



2020

**Behavioral Risk Factor Surveillance System
Questionnaire**

Virginia

English
Spanish (state-added only)

May 27, 2020

Table of Contents

OMB Header and Introductory Text	4
Landline Introduction.....	4
Cell Phone Introduction	10
Core Section 1: Health Status	15
Core Section 2: Healthy Days	16
Core Section 3: Health Care Access.....	18
Module 5: Health Care Access	18
Core Section 3: Health Care Access (continued)	19
Core Section 4: Exercise	20
Core Section 5: Inadequate Sleep	21
Core Section 6: Chronic Health Conditions	21
Module 1: Prediabetes	24
Core Section 6: Chronic Health Conditions (continued).....	25
Module 2: Diabetes	25
Core Section 7: Oral Health	28
Core Section 8: Demographics.....	29
Core Section 9: Disability.....	35
Core Section 10: Tobacco Use.....	36
Core Section 11: Alcohol Consumption.....	39
Core Section 12: Immunization	40
Core Section 13: Falls	42
Core Section 14: Seat Belt Use and Drinking and Driving	43
Core Section 15: Breast and Cervical Cancer Screening.....	44
Core Section 16: Prostate Cancer Screening.....	46
Core Section 17: Colorectal Cancer Screening	49
Core Section 18: H.I.V./AIDS.....	54
Closing Statement/ Transition to Modules	56
Optional Modules.....	57
Module 8: E-Cigarettes.....	57
Module 11: Cancer Survivorship: Type of Cancer	58
Module 12: Cancer Survivorship: Course of Treatment.....	62

Module 13: Cancer Survivorship: Pain Management.....	65
Module 16: Tetanus Diphtheria (Tdap) (Adults)	66
Module 20: Sexual Orientation and Gender Identity (SOGI).....	66
Module 21: Adverse Childhood Experiences	70
VA State-Added 1: Oral Health (2019, VA3.2)	73
VA State-Added 2: Reactions to Race (NEW)	73
VA State-added 3: Family Planning (2019, module 23, VA3.4-VA3.7 are new questions)	78
VA-State-added 4: COVID-19 (NEW) (STARTING WITH JUNE SAMPLE).....	90

OMB Header and Introductory Text

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

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to PVTRES1		63
			2 No	TERMINATE	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.	
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to STATERE1	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to COLGHOUS	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time. NOTE: Business numbers which are also used for	

					personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to STATERE1	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in __Virginia__ ?	STATERE1	1 Yes	Go to CELPHONE		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Virginia at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private	67

					residences or college housing at this time.	
			2 Not a cell phone	Go to LADULT1	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LANDSEX	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	70-71
			2-6 or more	Go to NUMMEN		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	75-76
LL12	The person in your household that I need to	RESPLCT	1 Male 2 Female	If person indicates that they are not		77

	<p>speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?</p>			<p>the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)</p>		
			<p>7 Don't know/Not sure 9 Refused</p>	<p>TERMINATE</p>	<p>Thank you for your time, your number may be selected for another survey in the future.</p>	
<p>Transition to Section 1.</p>			<p>I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information . If you have any questions about the survey, please call</p>		<p>Do not read: Introductory text may be reread when selected respondent is reached.</p> <p>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.</p>	

			804-864-7686.			
--	--	--	---------------	--	--	--

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CTELNUM1		78
			2 No	Go to CTELNUM1 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CELLSEX		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			81
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female			82
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be	

					selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CSTATE1	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	83
			2 No	Go to CCLGHOUS		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CSTATE1	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84

			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in __ Virginia __?	CSTATE1	1 Yes	Go to LANDLINE		85
			2 No	Go to RSPSTAT1		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico			86-87

			36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include	88

					landline phones used for both business and personal use.	
CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CCLGHOUS = yes then number of adults is automatically set to 1		89-90
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 804-864-7686.			

