

Virginia

Behavioral Risk Factor Surveillance System

2017 QUESTIONNAIRE



#30606

November 17, 2016

Behavioral Risk Factor Surveillance System

Virginia 30606 2017 Questionnaire

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Interviewer's Script Sample

Form Approved

OMB No. 0920-1061

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Public reporting burden of this collection of information is estimated to average XX 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).

NOTE: 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.

Interviewer's Script

HELLO, I am calling for the Virginia Department of Health. My name is (name). We are gathering information about the health of Virginia 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.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

Landline Sample Screener

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);
IF FRAME=2; GO TO CELL PHONE SCREENER**

CTELENUM Is this (phone number) ?

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL 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. **STOP**

PVTRESID. Is this a private residence?

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

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

1. Yes **GO TO STATERES**
2. No **GO TO COLGHOUS**
3. No, business phone only **THANK & END**

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS Do you live in college housing?



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

- 1. Yes **GO TO STATERES**
- 2. No

If “No,” SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

STATERES Do you currently live in ____ (state) ____?

- Yes **[Go to CELLPH]**
- No **[Go to STATE]**

IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’ . .
STATE Thank you very much, but we are only interviewing persons who live in the state of ____ (state) ____ at this time. **STOP**

Cellular Phone

CELLPH Is this a cell telephone?

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.
IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.

CATI VARIABLE, SET BRF3200=1.

CATI NOTE:

- **IF COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

LADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- 1 Yes, respondent is male
- 2 Yes, respondent is female
- 3 No

SOCOLAD Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Adult Random Selection

CATI NOTE:

- **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]**

IF FRAME=1, ASK: 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 ___ Number of adults
[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

If NUMADULT = 1, ASK:
NMADLT1 Are you the adult?

If "yes,"
Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

If "no,"
Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent".**

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
- **IF NUMADULT>4, ASK**

PNMADULT

Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

- | | |
|-----------------|--|
| 1 Yes | GO TO NUMMEN |
| 2 No | GO BACK TO NUMADULT AND RE-ASK IT |
| 9 (VOL) Refused | GO TO NUMMEN |

CATI VARIABLE, SET BRF2111=1.

NUMMEN How many of these adults are men?

___ Number of men

NUMWOMEN How many of these adults are women?

___ Number of women

CATI VARIABLE, SET BRF2112=1.

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- **IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK "ALLNA" TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).**

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE "OLDEST MALE", THEN THE "SECOND OLDEST MALE, THEN "THIRD OLDEST MALE", ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE "OLDEST FEMALE", THEN THE "SECOND OLDEST FEMALE, THEN "THIRD OLDEST FEMALE", ETC.

ALLNA Could you please name all the (male/female) members of the household from oldest to youngest?



[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).
[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

HELLO, I am calling for the Virginia Department of Health . My name is (name) . We are gathering information about the health of Virginia 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.

Cell Phone Sample Screener

CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE Is this a safe time to talk with you?

- Yes [GO TO CTELENUM]
- No CALLBACK

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CTELENUM Is this (phone number) ?

- 1. Yes [GO TO CELLPH]
- 2. No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

[CATI NOTE: IF "NO" : 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. STOP]

CATI VARIABLE, SET BRF3200=1.

Cellular Phone

CELLPH Is this a cell telephone?

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

**CATI: IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK CADULT.**

Adult

CADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- | | | |
|---|---------------------------|----------------------------------|
| 1 | Yes, respondent is male | [GO TO PRIVATE RESIDENCE] |
| 2 | Yes, respondent is female | [GO TO PRIVATE RESIDENCE] |
| 3 | No | [GO TO SCOLAD] |

SOCOLAD Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

CATI VARIABLE, SET BRF2210=1.

PVTRESID . Do you live in a private residence?

READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”

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

- | | | |
|----------------------------|-----------------------|------------------------|
| 1. Yes | GO TO STATERES | |
| 2. No | GO TO COLGHOUS | |
| 3. No, business phone only | | THANK & END |

Thank you very much but we are only interviewing persons on residential phone lines at this time.

