

Virginia

Behavioral Risk Factor Surveillance System

2019 QUESTIONNAIRE



26161-1010

December 24, 2018



Behavioral Risk Factor Surveillance System

Virginia 26161

2019 Questionnaire

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Interviewer's Script Sample

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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).

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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.

ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires): For 2019, We will ask the screener questions in the order the CDC has set for each frame.

Landline Sample Screener

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

CTELENUM1 Is this (phone number) ?
(LL.1)

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?
(LL.2)

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?
(LL.3)

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 ___Virginia___?
(LL.4)

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 ___Virginia___ at this time. **STOP**

Cellular Phone

CELLPH Is this a cell phone?
(LL.5)

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 phone 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.

THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING AT THIS TIME. (STOP)

CATI VARIABLE, SET BRF3200=1.

CATI NOTE:

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

LADULT (LL.6) Are you 18 years of age or older?

- 1 Yes
- 2 No [TERMINATE]

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

LL7 (LL.7) Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure [TERMINATE]
- 9 Refused [TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

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 (LL.8) ___ 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.

If "no,"
May I speak with [fill in (him/her) from previous question]? **Go to LL9.**

- **IF NUMADULT=2 or more, GO TO NUMMEN**

CATI VARIABLE, SET BRF2111=1.

CATI NOTE: IF NUMADULT=1, Ask LL09, otherwise skip to NUMMEN

LL9 Are you male or female?

- | | | |
|---|---------------------|-------------|
| 1 | Male | |
| 2 | Female | |
| 7 | Don't know/Not sure | [TERMINATE] |
| 9 | Refused | [TERMINATE] |

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

NUMMEN How many of these adults are men?
(LL10)

___ Number of men

NUMWOMEN So, the number of women in the household is [NUMADULT – NUMMEN]. Is that correct?
(LL11)

[INTERVIEWER: ENTER NUMBER IF RESPONDENT AGREES IT IS CORRECT]

___ 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<7 AND NUMWOMEN<4 AND NUMMEN<4, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

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

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

- **IF NUMADULT>6 OR NUMMEN>3 OR NUMWOMEN>3, 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

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.

CATI NOTE: IF (NUMADULT>1 AND INTRO1=1), Ask LL12, otherwise skip to NUMMEN

LL12 Are you male or female?

- | | | |
|---|---------------------|-------------|
| 1 | Male | |
| 2 | Female | |
| 7 | Don't know/Not sure | [TERMINATE] |
| 9 | Refused | [TERMINATE] |

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

DRAFT

Cell Phone Sample Screener

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

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE (CP.1) Is this a safe time to talk with you?

Yes **[GO TO CTELNUM1]**
 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

CTELNUM1 (CP.2) Is this (phone number) ?

- 1 Yes **[GO TO CELLPH]**
- 2 No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**
- 7 (VOL) Don't Know/Not Sure
- 9 (VOL) Refused

[CATI NOTE: IF "NO", "Don't Know" or "REFUSED": 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 phone?
(CP.3)

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 phone 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 CELLULAR TELEPHONES. 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?
(CP.4)

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

- 1 Yes, [GO TO PRIVATE RESIDENCE]
- 2 No [GO TO SOCOLAD]

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

CATI VARIABLE, SET BRF2210=1.

CP5 Are you male or female?

- 1 Male
- 2 Female
- 7 Don't know/Not sure [TERMINATE]
- 9 Refused [TERMINATE]

TERMINATE. Thank you for your time, your number may be selected for another survey in the future.

PVTRESID3 . Is this a private residence?
(CP.6)

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?
(CP.7)

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 ____ Virginia ____?
(CP.8)

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

RSPSTATE In what state do you currently live?
(CP.9)

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

LANDLINE Do you also have a landline telephone in your home that is used to make and receive
(CP.10) 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?

(CP.11)

___ Number of adults

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

Core Sections

[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

CATI: SET SEX=1 IF LL7=1 or LL9=1 or LL12=1 or CP5=1,
SET SEX=2 IF IF LL7=2 or LL9=2 or LL12=2 or CP5=2

CATI: Questionnaire version Split 1 (50%) / Split 2 (50%) All sections are asked of split 1 and split 2 except State-Added 4 ATS, which is Split 2 only.

CATI: START **CORE** TIMER

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 804-864-7686.

Section 1: Health Status

GENHLTH Would you say that in general your health is—
(1.1)

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

(2.1) 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?

(2.2)

- 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?

(2.3)

- 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?

(3.1)

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

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

(3.2)

INTERVIEWER NOTE: 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?

(3.3)

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

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup?
(3.4)

INTERVIEWER NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

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 prescription 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 3 years (2 years but less than 3 years ago)
- 3 Within the past 4 years (3 years but less than 4 years ago)
- 4 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

Do not read:

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

TOLDH12 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Interviewer note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 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 your 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 (6.1) (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 (6.2) (Ever told) you had angina or coronary heart disease?

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

CVDSTRK3 (6.3) (Ever told) you had a stroke?

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

ASTHMA3 (6.4) (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 (6.5) Do you still have asthma?