Core Section 1: Health Status

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

Core Section 2: Healthy Days

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

	your usual activities, such as self-care, work, or recreation?					
--	--	--	--	--	--	--

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes 2 No 7 Don't know/Not Sure 9 Refused			108

Module 5: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MHCA.01	What is the primary source of your health care coverage? Is it...	HLTHCVR1	Read: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program	Ask if HLTHPLN1=1 and STATERE1=1 (Virginia resident)	If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member	291-292

			05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source 08 None (no coverage) Do not read: 77 Don't know/Not sure 99 Refused		(private) or if they received Medicaid (state plan). If purchased on their own (or by a family member), select 02, if Medicaid select 04.	
--	--	--	--	--	---	--

Core Section 3: Health Care Access (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	109
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	111

			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			
--	--	--	---	--	--	--

Core Section 4: Exercise

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

Core Section 5: Inadequate Sleep

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

Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHC.01	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure. Ever told) you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure			116

			9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			117
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to ASTHNOW		118
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
CCHC.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
CCHC.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
CCHC.08	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			122
CCHC.09	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint	123

					infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.10	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
CCHC.11	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	125
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	126
			2 Yes, but female told	Go to Pre-Diabetes		

			only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Optional Module (if used). Otherwise, go to next section.		
--	--	--	--	---	--	--

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if DIABETE4 is coded 1		
MPDB.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			264
				Skip PREDIAB1 if DIABETE4 is coded 1; If DIABETE4 is coded 4 automatically code PREDIAB1, equal to 1 (yes);		
MPDB.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	265

Core Section 6: Chronic Health Conditions (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHC.13	How old were you when you were told you have diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		127-128

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core DIABAGE3 if response to DIABETE3 is Yes (code = 1) and STATERE1=1 (Virginia resident)		
MDIA.01	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure			266

			9 Refused			
MDIA.02	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 __ Times per day 2 __ Times per week 3 __ Times per month 4 __ Times per year 888 Never 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	267-269
MDIA.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 __ Times per day 2 __ Times per week 3 __ Times per month 4 __ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused			270-272
MDIA.04	About how many times in the past 12 months have you seen a doctor, nurse,	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None			273-274

	or other health professional for your diabetes?		77 Don't know / Not sure 99 Refused			
MDIA.05	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	275-276
				If FEETCHK3 = 555 (No feet), go to EYEEXAM1		
MDIA.06	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			277-278
MDIA.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but			279

			less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
MDIA.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			280
MDIA.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			281

Core Section 7: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but			129

			less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			131-132
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	133-136
CDEM.03	Which one or more of the following would you	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native	If more than one response to CDEM.03; continue.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory	137-164

	say is your race?		<p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>88 No additional choices</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	Otherwise, go to CDEM.05.	s underneath major heading. One or more categories may be selected.	
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	165-166
				If using Sex at Birth Module, insert here		

CDEM.0 5	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			167
CDEM.0 6	What is the highest grade or year of school you completed ?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			168
CDEM.0 7	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare	169

					health indicators among people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	--_ANSI County Code 777 Don't know / Not sure 999 Refused			170-172
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			173-177
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL3	1 Yes			178
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			179
CDEM.12	How many cell phones do you have for	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None	Last question needed for	Read if necessary: Include cell phones used	180

	personal use?		9 Refused	partial complete.	for both business and personal use.	
CDEM.1 3	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	181
CDEM.1 4	Are you currently... ?	EMPLOY1	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		If more than one, say "select the category which best describes you".	182
CDEM.1 5	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			183-184
CDEM.1 6	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)		If respondent refuses at ANY income level, code '99' (Refused)	185-186

			<p>02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)</p> <p>01 Less than \$10,000 If no, code 02</p> <p>05 Less than \$35,000 If no, ask</p> <p>06 (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If no, ask</p> <p>07 (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000)</p> <p>08 \$75,000 or more</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>			
CDEM.1 7	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	If SEX=1, go to WEIGHT2, if female respondent is 50 years old or older, go to WEIGHT2]		187
CDEM.1 8	About how much do you weigh without shoes?	WEIGHT2	<p>___ ___ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions up	188-191
CDEM.1 9	About how tall are you without shoes?	HEIGHT3	<p>___ / ___ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not sure</p> <p>99/ 99 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions down	192-195

Core Section 9: Disability

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

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

Core Section 10: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	202
			2 No 7 Don't know/Not Sure 9 Refused	Go to USENOW3		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			203
			3 Not at all	Go to LASTSMK2		
			7 Don't know / Not sure 9 Refused	Go to USENOW3		

CTOB.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to USENOW3		204
CTOB.04	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			205-206

CTOB.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	207
----------------	---	---------	--	--	--	-----