CATI VARIABLE, SET BRF2210=1.

College Housing

COLGHOUS Do you live in college housing?

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

- | | |
|--------|-----------------------|
| 1. Yes | GO TO STATERES |
| 2. No | |

**If “No,”
SOPVTRES** Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

STATERES Do you currently live in ____ (state) ____?

Yes **[Go to LANDLINE]**
No **[Go to RSPSTATE]**

RSPSTATE In what state do you currently live?

_____ ENTER STATE
99 REFUSED **[THANK & END]**

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

READ ONLY 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.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

1 YES
2 NO
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF COLLEGE HOUSING = “YES”, DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

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

___ Number of adults

[CATI NOTE: IF COLLEGE HOUSING = “YES” THEN NUMBER OF ADULTS IS SET TO 1.]

Core Sections

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 be confidential. If you have any questions about the survey, please call **804-864-7686**.

Section 1: Health Status

GENHLTH Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Qualified Level 1

CATI VARIABLE, SET BRF2120=1.

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

--	Number of days
88	None
77	Don't know / Not sure
99	Refused

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

--	Number of days
88	None [If PHYSHLTH and MENTHLTH = 88 (None), go to next section]
77	Don't know / Not sure
99	Refused

POORHLTH During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

--	Number of days
88	None
77	Don't know / Not sure
99	Refused

Section 3: Health Care Access

HLTHPLN1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

1	Yes	If PPHF state, ASK MEDICARE
2	No	GO TO PERSDOC2
7	Don't know / Not sure	GO TO PERSDOC2
9	Refused	GO TO PERSDOC2

Module 10: Health Care Access

ASK MEDICARE AND HLTHCVRG IF HLTHPLN1=1 AND STATERES=1 (VIRGINIA RESIDENT)

- MEDICARE** Do you have Medicare?
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

- HLTHCVRG** What is the PRIMARY source of your health care coverage? Is it ...

Please read:

- 01 A plan purchased through an employer or union (**includes plans purchased through another person's employer**)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or**
- 07 Some other source
- 08 None (no coverage)

Do not read:

- 77 Don't know/Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (**//insert name of state Marketplace//**), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (**//insert name of state plan//**)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

Section 3: Health Care Access Continued

- PERSDOC2** Do you have one person you think of as your personal doctor or health care provider?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

MEDCOST Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module 10: Health Care Access Continued

ASK DELAYMED IF STATERES=1 (VIRGINIA RESIDENT) ELSE SKIP TO CHECKUP1

DELAYMED Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.

Please read:

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

Section 3: Health Care Access Continued

CHECKUP1 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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

Module 10: Health Care Access Continued

IF STATERES=1 (VIRGINIA RESIDENT) CONTINUE, ELSE SKIP TO NEXT SECTION.

CATI Note: If HLTHPLN1 = 1 (Yes) continue, else go to LSTCOVRG

NOCOV12 In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- | | | |
|---|---------------------|-----------------------|
| 1 | Yes | Go to DRVISITS |
| 2 | No | Go to DRVISITS |
| 7 | Don't know/Not sure | Go to DRVISITS |
| 9 | Refused | Go to DRVISITS |

CATI Note: If HLTHPLN1 = 2, 7, or 9 continue, else go to next question DRVISITS

LSTCOVRG About how long has it been since you last had health care coverage?

Read only if necessary.

- | | |
|---|--|
| 1 | 6 months or less |
| 2 | More than 6 months, but not more than 1 year ago |
| 3 | More than 1 year, but not more than 3 years ago |
| 4 | More than 3 years |
| 5 | Never |

Do not read:

- | | |
|---|---------------------|
| 7 | Don't know/Not sure |
| 9 | Refused |

DRVISITS How many times have you been to a doctor, nurse, or other health professional in the past 12 months?