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

CHCSCNCR (6.6) (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?
(6.7)

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

CHCCOPD (Ever told) you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
(6.8)

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

ADDEPEV2 (Ever told) you had a depressive disorder, (including depression, major depression, dysthymia or minor depression)?
(6.9)

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

CHCKIDNY Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?
(6.10)

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 had diabetes?
(6.11)

INTERVIEWER NOTE: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

INTERVIEWER NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes [GO TO DIABAGE2]

- 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

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

Module 1: Pre-Diabetes

NOTE: Only asked of those not responding “Yes” (code = 1) to DIABETE3 (Diabetes awareness question) and state residents only (stateres=1).

PDIABTST (M1.1) 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 (M1.2) 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

Section 6: Chronic Health Conditions, Continued

If DIABETE3 = 1 (Yes), CONTINUE (DIABAGE2) and STATERES=1 (state resident), ELSE GO TO NEXT SECTION.

DIABAGE2 (6.12) 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. Otherwise, go to next section

CNFD BAG 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

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

NOTE: If resident does not live in state (STATERES=2), skip to next module.

INSULIN (M2.1) Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR (M2.2) About how often do you check your blood for glucose or sugar? Please answer in times per day, week, month, or year.

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

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.

- 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

[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 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? Please answer in times per day, week, month, or year.

(M2.3)

- 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 FTCHK3D/FTCHK3W]

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

(M2.4)

- _ _ 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 About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A-one-C"?

(M2.5)

INTERVIEWER NOTE: A test for "A one C" measures the average level of blood sugar over the past three months.

- _ _ 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?

(M2.6)

- – 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, making you temporarily sensitive to bright light?

(M2.7)

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?

(M2.8)

- 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?

(M2.9)

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

Section 7: Arthritis

2017, Section 6, HAVARTH3

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

(7.1)

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

[GO TO NEXT SECTION]

[GO TO NEXT SECTION]

[GO TO NEXT SECTION]

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)

ARTHEXER Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

(7.2)

INTERVIEWER

NOTE: If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

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

ARTHEDU Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?
(7.3)

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

LMTJOIN2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
(7.4)

- 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.”

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?
(7.5)

- 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.”

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. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

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

Section 8: Demographics

**AGE
(8.1)** 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
(8.2)** 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
(8.3)** Which one or more of the following would you say is your race?

Interviewer Note: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR TESTERS: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

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
- 88 No additional choices
- 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?
(8.4)

READ LIST

- 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...?
(8.6)

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

EDUCA What is the highest grade or year of school you completed?
(8.7)

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 (8.8) Do you own or rent your home?

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

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

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.

Read only if necessary:

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

CTYCODE1 (8.9) 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 (8.10) What is the ZIP Code where you currently live?

- gg — — — — — 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 CPDEMO1 (QSTVER GE 20)

NUMHHOL2 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

(8.11)

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

NUMPHON2 (8.12) 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 (8.13) How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phone used for both business and personal use.

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

VETERAN3 (8.14) 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 (8.15) 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 (8.16) 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 (8.17) Is your annual household income from all sources—

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

- 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

WEIGHT2 About how much do you weigh without shoes?
(8.18)

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 183. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)

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?
(8.19)

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT “9” IN COLUMN 187. (NOTE FOR TESTER: THIS WILL NOT BE IN THE PROGRAM)

ROUND FRACTIONS DOWN

__ / __	Height
(ft / 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 S8.21]

PREGNANT To your knowledge, are you now pregnant?
(8.20)

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

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

S8.22 Are you deaf or do you have serious difficulty hearing?
(8.21/DEAF)

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?
(8.22)

- 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?
(8.23)

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

DIFFWALK Do you have serious difficulty walking or climbing stairs?
(8.24)

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

DIFFDRES Do you have difficulty dressing or bathing?
(8.25)

- 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?
(8.26)

- 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?
(9.1)

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 (9.2) Do you now smoke cigarettes every day, some days, or not at all?

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 (9.3) 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 (9.4) 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 (9.5) Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus (rhymes with 'goose')

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

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

Section 10: 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?

(10.1)

Interviewer note: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of 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?

(10.2)

Read if necessary: 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?

(10.3)

--	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?

(10.4)

--	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 11: Exercise (Physical Activity)

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?

(11.1)

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?

(11.2)

__	(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?

(11.3)

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?

(11.4)

- | | |
|---------|-----------------------|
| __ : __ | 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?

(11.5)

- | | | |
|-------|-----------------------|--|
| __ __ | (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?

(11.6)

- | | |
|-------|-----------------------|
| 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?

(11.7)

: 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?
(11.8)

Interviewer note: 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 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.

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

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

1__ Day
 2__ Week
 3__ Month
 300 Less than once a month
 555 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.

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
- 300 Less than once a month
- 555 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 drink [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.

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
- 300 Less than once a month

- 555 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.

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
- 300 Less than once a month
- 555 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.

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
- 300 Less than once a month

555 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.

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
 300 Less than once a month
 555 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: Immunization

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

(13.1)

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.

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

FLSHTMY2 (13.2) During what month and year did you receive your most recent flu vaccine that was sprayed into your nose or flu shot injected into your arm?

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

TETANUS. (13.3) Have you received a tetanus shot in the past 10 years?

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 shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

PNEUVAC3 (13.4) Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: If respondent is confused read: There are two types of pneumonia shots: Polysaccharide (poly-sack-ah-ride), also known as Pneumovax, and conjugate, also known as prevnar.

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

Section 14: 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 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?
(14.1)

- 1 Yes
- 2 No [Go to HIVRISK5]
- 7 Don't know / Not sure [Go to HIVRISK5]
- 9 Refused [Go to HIVRISK5]

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test?
(14.2)

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.

