

This document is archived and is maintained for historical, research or record keeping purposes only.

2022 BRFSS Questionnaire DRAFT



Table of Contents

OMB Header and Introductory Text	4
Landline Introduction.....	5
Cell Phone Introduction	12
Core Section 1: Health Status	18
Core Section 2: Healthy Days	19
Core Section 3: Health Care Access	21
Core Section 4: Exercise.....	25
Core Section 5: Inadequate Sleep	25
Core Section 6: Oral Health.....	26
Core Section 7: Chronic Health Conditions	27
Core Section 8: Demographics	30
Core Section 9: Disability	37
Core Section 10: Breast and Cervical Cancer Screening.....	39
Core Section 11: Colorectal Cancer Screening	42
Core Section 12: Tobacco Use	48
Core Section 13: Lung Cancer Screening	50
Core Section 14: Alcohol Consumption.....	53
Core Section 15: Immunization.....	55
Core Section 16: H.I.V./AIDS	57
Emerging Core: Long-term COVID Effects	59
Closing Statement/ Transition to Modules	61
Optional Modules	62
Module 1: Prediabetes	63
Module 2: Diabetes	65
Module 7: COVID Vaccination	69
Module 15: Adverse Childhood Experiences.....	71
Module 17: Marijuana Use	75
Module 22: Industry and Occupation	78
Module 26: Sexual Orientation and Gender Identity (SOGI).....	79
Module 28: Reactions to Race.....	82
State-Added Questions.....	84
State Added 1: Residence.....	85

State Added 2: Occupation.....	86
State Added 3: Indian Health	88
State Added 4: Social Context	90
State Added 5: Other Tobacco Items (Modified)	92
State Added 6: Sexual Violence.....	93
Closing Statement	94

OMB Header and Introductory Text

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>	<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	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which	

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

					residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	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]	Read: 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 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
				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	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	
			2-6 or more	Go to LL10.		
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	States may insert sex at birth state added question or sex at birth module here.		

				States which do not opt to use the sex at birth module TERMINATE here.		
					Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOME N			Do not read: 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.	
LL12	The person in your household that I need to speak with is [Oldest/Youngest	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent,		

	/ Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?			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.	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			appropriate state telephone number).			
--	--	--	---	--	--	--

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	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.	
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in

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

			48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself, are 18	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		

	years of age or older?					
Transition to section 1.			<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>			

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			

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		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	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		
CHD.03	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.	
--	---	--	--------------------------------------	--	--	--

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?		<p><u>Read if necessary:</u></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>	

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?		1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

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

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	

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)
C06.01	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.	

Core Section 6: 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 7: Chronic Health Conditions

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

CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any melanoma or any other types of cancer?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	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.	
CCHC.11	(Ever told) (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, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?	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)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
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.	
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 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused	
				If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.		
CDEM.05	Are you...	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			
CDEM.0 6	What is the highest grade or year of school you completed ?	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p> <p>5 College 1 year to 3 years (Some college or technical school)</p> <p>6 College 4 years or more (College graduate)</p> <p>Do not read:</p> <p>9 Refused</p>			
CDEM.0 7	Do you own or rent your home?	RENTHOM 1	<p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		Other arrangements may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	

CDEM.0 8	In what county do you currently live?	CTYCODE2	__ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.0 9	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.1 0	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		
CDEM.1 1	How many of these landline telephone numbers are residential numbers?	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.1 2	How many cell phones do you have for your personal use?	CPDEMO1 B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of	

					<p>your household.</p> <p>Read if necessary: Include cell phones used for both business and personal use.</p>	
CDEM.1 3	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 2 No 7 Don't know / Not sure 9 Refused</p>		<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.</p>	
CDEM.1 4	Are you currently...?	EMPLOY1	<p>Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused</p>		<p>If more than one, say "select the category which best describes you".</p>	
CDEM.1 5	How many children less than 18 years of age live in your	CHILDREN	<p>_ _ Number of children 88 None 99 Refused</p>			

	household ?					
CDEM.1 6	Is your annual household income from all sources—	***NEW** *	<p>Read if necessary:</p> <p>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</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>	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		
CDEM.1 7	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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	
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	

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			
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			
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			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional	DIFFALON	1 Yes 2 No 7 Don't know / Not sure			

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

Core Section 10: Breast and Cervical Cancer Screening

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		
CBCCS.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.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
CBCCS.02	How long has it been since you had your last mammogram?	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			
CBCCS.03	Have you ever had a cervical		1 Yes			

	cancer screening test?		2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
			7 Don't know / Not sure 9 Refused	Go to CBCCS.06		
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)	

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

Core Section 11: 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)
				If Section CDEM.01, AGE, is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?		1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both 7 Don't know/Not sure	Go to CCRC.05		
			9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?		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)	Go to CCRC.06		

			<p>5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused</p>			
CCRC.04	How long has it been since your most recent sigmoidoscopy?		<p>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</p>	Go to CCRC.06		
CCRC.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG3	<p>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</p>			

			than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.06	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?		1 Yes	Go to CCRC.07		
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
CCRC.07	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?		1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09		
CCRC.08	When was your most recent CT colonography or virtual colonoscopy?		Read if necessary: 1 Within the past year (anytime less			