- | | |
|-----|---------------------|
| -- | Number of times |
| 8 8 | None |
| 7 7 | Don't know/Not sure |
| 9 9 | Refused |

M4.1. Not including over-the-counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- | | |
|---|-----|
| 1 | Yes |
| 2 | No |

Do not read:

- | | |
|---|-------------------------------|
| 3 | No medication was prescribed. |
| 7 | Don't know/Not sure |
| 9 | Refused |

CARERCVD In general, how satisfied are you with the health care you received? Would you say—

Please read:

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

MEDBILLS Do you currently have any health care bills that are being paid off over time?

INTERVIEWER NOTE: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 4: Hypertension Awareness

BPHIGH3 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy **[GO TO NEXT SECTION]**
- 3 No **[GO TO NEXT SECTION]**
- 4 Told borderline high or pre-hypertensive **[GO TO NEXT SECTION]**
- 7 Don't know / Not sure **[GO TO NEXT SECTION]**
- 9 Refused **[GO TO NEXT SECTION]**

BPMEDS Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Cholesterol Awareness

5_1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked?

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused [GO TO NEXT SECTION]

TOLDHI2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

5_3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Chronic Health Conditions

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."

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CVDCRHD4 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CVDSTRK3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

ASTHMA3 (Ever told) you had asthma?

- 1 Yes
- 2 No [Go to CHCSCNCR]
- 7 Don't know / Not sure [Go to CHCSCNCR]
- 9 Refused [Go to CHCSCNCR]

ASTHNOW Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCSCNCR (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCOCNCR (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCCOPD (Ever told) you have Chronic Obstructive Pulmonary Disease or (COPD), emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

HAVARTH3 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- 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)

ADDEPEV2 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia) or minor depression?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCKIDNY (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIABETE3 (Ever told) you have diabetes?

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.

- 1 Yes
- 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

Module 1: Pre-Diabetes

IF STATERES=1 (VIRGINIA RESIDENT) CONTINUE, ELSE SKIP TO DIABAGE2.

[CATI NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE3 (Diabetes awareness question).]

PDIABTST Have you had a test for high blood sugar or diabetes within the past three years?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: If DIABETE3 = 4 (No, pre-diabetes or borderline diabetes); answer PREDIAB1 “Yes” (code = 1)]

PREDIAB1 Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

CATI note: If DIABETE3 = 1 (Yes), go to next question (DIABAGE2). If any other response to DIABETE3, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

Section 6: Chronic Health Conditions, Continued

DIABAGE2 How old were you when you were told you have diabetes?

- __ __ Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI: IF DIABAGE2>52 AND DIABAGE2<98, CONFIRM; ELSE GO to Diabetes Optional Module (if used). Otherwise, go to next section

CNFDBAG INTERVIEWER: Is [DISPLAY RESPONSE TO DIABAGE2] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO next section**
- 2 No **GO TO DIABAGE2**

Module 2: Diabetes

IF STATERES=1 (VIRGINIA RESIDENT) CONTINUE, ELSE SKIP TO SECTION 7.

[CATI NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is "Yes" (CODE = 1).]

INSULIN Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

INTERVIEW NOTE: ENTER QUANTITY PER DAY, WEEK OR MONTH

- 1 __ Times per day
- 2 __ Times per week
- 3 __ Times per month
- 4 __ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

INTERVIEWER NOTE: 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.’

[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]

XBLDSGR I would like to confirm you check your blood for glucose or sugar **[INSERT # FROM BLDSUGAD/BLDSUGAW]** times per **[day/week]**. Is that correct?

- | | | |
|---|-----|----------------------------------|
| 1 | Yes | [Go to FEETCHK2] |
| 2 | No | [Go to BLDSUGAD/BLDSUGAW] |

FEETCHK2 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

INTERVIEW NOTE: ENTER QUANTITY PER DAY, WEEK OR MONTH

- | | |
|-------|-----------------------|
| 1 __ | Times per day |
| 2 __ | Times per week |
| 3 __ | Times per month |
| 4 __ | Times per year |
| 5 5 5 | No feet |
| 8 8 8 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

[if (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]

XFTCH2 I would like to confirm you check your feet for any sores or irritations **[INSERT # FROM FTCHK2D/FTCHK2W]** times per **[day/week]**. Is that correct?