- $\frac{_}{7} \frac{_}{7} / \frac{_}{7} \frac{_}{7} \frac{_}{7} \frac{_}{7}$ Code month and year
- $\frac{_}{9} \frac{_}{9} / \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$ Don't know / Not sure
- $\frac{_}{9} \frac{_}{9} / \frac{_}{9} \frac{_}{9} \frac{_}{9} \frac{_}{9}$ 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.
(14.3/hivrisk5)

- 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

CATI: END CORE TIMER

IF STATERES=1 (Virginia resident) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

Optional Modules

Module 7: Shingles Vaccination

CATI: START MOD7 TIMER

CATI NOTE: If age is greater than 49, continue, if not, go to next module.

SHINGLE1 (M7.1) Have you ever had the shingles or zoster vaccine?

Interviewer note: Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.

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

Module 20: Cognitive Decline

CATI: START MOD20 TIMER

CATI NOTE: If respondent is 45 years of age or older continue, else go to next module

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

CIMEMLOS (M20.1) During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know [Go to CDHOUSE]
- 9 Refused [Go to next module]

CDHOUSE During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is....

(M20.2)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

Do not read:

- 7 Don't know
- 9 Refused

CDASSIST As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

(M20.3)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely [Go to CDSOCIAL]
- 5 Never [Go to CDSOCIAL]

- 7 Don't know [Go to CDSOCIAL]
- 9 Refused [Go to CDSOCIAL]

CATI NOTE: If CDASSIST = 1, 2, or 3, continue. If CDASSIST = 4, 5, 7, or 9 go to CDSOCIAL.

CDHELP When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

(M20.4)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

CDSOCIAL During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is....

(M20.5)

Please read:

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

- 7 Don't know
- 9 Refused

CDDISCUS Have you or anyone else discussed your confusion or memory loss with a health care professional?

(M20.6)

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

Module 21: Caregiver

CATI: START MOD21 TIMER

CAREGIVE During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

(M21.1)

INTERVIEWER INSTRUCTIONS: If caregiving recipient has died in the past 30 days, say "I'm so sorry to hear of your loss." and code 8.

- 1. Yes
- 2. No [Go to Question CRGVEXPT]
- 7 Don't know/Not sure [Go to Question CRGVEXPT]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to Question CRGVEXPT]

CRGVREL1 What is his or her relationship to you?

(M21.2)

INTERVIEWER NOTE: If more than one person, say: "Please refer to the person to whom you are giving the most care."

DO NOT READ

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative/Family friend

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

CRGVLNG1 For how long have you provided care for that person?
(M21.3)

Read if necessary :

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

Do not read:

- 7 Don't Know/ Not Sure
- 9 Refused

CRGVHRS1 In an average week, how many hours do you provide care or assistance?
(M21.4)

Read if necessary :

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

Do not read:

- 7 Don't know/Not sure

9 Refused

CRGVPRB1 What is the main health problem, long-term illness, or disability that the person you care for has?

(M21.5)

IF NECESSARY: Please tell me which one of these conditions would you say is the *major* problem?

[DO NOT READ: RECORD ONE RESPONSE]

- 1 Arthritis/Rheumatism
- 2 Asthma
- 3 Cancer
- 4 Chronic respiratory conditions such as Emphysema or COPD
- 5 Alzheimer's disease, Dementia or other Cognitive Impairment Disorders
- 6 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 7 Diabetes
- 8 Heart Disease, Hypertension, Stroke
- 9 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

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

CATI NOTE: If M21.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M21.07. Otherwise, continue.

M21_6 Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment?

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

CRGVPERS In the past 30 days, did you provide care for this person by...
(M21.7)

Managing personal care such as giving medications, feeding, dressing, or bathing?

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

CRGVHOUS (M21.8) In the past 30 days, did you provide care for this person by...

Managing household tasks such as cleaning, managing money, or preparing meals?

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

CATI: If CAREGIVE=1 OR 8, GO TO NEXT MODULE

CRGVEXPT. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

(M21.9)

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

Module 22: Adverse Childhood Experience

CATI: START MOD22 TIMER

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—

M22_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

M22_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

M22_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

M22_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

M22_5 Were your parents separated or divorced?

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

M22_6 How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up? Was it--

Please read:

- 1 Never
- 2 Once
- 3 More than once

Do not read:

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

M22_7 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--

Please read:

- 1 Never
- 2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_8 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it--

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_9 How often did anyone at least 5 years older than you or an adult touch you sexually? Was it...

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_10 How often did anyone at least 5 years older than you or an adult try to make you touch them sexually? Was it...

Please read:

1 Never

2 Once

3 More than once

Do not read:

7 Don't know / Not sure

9 Refused

M22_11 How often did anyone at least 5 years older than you or an adult force you to have sex? Was it...

Please read:

- 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 will 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.

Module 23 Family Planning

CATI: START MOD23 TIMER

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

CATI NOTE: IF RESPONDENT IS PREGNANT (PREGNANT=1), THEN GO TO NEXT MODULE

M23_1 The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No **[GO TO M23_4]**
- 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 NEXT MODULE]**
- 9 Refused **[GO TO NEXT MODULE]**

M23_2 The last time you had sex with a man, what did you or your partner do 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

M23_4

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. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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
99 Refused

Module 29: Sexual Orientation and Gender Identity

CATI: START MOD28 TIMER

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

(CATI NOTE: ASK SOMALE IF SEX=1)

SOMALE (M28.1a) Which of the following best represents how you think of yourself?

