary:</b> Electronic cigarettes (e-cigarettes) and	

	aerosol from someone who was using electronic cigarettes or other electronic vaping products in the place where you work?		3 1 day 4 2 days 5 3 days 6 4 days 7 5 days 8 6 or 7 days 9 Refused		other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.  Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
			ASK IF CTOB.02 = 1,2			
<b>SATOB3</b>	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	***NEW***	1 Yes 2 No  7 Don't know / Not sure 9 Refused			

### State-Added: Gambling (2)

Question Number	Question text	Variable names	Responses  (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>SAGAM1</b>	In the last 12 months have you played the lottery, bingo, card games, slot machines, or any other betting games for money or something else of value? This activity could be at the casino, over the phone, on the computer, at the track, on the street, at home, or any other place.		1 Yes			
			2 No [Go to next section] 7 Don't know/Not sure [Go to next section] 9 Refused [Go to next section]			
<b>SAGAM2</b>	Has the money you spent gambling led to financial problems or problems in your family, work or personal life?		1 Yes 2 No  7 Don't know / Not sure 9 Refused			

## Module 8: Random Child Selection (6)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>Intro text and screening</b>	If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was			If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.		



	<p>one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is &gt;1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in 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</p>			<p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		
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	twins, in the order of their birth.					
<b>MRCs.01</b>	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			
<b>MRCs.02</b>	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl  3 Nonbinary/ other  9 Refused	Go to MRCs.04		
<b>MRCs.03</b>	What was the child's sex on their original birth certificate?		1 Boy 2 Girl			
<b>MRCs.04</b>	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	<b>Read if response is yes:</b> 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin  <b>Do not read:</b> 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
<b>MRCs.05</b>	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 <b>40 Asian</b>		Select all that apply  If 40 (Asian) or 50 (Pacific Islander) is selected read	

			41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander  <b>Do not read:</b> 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		and code subcategories underneath major heading.	
				IF MORE THAN ONE RESPONSE TO MRCS.06; CONTINUE. OTHERWISE, GO TO MRCS.07.]		
<b>MRCS.06</b>	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 <b>40 Asian</b> 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian <b>50 Pacific Islander</b> 51 Native Hawaiian		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander  <b>Do not read:</b> 60 Other 77 Don't know / Not sure 99 Refused			
<b>MRC5.07</b>	How are you related to the child? Are you a....	RCSRLTN2	<b>Please read:</b> 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 9: Childhood Asthma Prevalence (2)

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.		

<b>MCAP.01</b>	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.		
			2 No  7 Don't know/ not sure 9 Refused	Go to next module		
<b>MCAP.02</b>	Does the child still have asthma?	CASTHNO2	1 Yes 2 No  7 Don't know/ not sure 9 Refused			

# Asthma Call-Back Permission Script

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
<b>Text</b>	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in Missouri.</p> <p>The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on</p>					

	file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.					
<b>CB01.01</b>	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			
<b>CB01.02</b>	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			
<b>CB01.03</b>	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____ Enter first name or initials.				

## Closing Statement

### Read

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