- | | | |
|---|-----|--------------------------------|
| 1 | Yes | [Go to DOCTDIAB] |
| 2 | No | [Go to FTCHK2D/FTCHK2W] |

DOCTDIAB About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- | | |
|-------|--|
| __ __ | Number of times [76 = 76 or more] |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

[if (DOCTDIAB > 52 AND < 77) ASK:]

XDTDIAB I would like to confirm you have seen a health professional for your diabetes **[INSERT # FROM DOCTDIAB]** times in the past 12 months. Is that correct?

- | | | |
|---|-----|-------------------------|
| 1 | Yes | [Go to CHKHEMO3] |
| 2 | No | [Go to DOCTDIAB] |

CHKHEMO3 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- — Number of times **[76 = 76 or more]**
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.

FEETCHK About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- — Number of times **[76 = 76 or more]**
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

[if (FEETCHK > 52 AND < 77) ASK:]

XFTCHK I would like to confirm a health professional has checked your feet for sores or irritations **[INSERT # FROM FEETCHK]** times in the past 12 months. Is that correct?

- 1 Yes **[Go to EYEEXAM]**
- 2 No **[Go to FEETCHK]**

EYEEXAM When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

DIABEYE Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIABEDU Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Arthritis Burden

[CATI NOTE: If HAVARTH3 = 1 (yes) then continue, else go to next section.]

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

INTERVIEWER NOTE: ARTHDIS2 should be asked of all respondents regardless of employment status.

ARTHDIS2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If respondent gives an answer to each issue (whether respondent works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes."

If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

ARTHSOCL During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?

Please read:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

JOINPAIN Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

- — Enter number [00-10]
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 8: Demographics

SEX Are you ... **[READ LIST]**

PROGRAMMER NOTE: This may be populated from information derived from screening, household enumeration. However, interviewer should not make judgement on sex of respondent.

- 1 Male
- 2 Female?
- 9 Refused

INTERVIEWER NOTE: THIS QUESTION MUST BE ASKED EVEN IF INTERVIEWER HAD PREVIOUSLY ENTERED SEX IN THE SCREENING QUESTIONS. IT WILL NOT BE ASKED OF PERSONS WHO HAVE SELF-IDENTIFIED SEX IN LL HOUSEHOLD ENUMERATION.

[CATI NOTE: THIS QUESTION MAY BE POPULATED BY LANDLINE HOUSEHOLD ENUMERATION ONLY. IT MAY NOT BE POPULATED BY INTERVIEWER ASSIGNMENT OF SEX DURING THE SCREENING FOR CELL PHONE OR PERSONS LIVING IN COLLEGE HOUSING]

AGE What is your age?

- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were FIRST diagnosed with diabetes?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: *One or more categories may be selected.*

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

MRACEA Which one or more of the following would you say is your race?
Interviewer Note: Select all that apply.

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

Do not read:

- 60 Other (specify)
- 88 No additional choices (DP code only)
- 77 Don't know / Not sure
- 99 Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2

CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.

MRACEB Would you say you are . . . [READ LIST, MULTIPLE RECORD]

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 99 (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.

CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to MARITAL.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?

- 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

- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

MARITAL Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married,

NOTE: Items in parentheses at any place in the questions or response **DO NOT** need to be read.

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

EDUCA What is the highest grade or year of school you completed?

Read only 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

RENTHOM1 Do you own or rent your home?

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

CTYCODE1 In what county do you currently live?

- — — ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

ZIPCODE What is the ZIP Code where you currently live?