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.

PLEASE READ:

- 1 1 - Gay
- 2 2 - Straight, that is, not gay
- 3 3 - Bisexual
- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

(CATI NOTE: ASK SOMALE IF SEX=2)

SOFEMALE (M28.1b) Which of the following best represents how you think of yourself?

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.

Please read:

- 1 1 - Lesbian or Gay
- 2 2 - Straight, that is, not gay
- 3 3 - Bisexual

Do not read:

- 4 Something else
- 7 Don't know/Not sure

9 Refused

SOGI2
(M28.3) Do you consider yourself to be transgender?

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: Health Care Access (Cost of Medication)

(VA BRFSS 2017, VA STATE-ADDED 3)

The next question is about medication you may have taken.

La siguiente pregunta es sobre la medicación que puede haber tomado.

VA1.1 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.

¿Había una vez en los últimos 12 meses, cuando usted no tomó su medicación según lo prescrito por razones económicas? No incluya los medicamentos de venta sin receta.

- 1 Yes
- 2 No

Do not read:

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

Virginia State-Added 2: Satisfaction with Life Scale

(VA BRFSS 2017, STATE ADDED 4)

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.

Por favor, dígame en una escala de 1 a 5 que tan de acuerdo o en desacuerdo esta con las siguientes afirmaciones acerca de su vida. 1 significa muy de acuerdo y 5 significa muy en desacuerdo.

VA2.1 In most ways your life is close to ideal.

En la mayoría de formas, su vida está cerca del ideal.

Read choices only if necessary:

- 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

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Muy en desacuerdo

VA2.2 The conditions of your life are excellent.

Las condiciones de su vida son excelentes.

Read choices only if necessary:

- 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

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Muy en desacuerdo

VA2.3 You are satisfied with your life.

Usted está satisfecho con su vida

Read choices only if necessary:

- 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

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Muy en desacuerdo

VA2.4 So far you have gotten the important things you want in life.

Hasta ahora ha conseguido las cosas importantes que usted quiere en la vida.

Read choices only if necessary:

- 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

- 1 Totalmente de acuerdo
- 2 De acuerdo
- 3 Ni de acuerdo ni en desacuerdo
- 4 En desacuerdo
- 5 Muy en desacuerdo

Virginia State-Added 3: Dental

(NEW)

VA3.1 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.

¿Cuánto tiempo ha pasado desde la última vez que visitó a un dentista o una clínica dental por alguna razón? Incluya visitas a especialistas dentales, como los ortodoncistas.

- 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

- 1 En el último año (hace menos de 12 meses)
- 2 En los últimos 2 años (hace más de 1 año pero menos de 2 años)
- 3 En los últimos 5 años (hace más de 2 años pero menos de 5 años)
- 4 Hace 5 años o más

VA3.2. Do you have any kind insurance coverage that pays for some or all of your routine dental care, including dental insurance prepaid plans?

¿Tiene algún tipo de cobertura de seguro médico que pague una parte o la totalidad de su atención dental de rutina, incluidos los planes prepagos de seguro dental?

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

VA3.3 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.

¿Cuántos de sus dientes permanentes han sido extraídos debido a caries o enfermedad de las encías? Incluya los dientes perdidos por infección, pero no los dientes perdidos por otras razones, como lesiones u ortodoncia.

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

INTERVIEWER NOTE: Si se extraen las muelas del juicio debido a caries o enfermedad de las encías, deben incluirse en la cuenta de pérdida de dientes.

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

CATI: SET BRFSCOMP=1 IF SPLIT=1

Virginia State-Added 4: ATS (Asked of Split 2 ONLY)

CATI NOTE: Non-nicotine users skip to ATS7. IF (SMOKDAY2=3 AND USENOW3=3) GO TO ATS7.

Tobacco Use/Cigarette Smoking

CATI NOTE: Asked of respondents who have smoked 100 cigarettes or have smoked a whole cigarette. ASK IF SMOKE100=1. IF NOT, THEN SKIP TO ATS4.

ATS1. How old were you when you smoked a whole cigarette for the first time?

¿Cuántos años tenía cuando se fumó un cigarrillo entero por primera vez?

SMOKWHOLAGE

- . AGE IN YEARS (1-100)
- 888. RESPONDENT HAS NEVER SMOKED A WHOLE CIGARETTE **[GOTO ATS4]**
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

{CATI: if (ATS1 = 01-99 and AGE = 18-99) AND (ATS1 > AGE), continue; else go to ATS2}

UPDATS1 I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and first smoked at age {CATI: fill-in response from ATS1}. What was your age when you smoked a whole cigarette for the first time?

Update ATS1 **GO TO ATS1**

Lo siento, usted indicó que tenía {CATI: fill-in response from AGE} años de edad, y que se fumó un cigarrillo entero por primera vez a la edad de {CATI: fill-in response from ATS1}. ¿Qué edad tenía cuando se fumó un cigarrillo entero por primera vez?

CATI NOTE: Asked of respondents (who now smoke some days) or (who have at least puffed on a cigarette in the past 30 days). ASK IF SMOKDAY2=2 OR LASTSMK2=1.