			<p>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 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?		<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>	<p>Go to CCRC.10</p> <p>Go to CCRC.11</p>	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.	
CCRC.10	How long has it been since you had this test?		<p>Read if necessary:</p> <p>1 Within the past year (anytime less</p>			

			<p>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 3 years (2 years but less than 3 years ago)</p> <p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CCRC.11	Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test?		1 Yes	Go to CCRC.12	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.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
CCRC.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?		1 Yes 2 No 7 Don't Know/Not sure 9 Refused			

CCRC.13	How long has it been since you had this test?		Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
----------------	---	--	---	--	--	--

Core Section 12: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	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.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping		1 Never used e-cigarettes in your entire life 2 Use them every day		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	

	<p>products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?</p>		<p>3 Use them some days 4 Not at all (right now)</p> <p>Do not read: 7 Don't know / Not sure 9 9 Refused</p>		<p>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>	
--	---	--	---	--	---	--

Core Section 13: Lung 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 CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to LCSTSCN.		
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) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p>	Go to LCSTSCN	<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>	
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		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. Have you ever had a CT or		1 Yes 2 No 7 Don't know/not sure 9 Refused	Go to next section		

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

Core Section 14: Alcohol Consumption

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

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

Core Section 15: 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.	
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			
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		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
CIMM.04	Have you received a tetanus shot in the past 10 years?	TETANUS2	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type		If yes, ask: 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

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	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".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have injected any drug other than those prescribed for	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

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

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		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		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.03	Which of the following was the	***NEW***	READ 1 Tiredness or fatigue			

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

Closing Statement/ Transition to Modules

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

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;		
M01.01	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	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)		
M01.02	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.		
M02.01	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			
M02.02	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			
M02.03	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.'	
M02.04	Including times when checked by a family member or friend, about	FEETCHK3	1 __ __ Times per day 2 __ __ Times per week			

	how often do you check your feet for any sores or irritations?		3 ___ Times per month 4 ___ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused			
M02.05	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			
M02.03	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.	
M02.07	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	If M02.03 = 555 (No feet), go to M02.07		
M02.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago)			

	sensitive to bright light?		<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>			
M02.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?	***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>			
M02.10	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	<p>1-Yes</p> <p>2-No</p> <p>7-Don't know/not sure</p> <p>9-Refused</p>			

M02.06	When was the last time you took a course or class in how to manage your diabetes yourself?	***NEW***	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			
M02.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 7: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?	***NEW***	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next section		
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two 3 Three or more	Go to MCOV.05		
			7 Don't know / Not sure 9 Refused	Go to next module		
				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3.		

MCOV.04	Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
MCOV.05	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
MCOV.06	During what month and year did you receive your second COVID-19 vaccination?	COVIDFST	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			

Module 15: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
M15.01	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			
M15.02	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			
M15.03	Did you live with anyone who used illegal street	ACEDRUGS	1 Yes 2 No			

	drugs or who abused prescription medications?		7 Don't Know/Not Sure 9 Refused			
M15.04	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			
M15.05	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
M15.06	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			
M15.07	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			
M15.08	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			

M15.09	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			
M15.10	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			
M15.11	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			
M15.12	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?		1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			

M15.13	<p>For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?</p>		<p>1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused</p>			
	<p>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.</p>				<p>If yes provide number [STATE TO INSERT NUMBER HERE]</p>	

Module 17: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Preamble	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
MMU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	__ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to next module	Do not include hemp-based CBD-only products.	
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.03	...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

MMU.04	...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.05	...dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.06	...use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.07	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...		Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Drink it (for example, in tea, cola, or alcohol) 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a		Select one. If respondent provides more than one say: Which way did you use it most often? Do not include hemp-based CBD-only products.	

			dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
--	--	--	---	--	--	--

Module 22: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	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>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>	<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>	
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	<p>If Core CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."</p>		

Module 26: 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		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.	551
				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, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical	553

					<p>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. Respondent can answer with either the number or the text/word.</p>	
--	--	--	--	--	---	--

Module 28: Reactions to Race

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

					respondent says that they think about their race between once a week and once a month, check "once a month" as the response.	
MRTR.03	Within the past 12 months, on average, were you treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused			
				If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]		
MRTR.04	Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others			

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

State-Added Questions

State Added 1: Residence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND0101	How long have you lived in North Dakota?	RESLONG	___ ENTER AMOUNT OF TIME 555 ALL MY LIFE 888 DO NOT LIVE IN NORTH DAKOTA FULL TIME 777 DON'T KNOW/NOT SURE 999 REFUSED 101 MIN 499 MAX		INTERVIEWER NOTE: THIS QUESTION REFERS TO CONSECUTIVE TIME. IF RESPONDENT WAS A RESIDENT, LEFT AND HAS NOW COME BACK, WE ARE INTERESTED IN HOW LONG THEY HAVE BEEN BACK. 101-199 NUMBER OF DAYS 201-299 NUMBER OF WEEKS 301-399 NUMBER OF MONTHS 401- 499 NUMBER OF YEARS	