- — — — — ZIP Code [RANGE 20101-20199; 22002-24658]
- 7 7 7 7 7 Don't know / Not sure
- 8 8 8 8 8 Other State Zip Code (SPECIFY)
- 9 9 9 9 9 Refused

CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)

NUMHHOL2 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No **[Go to CPDEMO1]**
- 7 Don't know / Not sure **[Go to CPDEMO1]**
- 9 Refused **[Go to CPDEMO1]**

NUMPHON2 How many of these telephone numbers are residential numbers?

- Residential telephone numbers **[6 = 6 or more]**
- 7 Don't know / Not sure
- 9 Refused

CPDEMO1 Including phones for business and personal use, do you have a cell phone for personal use?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

VETERAN3 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?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

EMPLOY1 Are you currently...?

INTERVIEWER NOTE: If more than one say: "Select the category which best describes you."

Please 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

CHILDREN How many children less than 18 years of age live in your household?

- Number of children
- 8 8 None
- 9 9 Refused

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

INCOME2 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If “no,” code 08**
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

INTERNET Have you used the internet in the past 30 days?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

WEIGHT2 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183.

ROUND FRACTIONS UP

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

HEIGHT3 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187.

ROUND FRACTIONS DOWN

— — / — —	Height
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.22]

PREGNANT To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

S8.22 Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

BLIND Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

DECIDE Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFWALK Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFDRES Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFALON Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: “For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.”

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1 Yes
- 2 No [Go to USENOW3]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

SMOKDAY2 Do you now smoke cigarettes every day, some days, or not at all?

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all [Go to LASTSMK2]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [GO TO USENOW3]
- 2 No [GO TO USENOW3]
- 7 Don't know / Not sure [GO TO USENOW3]
- 9 Refused [GO TO USENOW3]

LASTSMK2 How long has it been since you last smoked a cigarette, even one or two puffs?

Read only if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

Do not read:

- 77 Don't know / Not sure
- 99 Refused

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with ‘goose’)

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Section 10: E-Cigarettes

The next 2 questions are about electronic cigarettes and other electronic “vaping” products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana.

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.

Read if necessary: 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.

S10.1 Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

S10.2 Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Section 11: Alcohol Consumption

ALCDAY5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- | | | |
|-------|---------------------------|-----------------------------|
| 1 __ | Days per week | |
| 2 __ | Days in past 30 days | |
| 8 8 8 | No drinks in past 30 days | [GO TO NEXT SECTION] |
| 7 7 7 | Don't know / Not sure | [GO TO NEXT SECTION] |
| 9 9 9 | Refused | [GO TO NEXT SECTION] |

AVEDRNK2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

[if AVEDRNK2 > 9 AND < 77 ASK:]

CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

- | | | |
|---|-----|------------------------------|
| 1 | Yes | [Go to DRNK3GE5] |
| 2 | No | [Go back to AVEDRNK2] |

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

- | | |
|-----|-----------------------|
| __ | Number of times |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

MAXDRNKS During the past 30 days, what is the largest number of drinks you had on any occasion?

- | | |
|-----|-----------------------|
| __ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

[if MAXDRNKS > 9 AND < 77 ASK:]

CHKMXDRNKS I would like to confirm that during the past 30 days, the largest number of drinks you had was **//INSERT # FROM MAXDRNKS//** drinks. Is that correct?

1	Yes	[Go to NEXT SECTION]
2	No	[Go back to MAXDRNKS]

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIMES PER MONTH. DO NOT ENTER TIMES PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12_1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1__	Day
2__	Week
3__	Month
8 8 8	Never
7 7 7	Don't Know
9 9 9	Refused

[if (12_1D > 5 AND < 76) OR (12_1W > 38 AND <76) ASK:]

DUM_12_1 I would like to confirm you eat [insert # from 12_1D/12_1W] servings of fruit per [day/week]. Is that correct?

1	Yes	[Go to 12_2]
2	No	[Go to 12_1D/12_1W]

12_2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."