ATS2. During the past 30 days, that is, since [DATE FILL], on how many days did you smoke cigarettes? Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarrillos?

SMOKDAYS30

INTERVIEWER NOTE: IF RESPONDENT STATES A RANGE OR IS UNSURE, READ: [You said you smoked cigarettes on [STATE RANGE:] "x to y" days.] Your answer doesn't have to be exact, but I do need to report one number. What is your best guess of the number of days you smoked cigarettes in the past 30 days?

INTERVIEWER NOTE: IF RESPONDENT STATES A RANGE OR IS UNSURE, READ: [Usted dijo que fumó cigarrillos en [STATE RANGE:] días "de x a y".] Su respuesta no tiene que ser exacta, pero sí debo informar un número. ¿Cuál es su mejor estimación de la cantidad de días que fumó cigarrillos en los últimos 30 días?

- __ NUMBER OF DAYS (1-30)
88. NONE
77. DON'T KNOW/NOT SURE
99. REFUSED

ATS3. During the past 30 days, that is, since [DATE FILL], were the cigarettes that you **usually** smoked menthol?

Durante los últimos 30 días, es decir, desde [DATE FILL], ¿tenían sabor a mentol los cigarrillos que habitualmente fumaba?

MENTHOLCIGS2

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

ATS4. Have you ever tried chewing tobacco, snuff, or snus even just one time in your entire life?

SNUSEVER

¿Alguna vez ha intentado el uso de tabaco para mascar, rapé o snus aunque haya sido una sola vez en toda su vida?

INTERVIEWER NOTE: PRONOUNCE "SNUS" TO RHYME WITH GOOSE

If respondent is unsure what SNUS IS [INTERVIEWER: Snus includes products such as Camel Snus or Marlboro Snus. Snus is a moist, smokeless tobacco usually sold in individual or pre-packaged small pouches that are placed under the lip against the gum]

If respondent is unsure what SNUS IS [INTERVIEWER: **Snus incluye productos como Camel Snus o Marlboro Snus. El snus es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.**]

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

CATI NOTE: ASK ATS5 IF ATS4=1, IF NOT THEN GO TO ATS7

ATS5. During the past 30 days, that is, since [datefill], was any of the chewing tobacco or dip that you use flavored to taste like mint, winter mint, menthol, spice, alcohol, candy, fruit, or other sweets?

Durante los últimos 30 días, es decir, desde [datefill], ¿tenía algún sabor el tabaco para mascar, como sabor a menta, menta de invierno, mentol, especias, alcohol, caramelos, frutas u otros dulces?

VADIPMINT

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

ATS6. During the past 12 months, have you stopped using chewing tobacco for one day or longer because you were trying to quit chewing tobacco?

Durante los últimos 12 meses, ¿dejó de consumir tabaco para mascar durante un día o más porque estaba tratando de dejar el tabaco para mascar?

VADIPPASTYRQUIT

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

ATS1. Have you ever tried smoking cigars, cigarillos, or very small cigars that look like cigarettes in your entire life, even one or two puffs?

¿Alguna vez ha intentado fumar cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos en toda su vida, aunque haya sido una o dos pitadas (caladas)?

CIGAREVER

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY: "Cigarillos are small, regular cigars. They are usually sold individually or in packs of 5 or 8. Some common brands are *Black and Mild's*, *Swisher Sweets Cigarillos*, and *Phillies Blunts*, but there are others."

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY: "Very small cigars that look like cigarettes are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes and are often sold in packs of 20. Some common brands are *Prime Time* little filter cigars and *Winchester* little filter cigars, but there are others."

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY: "Los cigarrillos son cigarros pequeños y regulares. Por lo general, se venden individualmente o en paquetes de 5 u 8. Algunas marcas comunes son *Black and Mild's*, *Swisher Sweets Cigarillos* y *Phillies Blunts*, pero hay de otras marcas".

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY: "Son cigarros muy pequeños que parecen cigarrillos y suelen ser de color marrón y tienen un filtro esponjoso como un cigarrillo. Son casi del mismo tamaño que los cigarrillos y, a menudo, se venden en paquetes de 20. Algunas marcas comunes son los puros con filtro de *Prime Time* y los puros con filtro de *Winchester*, pero hay de otras marcas".

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

CATI NOTE: ASK ATS8 IF ATS7=1, IF NOT THEN GO TO ATS10.

ATS2. During the past 30 days, that is, since [DATE FILL], on how many days did you smoke cigars, cigarillos, or very small cigars that look like cigarettes?

Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos?

CIGARNODAYS

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY:
“Cigarillos are small, regular cigars. They are usually sold individually or in packs of 5 or 8. Some common brands are *Black and Mild’s*, *Swisher Sweets Cigarillos*, and *Phillies Blunts*, but there are others.”

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY: “Very small cigars that look like cigarettes are usually brown in color and have a spongy filter like a cigarette. They are about the same size as cigarettes and are often sold in packs of 20. Some common brands are *Prime Time* little filter cigars and *Winchester* little filter cigars, but there are others.”

INTERVIEWER NOTE: IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY: “Los cigarrillos son cigarros pequeños y regulares. Por lo general, se venden individualmente o en paquetes de 5 u 8. Algunas marcas comunes son Black and Mild’s, Swisher Sweets Cigarillos y Phillies Blunts, pero hay de otras marcas”.

IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE CIGARETTES ARE, SAY: “Son cigarros muy pequeños que parecen cigarrillos y suelen ser de color marrón y tienen un filtro esponjoso como un cigarrillo. Son casi del mismo tamaño que los cigarrillos y, a menudo, se venden en paquetes de 20. Algunas marcas comunes son los puros con filtro de Prime Time y los puros con filtro de Winchester, pero hay de otras marcas”.

__ NUMBER OF DAYS (1-30)
88. NONE
77. DON’T KNOW/NOT SURE
99. REFUSED

CATI NOTE: ASK ATS9 IF ATS8 EQ (01-30)

ATS3. Were any of the cigars, cigarillos, or very small cigars that look like cigarettes that you smoked in the past 30 days flavored to taste like candy, fruit, chocolate, or other sweets?

¿Alguno de los cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos que fumó en los últimos 30 días tenía sabor a caramelo, fruta, chocolate u otros dulces?

CIGARFLAVR

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

ATS4. Now, I want to ask you about a hookah or other water pipe. Have you ever smoked tobacco in a hookah or other water pipe in your entire life, even one or two puffs?

Ahora, quiero preguntarle sobre un narguile (hookah) u otra pipa de agua. ¿Alguna vez en su vida ha fumado tabaco en un narguile u otra pipa de agua, aunque sea una o dos inhalaciones?

PIPEWTREVER

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

CATI NOTE: ASK ATS11 IF ATS10=1. IF NOT, THEN GO TO ATS12.

ATS11. During the past 30 days, that is, since [DATE FILL], on how many days did you smoke tobacco in a hookah or other water pipe?

Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó tabaco en un narguile (hookah) u otra pipa de agua?

PIPEWTRDAYS

- NUMBER OF DAYS (1-30)
88. NONE
 77. DON'T KNOW/NOT SURE
 99. REFUSED

ATS12. The next question is about electronic cigarettes or e-cigarettes and other vapor devices. You may also know them as vapes, Juul, e-hookahs, or e-vaporizers. Some have a refillable tank and others look like cigarettes, pens, hookahs, or a USB. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

Have you EVER used e-cigarettes or other electronic vapor devices EVEN ONE TIME?

La siguiente pregunta es sobre los cigarrillos electrónicos o "e-cigarettes" y otros dispositivos de vapor. También puede conocerlos como vape, Juul, e-hookahs o vaporizadores electrónicos. Algunos tienen un tanque recargable y otros parecen cigarrillos, bolígrafos, narguiles o un USB. Estos funcionan con baterías, generalmente contienen nicotina líquida y producen vapor en lugar de humo.

¿ALGUNA vez ha usado cigarrillos electrónicos u otros dispositivos electrónicos de vapor AÚNQUE HAYA SIDO UNA SOLA VEZ?

VAEVERENDS

1. YES

- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

CATI NOTE: ASK ATS13 IF ATS12=1. IF NOT, THEN GO TO ATS16.

ATS13. Do you now use e-cigarettes or other electronic vapor devices every day, some days, or not at all?

¿Actualmente usa cigarrillos electrónicos u otros dispositivos electrónicos de vapor todos los días, algunos días o no los usa?

VANOWENDS

- 1. Every day
- 2. Some days
- 3. Not at all

- 1. Todos los días
- 2. Algunos días
- 3. Para nada

- 7. DON'T KNOW
- 9. REFUSED

CATI NOTE: ASK ATS14 IF ATS13 = 1 OR 2. IF NOT, THEN GO TO ATS16.

ATS14. How long have you been using e-cigarettes or other electronic vapor devices?

¿Cuánto tiempo ha estado utilizando cigarrillos electrónicos u otros dispositivos electrónicos de vapor?

VAENDSDUR

- 1. Under 6 months
- 2. 6 months to up to a year
- 3. 1 or 2 years
- 4. 3 to 5 years
- 5. 6 years or more

- 1. Menos de 6 meses
- 2. 6 meses hasta un año
- 3. 1 o 2 años
- 4. 3 a 5 años
- 5. 6 años o más

- 7. DON'T KNOW
- 9. REFUSED

ATS15. Are the electronic cigarettes or vapor devices you use flavored to taste like menthol, mint, clove, spice, fruit, alcohol, candy, chocolate, or other sweet flavor?

¿Los cigarrillos electrónicos o los dispositivos de vapor que utiliza tienen sabor, tales como mentol, menta, clavo, especias, frutas, alcohol, caramelos, chocolate u otro sabor dulce?

VAENDSFLAVA

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

ATS16. Do you think breathing vapor from other people's e-cigarettes or other vaping devices is ...?

¿Usted cree que respirar vapor de los cigarrillos electrónicos de otras personas u otros dispositivos de vapor es ...?

VAENDSHARM

PLEASE READ:

- 1. Very harmful to one's health
- 2. Somewhat harmful to one's health
- 3. Not very harmful to one's health
- 4. Not harmful to one's health

- 1. Muy perjudicial para la salud
- 2. Algo perjudicial para la salud
- 3. No es muy perjudicial para la salud
- 4. No es perjudicial para la salud

- 7. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

ATS17. Do you think smoking e-cigarettes or other vapor devices is ...?

¿Usted cree que fumar cigarrillos electrónicos u otros dispositivos de vapor es ...?