State Added 2: Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND0201	In what county do you work?	OCCNTY	___ ANSI COUNTY CODE (FORMERLY FIPS COUNTY CODE) 888 OTHER 777 DON'T KNOW/NOT SURE 999 REFUSED 001 MIN 775 MAX	To be asked following Core M24.02	INTERVIEWER NOTE: IF SOMEONE WORKS FROM HOME, WE ARE INTERESTED IN THEIR HOME COUNTY RATHER THAN THE COMPANY'S COUNTY	
ND0202	Do you work for an oil and gas company or an oil and gas supporting business? This would include for example providing water for fracking or truckers who primarily haul products or waste for the oil and gas industry?	OCCHOIL	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
ND0203	About how many hours do you work per week at all of your jobs and businesses combined?	OCCHOURS	___ Number of hours worked (1 – 96 or more) 97 DON'T KNOW/NOT SURE 99 REFUSED 96 MAX			
ND0204	During the past 12 months, were you	OCCINJ	1 Yes 2 No			

	injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?		7 Don't know/ Not sure 9 Refused			
--	--	--	-------------------------------------	--	--	--

State Added 3: Indian Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND03Q01	Do you live on a reservation or Indian Service Area?	MEMTRIBE	1 Yes, reservation 2 Yes, Indian Service Area 3 No, neither 7 Don't know/ Not sure 9 Refused	To be asked following Core CDEM.04; if response to CDEM.03 is 30 American Indian or Alaska Native		
ND03Q02	Are you currently an enrolled tribal member?	MEMTRIBE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
ND03Q03	Which tribe?	TRIBE	01 Mandan 02 Arikara 03 Hidatsa 04 Three Affiliated Tribes 05 Spirit Lake Sioux 06 Standing Rock Sioux 07 Other Sioux 08 Chippewa 09 Other 77 DON'T KNOW/NOT SURE 99 REFUSED		INTERVIEWER NOTE: THREE AFFILIATED TRIBES = MANDAN + ARIKARA + HIDATSA. CODE INDIVIDUAL TRIBE IF PROVIDED. READ IF NECESSARY	
ND03Q04	How much of your health care do you obtain from an Indian Health Service, IHS clinic?	IHS	1 All 2 Most 3 Some 4 Little 5 None			

			7 DON'T KNOW/NOT SURE 9 REFUSED			
--	--	--	--	--	--	--

State Added 4: Social Context

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND04Q01	If you needed to see a healthcare provider for a problem that was not an emergency, where would you go?	NOEMGCHC	1 Clinic by appointment 2 Urgent Care/Walk in Clinic 3 Emergency Room at a Hospital 4 Telehealth 5. Other 7 Don't know/ not sure 9 Refused			
ND04Q02	How long do you have to wait for an appointment if you want to be seen in the clinic?	HCWAITIME	101-199 NUMBER OF DAYS 201-299 NUMBER OF WEEKS 301-399 NUMBER OF MONTHS ____ ENTER AMOUNT OF TIME 555 NEVER GO TO CLINIC 888 CANNOT GET AN APPOINTMENT 777 DON'T KNOW/ NOT SURE 999 REFUSED 101 MIN 399 MAX		IF RESPONDENT STATES LESS THAN ONE DAY, ENTER 101	
ND04Q03	What is the main mechanism you use to cope with stress?	STRESSCOPE	01 Support from family and friends 02 Clergy or Spiritual leaders			

			03 Professional Counseling 04 Physical Exercise 05 Alcohol 06 Prescription Drugs 07 Non-prescription Drugs 08 Other 09 Does not apply 10 None 77 Don't know/Not sure 99 Refused			
ND04Q04	In the past 12 months, have you been intentionally harmed or hurt by another person? This might include minor physical injuries such as bruises, welts or small cuts?	PHYABUS	1 Yes 2 No 7 Don't know/not sure 9 Refused			

State Added 5: Other Tobacco Items (Modified)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND05Q01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	NDECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.	
ND05Q02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	NDSTOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Ask if SMOKDAY2 = 1 or 2.		

State Added 6: Sexual Violence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
ND06Q01	If a woman is raped when she is drunk, she is at least somewhat responsible for letting things get out of control. Would you say you agree or disagree?		1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused			
ND06Q02	Women who dress and act in a sexy way provoke rape by their appearance and behavior. Would you say you agree or disagree?		1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused			
ND06Q03	Sexual violence occurs in your community. Would you say you agree or disagree?		1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused			
ND06Q04	It is possible to prevent sexual violence. Would you say you agree or disagree?		1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused			
ND06Q05	Sexual abuse is a private matter. It's none of my business. Would you say you agree or disagree?		1 Agree 2 Disagree Do not read: 7 Don't know/Not sure 9 Refused			

Closing Statement

Read

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