- 1__ Day
- 2__ Week
- 3__ Month
- 8 8 8 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_2D > 5 AND < 76) OR (12_2W > 38 AND < 76) ASK:]

DUM_12_2 I would like to confirm you eat [insert # from 12_2D/12_2W] servings of fruit juice per [day/week]. Is that correct?

- 1 Yes **[Go to 12_3]**
- 2 No **[Go to 12_2D/12_2W]**

12_3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

- 1__ Day
- 2__ Week
- 3__ Month
- 8 8 8 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_3D > 5 AND < 76) OR (12_3W > 38 AND <76) ASK:]

DUM_12_3 I would like to confirm you eat [insert # from 12_3D/12_3W] servings of green leafy or lettuce salad per [day/week]. Is that correct?

- | | | |
|---|-----|----------------------------|
| 1 | Yes | [Go to 12_4] |
| 2 | No | [Go to 12_3D/12_3W] |

12_4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."

- | | |
|-------|------------|
| 1__ | Day |
| 2__ | Week |
| 3__ | Month |
| 8 8 8 | Never |
| 7 7 7 | Don't Know |
| 9 9 9 | Refused |

[if (12_4D > 5 AND < 76) OR (12_4W > 38 AND <76) ASK:]

DUM_12_4 I would like to confirm you eat [insert # from 12_4D/12_4W] servings of fried potatoes per [day/week]. Is that correct?

- | | | |
|---|-----|----------------------------|
| 1 | Yes | [Go to 12_5] |
| 2 | No | [Go to 12_4D/12_4W] |

12_5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED POTATOES."

- 1__ Day
- 2__ Week
- 3__ Month
- 8 8 8 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_5D > 5 AND < 76) OR (12_5W > 38 AND <76) ASK:]

DUM_12_5 I would like to confirm you eat [insert # from 12_5D/12_5W] servings of any other kind of potatoes or sweet potatoes per [day/week]. Is that correct?

- 1 Yes **[Go to 12_6]**
- 2 No **[Go to 12_4D/12_5W]**

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH

INTERVIEWER NOTE: IF RESPONDENT ANSWERED LESS THAN ONCE A MONTH, SELECT MONTH AND ENTER '00' TIMES

IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES, GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE."

- 1__ Day
- 2__ Week
- 3__ Month
- 8 8 8 Never
- 7 7 7 Don't Know
- 9 9 9 Refused

[if (12_6D > 5 AND < 76) OR (12_6W > 38 AND <76) ASK:]

DUM_12_6 I would like to confirm you eat [insert # from 12_6D/12_6W] servings of other vegetables per [day/week]. Is that correct?

- 1 Yes **[Go to next section]**
- 2 No **[Go to 12_6D/12_6W]**

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

EXERANY3 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?

INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

- | | | |
|---|-----------------------|------------------|
| 1 | Yes | |
| 2 | No | [GO TO EXOFTSTR] |
| 7 | Don't know / Not sure | [GO TO EXOFTSTR] |
| 9 | Refused | [GO TO EXOFTSTR] |

EXERACT3 What type of physical activity or exercise did you spend the most time doing during the past month?

- | | | |
|-----|-----------------------|-------------------------------------|
| -- | (Specify) | [See Physical Activity Coding List] |
| 7 7 | Don't know / Not Sure | [GO TO EXOFTSTR] |
| 9 9 | Refused | [GO TO EXOFTSTR] |

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Physical Activity Coding List, choose the option listed as “Other”.

EXEROFT1 How many times per week or per month did you take part in this activity during the past month?

- | | |
|-------|-----------------------|
| 1__ | Times per week |
| 2__ | Times per month |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

[if (EXROFT1W > 6 AND < 76) OR (EXROFT1M > 37 AND < 76) ASK:]

DUM_EXROFT1 I would like to confirm you took part in this activity [insert # from EXROFT1W/EXROFT1M] times per [week/month]. Is that correct?