VAENDSHSOPN

PLEASE READ:

- 1. Very harmful to one's health
- 2. Somewhat harmful to one's health
- 3. Not very harmful to one's health
- 4. Not harmful to one's health

- 1. Muy perjudicial para la salud
- 2. Algo perjudicial para la salud
- 3. No es muy perjudicial para la salud
- 4. No es perjudicial para la salud

- 7. (VOL) DON'T KNOW
- 9. (VOL) REFUSED

ATS18. Should using electronic cigarettes and other vapor devices be prohibited in the same places smoking is prohibited?

¿Debería prohibirse el uso de cigarrillos electrónicos y otros dispositivos de vapor en los mismos lugares donde está prohibido fumar?

VAENDSPROHIB

PLEASE READ:

1. Definitely yes
2. Probably yes
3. Probably not
4. Definitely not

1. Definitivamente si
2. Probablemente si
3. Probablemente no
4. Definitivamente no

7. (VOL) DON'T KNOW
9. (VOL) REFUSED

In the Home

Now I'm going to ask you some questions about smoking inside the home.

Ahora le voy a hacer algunas preguntas sobre fumar dentro de la casa.

ATS19. Which of the following best describes where you live? Would you say?

¿Cuál de los siguientes describe mejor dónde vive? ¿Diría que?

VATYPEHOME

PLEASE READ:

01. A mobile home
02. A one-family house detached from any other house
03. A one-family house attached to one or more houses
04. An apartment building

- 05. A public housing apartment building
- 06. A condominium building
- 07. Other: Specify

- 01. Una casa móvil
- 02. Una casa unifamiliar separada de cualquier otra casa
- 03. Una casa unifamiliar junto a una o más casas
- 04. Un edificio de apartamentos
- 05. Un edificio de apartamentos de vivienda pública
- 06. Un edificio de condominio
- 07. Otro: Especifique

- 77. (VOL) DON'T KNOW/NOT SURE
- 99. (VOL) REFUSED

CATI NOTE: ASK ATS20 IF ATS19=(4, 5, OR 6). IF NOT THEN SKIP TO ATS21.

ATS20. How often do you smell cigarette smoke in your home that comes from another home or apartment?

¿Con qué frecuencia puede oler en su casa el humo del cigarrillo que proviene de otra casa o apartamento?

VAAPTSHSEXP

PLEASE READ:

- 1. Every day
- 2. A few times per week
- 3. A few times per month
- 4. A few times per year
- 5. Never
- 1. Todos los días
- 2. Algunas veces por semana
- 3. Algunas veces al mes
- 4. Algunas veces al año
- 5. Nunca
- 7. (VOL) DON'T KNOW/NOT SURE
- 9. (VOL) REFUSED

ATS21. In your opinion, inside a home, should smoking....

En su opinión, el fumar dentro de una casa, debería....

HOMERULESOPN

PLEASE READ:

1. Always be allowed
2. Be allowed only at some times or in some places
3. Never be allowed

4. (VOL) SMOKING RESTRICTIONS INSIDE A HOME SHOULD BE WHATEVER THE PEOPLE WHO LIVE THERE DECIDE
1. Siempre estar permitido
2. Permitirse solo en algunos momentos o en algunos lugares
3. Nunca estar permitido
4. (VOL) LAS RESTRICCIONES SOBRE FUMAR EN EL HOGAR DEBEN SER DECIDIDAS POR LAS PERSONAS QUE VIVEN EN ELLA

7. (VOL) DON'T KNOW/NOT SURE
9. (VOL) REFUSED

In the Workplace

CATI NOTE: ASK ATS22 IF EMPLOY1 = 1 OR 2 (EMPLOYED OR SELF-EMPLOYED). OTHERWISE, SKIP TO ATS24.

ATS22. Now I'm going to ask you about smoke you might have breathed at work because someone else was smoking indoors. During the past seven days, that is, since last [TODAY'S DAY OF WEEK], on how many days did you breathe the smoke at your workplace from someone other than you who was smoking?

Ahora le voy a preguntar sobre el humo que podría haber respirado en el trabajo debido a que otra persona estaba fumando en el interior. Durante los últimos siete días, es decir, desde el último [TODAY'S DAY OF WEEK], ¿cuántos días respiró el humo en su lugar de trabajo proveniente de otra persona que estaba fumando?

VASHSEXPWORK

- NUMBER OF DAYS (01-07)
88. NONE
 77. DON'T KNOW/NOT SURE
 99. REFUSED

ATS23. At your workplace, is smoking in **indoor** areas...?

En su lugar de trabajo, ¿el fumar en áreas interiores...?

WORKSMOKIND

INTERVIEWER NOTE: DON'T KNOW/NOT SURE IS AN ACCEPTABLE RESPONSE HERE. YOU DO NOT NEED TO PROBE FURTHER IF RESPONDENT SAYS DON'T KNOW"

PLEASE READ:

1. Always allowed
2. Allowed only at some times or in some places
3. Never allowed

1. Siempre está permitido
2. Esta permitido solo en algunos momentos o en algunos lugares
3. Nunca está permitido

7. (VOL) DON'T KNOW/NOT SURE
9. (VOL) REFUSED

Opinions and Attitudes Related to Tobacco

ATS24. Now I am going to read you a list of areas where smoking could be prohibited in the state of Virginia. Please tell me whether you favor or oppose prohibiting smoking in each of the places I read.

Ahora le voy a leer una lista de las áreas donde se podría prohibir fumar en el estado de Virginia. Por favor, dígame si está a favor o se opone a prohibir que se fume en cada uno de los siguientes lugares.

REPEAT PROMPT AFTER FIRST ITEM AND AGAIN AS NEEDED: Should smoking be prohibited...

REPEAT PROMPT AFTER FIRST ITEM AND AGAIN AS NEEDED: ¿Debería estar prohibido fumar ...?

...in all outdoor areas on college and university campuses?

... en todas las áreas al aire libre en las universidades?

VABANOPNA

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS25. SHOULD SMOKING BE PROHIBITED in all public parks?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los parques públicos?

VABANOPNB

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS26. SHOULD SMOKING BE PROHIBITED in recreational areas, such as basketball courts and baseball fields?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en áreas recreativas, como canchas de baloncesto y campos de béisbol?

VABANOPNC

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS27. SHOULD SMOKING BE PROHIBITED in INDOOR areas of all restaurants, including those areas used for private functions?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas INTERIORES de todos los restaurantes, incluidas las áreas utilizadas para funciones privadas?

VABANOPND

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS33. SHOULD SMOKING BE PROHIBITED in OUTDOOR seating areas of restaurants?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas AL AIRE LIBRE de los restaurantes?

VABANOPNJ

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS28. SHOULD SMOKING BE PROHIBITED on all public beaches?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las playas públicas?

VABANOPNE

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS29. SHOULD SMOKING BE PROHIBITED inside of apartments, condominiums and other multiunit housing?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en el interior de apartamentos, condominios y otras viviendas de unidades múltiples?

VABANOPNH

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS30. SHOULD SMOKING BE PROHIBITED in all indoor workplaces, including offices?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los lugares de trabajo interiores, incluidas las oficinas?

VABANWORK

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS31. SHOULD SMOKING BE PROHIBITED in front of the entrances to buildings?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en frente de las entradas a los edificios?

VABANOPNF

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS32. SHOULD SMOKING BE PROHIBITED on porches/balconies & other outdoor areas near apartments, condominiums, or other multiunit housing?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en los porches / balcones y otras áreas al aire libre cerca de apartamentos, condominios u otras viviendas de unidades múltiples?

VABANOPNI

1. Yes
2. No
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS34. SHOULD SMOKING BE PROHIBITED in all private day care facilities, including home-based day care facilities that are also used for residential purposes?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las guarderías privadas, incluidas las guarderías domiciliarias que también se utilizan con fines de residencia?

VABANDAYCARE

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NO OPINION
- 9. REFUSED

ATS35. Would you be in favor of an increase in the tax on a pack of cigarettes if the money were used to improve the public's health?

¿Estaría a favor de un aumento en el impuesto sobre un paquete de cigarrillos si el dinero se utilizara para mejorar la salud del público en general?

CIGTAXOPN2

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

ATS36. Would you be in favor of an increase in the tax on chewing tobacco, snuff, dip, or snus if the money were used to improve the public's health?

¿Estaría a favor de un aumento en el impuesto al tabaco de mascar, rapé, dip o snus si el dinero se utilizara para mejorar la salud del público?

SLTTAXOPN

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

ATS37. Should stores that sell tobacco products be required to have a license in order to sell tobacco products?

¿Debería exigirse a las tiendas que venden productos de tabaco tener una licencia para vender productos de tabaco?

VARETAILC

- 1. Yes
- 2. No
- 7. DON'T KNOW/ NO OPINION
- 9. REFUSED

Youth Issues

ATS38. Should tobacco use be **completely** banned on school grounds, including fields and parking lots, and at **all** school events, even for teachers and other adults?

¿Debería prohibirse **completamente** el consumo de tabaco en los terrenos escolares, incluidos las canchas y estacionamientos, y en todos los eventos escolares, incluso para maestros y otros adultos?

SCHOOLOPN2

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

ATS39. Do you favor or oppose raising the legal minimum age to purchase all tobacco products from 18 to 21?

¿Favorece o se opone a aumentar la edad mínima legal para comprar todos los productos de tabaco de 18 a 21 años de edad?

VARAISEAGE

1. FAVOR
2. OPPOSE
3. NEITHER FAVOR NOR OPPOSE
7. DON'T KNOW/ NO OPINION
9. REFUSED

ATS40. In the last three years have you personally voted in local elections?

En los últimos tres años, ¿ha votado personalmente en las elecciones locales?

VACIVIC

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

Quitline

ATS41. In order to get help for you or someone you know to stop using tobacco for good, would you like the 1-800 QUIT NOW quitline telephone number or the address for a website?

Para obtener ayuda para usted o alguien que conozca para dejar de consumir tabaco permanentemente, ¿le gustaría el número de teléfono de la línea para dejar de fumar 1-800 QUIT NOW o la dirección de un sitio web?

VAHELPQUITLINE

- 1 YES
- 2 NO [GO TO CLOSING STATEMENT]

INTERVIEWER: If YES SAY ...

The quitline number is 1-800-QUIT-NOW or 1-800-784-8669.

El número de la línea para dejar de fumar es 1-800-QUIT-NOW o 1-800-784-8669.

The website for the quitline is www.quitnow.net/Virginia.

El sitio web para la línea para dejar de fumar es www.quitnow.net/Virginia.

CATI: SET BRFSCOMP=1 IF SPLIT=2 & ATS41 is answered

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.

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

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

- 1 English
- 2 Spanish

DRAFT