- | | | |
|---|-----|---------------------------|
| 1 | Yes | [Go to EXERHMM1] |
| 2 | No | [Go to EXROFT1W/EXROFT1M] |

EXERHMM1 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

__: __ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXERACT4 What other type of physical activity gave you the next most exercise during the past month?

__	(Specify)	[See Physical Activity Coding List]
88	No other activity	[GO TO EXOFTSTR]
77	Don't know / Not Sure	[GO TO EXOFTSTR]
99	Refused	[GO TO EXOFTSTR]

INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding Physical Activity List, choose the option listed as "Other" .

EXEROFT2 How many times per week or per month did you take part in this activity during the past month?

1__ Times per week
 2__ Times per month
 7 7 7 Don't know / Not sure
 9 9 9 Refused

[if (EXROFT2W > 6 AND < 76) OR (EXROFT2M > 37 AND < 76) ASK:]

DUM_EXROFT2 I would like to confirm you took part in this activity [insert # from EXROFT2W/EXROFT2M] times per [week/month]. Is that correct?

1	Yes	[Go to EXERHMM2]
2	No	[Go to EXROFT2W/EXROFT2M]

EXERHMM2 And when you took part in this activity, for how many minutes or hours did you usually keep at it?

__: __ Hours and minutes
 7 7 7 Don't know / Not sure
 9 9 9 Refused

EXOFTSTR During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1__ Times per week
 2__ Times per month

- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[if (EXROFTSW > 6 AND < 76) OR (EXROFTSM > 37 AND < 76) ASK:]

DUM_EXROFTSW I would like to confirm you took part in this activity **[insert # from EXROFTSW/EXROFTSM]** times per **[week/month]**. Is that correct?

- 1 Yes **[Go to next section]**
- 2 No **[Go to EXROFTSW/EXROFTSM]**

Section 14: Seatbelt Use

SEATBELT How often do you use seat belts when you drive or ride in a car? Would you say — (253)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read only 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.

- 1 Yes
- 2 No **[GO TO PNEUVAC3]**
- 7 Don't know / Not sure **[GO TO PNEUVAC3]**
- 9 Refused **[GO TO PNEUVAC3]**

FLSHTMY2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- / — — — — Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure

99/9999 Refused

PNEUVAC3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If respondent is \geq 49 years of age go to next module.

SHINGLE1 Have you ever had the shingles or zoster vaccine?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE (READ IF NECESSARY): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax®, the zoster vaccine, or the shingles vaccine.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. 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.

HIVTST6 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1 Yes
- 2 No [GO TO HIVRISK3]
- 7 Don't know /Not sure [GO TO HIVRISK3]
- 9 Refused [GO TO HIVRISK3]

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test?

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: 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.

__/__/__
 77/7777 Code month and year
 99/9999 Don't know / Not sure
 Refused / Not sure

HIVRISK3 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.

(270)

- You have injected any drug other than those prescribed for 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.

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Optional and State-Added Modules

IF STATERES=1 (Virginia Resident) CONTINUE, ELSE GO TO CLOSING STATEMENT.

Module 17: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (HADHYST2=1), IS PREGNANT (PREGNANT=1), OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

PFPPRVN1 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No **[GO TO NOBCUSE6]**
- 3 No partner/not sexually active **[GO TO NEXT MODULE]**
- 4 Same sex partner **[GO TO NEXT MODULE]**
- 7 Don't know/Not sure **[GO TO NOBCUSE6]**
- 9 Refused **[GO TO NOBCUSE6]**

TYPCTR7 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) **[GO TO NEXT MODULE]**
- 02 Male sterilization (vasectomy) **[GO TO NEXT MODULE]**
- 03 Contraceptive implant (ex. Implanon) **[GO TO NEXT MODULE]**
- 04 Levonorgestrel (**LEE-voe-nor-JES-trel**) (LNG) or hormonal IUD (ex. Mirena) **[GO TO NEXT MODULE]**
- 05 Copper-bearing IUD (ex. ParaGard) **[GO TO NEXT MODULE]**
- 06 IUD, type unknown **[GO TO NEXT MODULE]**
- 07 Shots (ex. Depo-Provera) **[GO TO NEXT MODULE]**
- 08 Birth control pills, any kind **[GO TO NEXT MODULE]**
- 09 Contraceptive patch (ex. Ortho Evra) **[GO TO NEXT MODULE]**
- 10 Contraceptive ring (ex. NuvaRing) **[GO TO NEXT MODULE]**
- 11 Male condoms **[GO TO NEXT MODULE]**
- 12 Diaphragm, cervical cap, sponge **[GO TO NEXT MODULE]**
- 13 Female condoms **[GO TO NEXT MODULE]**
- 14 Not having sex at certain times (rhythm or natural family planning) **[GO TO NEXT MODULE]**
- 15 Withdrawal (or pulling out) **[GO TO NEXT MODULE]**
- 16 Foam, jelly, film, or cream **[GO TO NEXT MODULE]**
- 17 Emergency contraception (morning after pill) **[GO TO NEXT MODULE]**
- 18 Other method **[GO TO NEXT MODULE]**

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

NOBCUSE6 What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER

CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 Don't know/Not sure

Module 20: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults)

TETANUS Since 2005, have you had a tetanus shot?

IF YES, ASK: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

- 1 Yes, received TDAP
- 2 Yes, received tetanus shot, but not TDAP
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus since 2005

Module 27: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

SOG11 Do you consider yourself to be: (691)

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

- 4 Other
- 7 Don't know/Not sure
- 9 Refused

SOG12 Do you consider yourself to be transgender? (692)

If yes, ask “Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”

INTERVIEWER NOTE: Please say the number before the “yes” text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

Do not read:

- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: If asked about definition of transgender: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches 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.

INTERVIEWER NOTE: 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.

Virginia State-Added 1: Adverse Childhood Experience

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. Now, looking back before you were 18 years of age—

VA1.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

VA1.2 Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

VA1.3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

VA1.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

VA1.5 Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure

VA1.6 9 Refused
How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Would you say --

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA1.7 Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA1.8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Would you say --

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA1.9 How often did anyone at least 5 years older than you or an adult touch you sexually? Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA1.10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Would you say---

- 1 Never

- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA1.11 How often did anyone at least 5 years older than you or an adult force you to have sex? Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach a referral service to locate an agency in your area.

Virginia State-Added 2: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

BLDSTOOL A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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

HADSIGM3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

HADSGCO1 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

LASTSIG3 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Virginia State-Added 3: Health Care Access (Cost of Medication)

The next question is about medication you may have taken.

VA3.1 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes

2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

Virginia State-Added 4: Satisfaction with Life Scale

Please tell me on a scale of 1 to 5 how much you agree or disagree with the following statements about your life. 1 means strongly agree and 5 means strongly disagree. **[Read choices only if necessary.]**

VA4.1 In most ways your life is close to ideal.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA4.2 The conditions of your life are excellent

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA4.3 You are satisfied with your life

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don't know / Not sure
- 9 Refused

VA4.4 So far you have gotten the important things you want in life.

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Virginia State-Added 5: Dental

VA5.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

- 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

VA5.2 Do you have any kind insurance coverage that pays for some or all of your routine dental care, including dental insurance prepaid plans?

- 1 Yes
- 2 No
- 3 Don't know / Not sure
- 4 Refused

VA4.3 How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the county for lost teeth

- | | |
|---|-----------------------|
| 1 | 1 to 5 |
| 2 | 6 or more but not all |
| 3 | All |
| 4 | None |
| 7 | Don't know / Not sure |
| 9 | Refused |

CLOSING STATEMENT

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

ASTSTAT = 1

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?
(QSTLANG)

- | | |
|---|---------|
| 1 | English |
| 2 | Spanish |