Core Section 11: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	208-210
CALC.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	211-212
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		213-214
CALC.04	During the past 30 days, what is the largest number of	MAXDRNKS	__ Number of drinks			215-216

	drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
--	---------------------------------	--	--	--	--	--

Core Section 12: Immunization

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

CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	225
----------------	--	----------	---	--	--	-----

Core Section 13: Falls

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

Core Section 14: Seat Belt Use and Drinking and Driving

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CSBD.01	How often do you use seat belts when you drive or ride in a car? Would you say—	SEATBELT	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			230
			8 Never drive or ride in a car	Go to next section		
			9 Refused			
				If ALCDAY5 = 888 (No drinks in the past 30 days); go to next section.		
CSBD.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	DRNKDRI2	__ Number of times 88 None 77 Don't know / Not sure 99 Refused			231-232

Core Section 15: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip section if male.		
CBCC.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to HADPAP2		
CBCC.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			234

CBCC.03	Have you ever had a Pap test?	HADPAP2	1 Yes		A Pap test is a test for cancer of the cervix.	235
			2 No 7 Don't know / Not sure 9 Refused	Go to HPVTEST		
CBCC.04	How long has it been since you had your last Pap test?	LASTPAP2	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			236
CBCC.05	An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?	HPVTEST	1 Yes		Human papillomavirus (pap-uh-loh-muh virus)	237
			2 No 7 Don't know / Not sure 9 Refused	Go to HADHYST2		

CBCC.06	How long has it been since you had your last H.P.V. test?	HPLSTTST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			238
CBCC.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core CDEM.17 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	239

Core Section 16: Prostate Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is ≤39 years of age, or female, go to next section.		

CPCS.01	Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?	PCPSAAD3	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.	240
CPCS.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	PCPSADI1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			241
CPCS.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	PCPSARE1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			242
CPCS.04	Have you ever had a P.S.A. test?	PSATEST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		243
CPCS.05	How long has it been since you had your last P.S.A. test?	PSATIME	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago)			244

			<p>4 Within the past 5 years (3 years but less than 5 years ago)</p> <p>5 5 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CPCS.06	What was the main reason you had this P.S.A. test – was it ...?	PCPSARS1	<p>Read:</p> <p>1 Part of a routine exam</p> <p>2 Because of a prostate problem</p> <p>3 Because of a family history of prostate cancer</p> <p>4 Because you were told you had prostate cancer</p> <p>5 Some other reason</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			245

Core Section 17: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				CATI note: If respondent is < 45 years of age, go to next section.		
Prologue	The next questions are about the five different types of tests for colorectal cancer screening.					
CRC.01	A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?	COLNSCPY	1 Yes		Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.	246
			2 No 7 Don't know / Not sure 9 Refused	Go to SIGMSCPY		
CRC.02	How long has it been since you had this test?	COLNTEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago)			247

			<p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CRC.03	A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?	SIGMSCPY	1 Yes			248
			2 No 7 Don't know / Not sure 9 Refused	Go to BLDSTOL1		
CRC.04	How long has it been since you had this test?	SIGMTEST	<p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 s ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			249

CRC.05	Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?	BLDSTOL1	1 Yes		This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.	250
			2 No 7 Don't know / Not sure 9 Refused	Go to STOOLDNA		
CRC.06	How long has it been since you had this test?	LSTBLDS4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read:			251

			7 Don't know / Not sure 9 Refused			
CRC.07	Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?	STOOLDNA	1 Yes		This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.	252
			2 No 7 Don't know / Not sure 9 Refused	Go to VIRCOLON		
CRC.08	How long has it been since you had this test?	SDNATEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			253
CRC.09	For a virtual colonoscopy, your colon is filled with air and you are moved through a donut	VIRCOLON	1 Yes		Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.	254

	shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?		2 No 7 Don't know / Not sure 9 Refused	Go to next section		
CRC.10	How long has it been since you had this test?	VCLNTEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			255

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?	HIVTST6	1 Yes	Go to HIVRISK5	Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	256
			2 No 7 Don't know/ not sure 9 Refused			
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	257-262
CHIV.03	I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have injected any drug other than those prescribed for you in the past year.	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

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

Closing Statement/ Transition to Modules

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

Optional Modules

Module 8: E-Cigarettes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1 (VIRGINIA RESIDENT)	Interviewer Note (s)	Column(s)
MECIG.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	ECIGARET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	IF 2,7,or 9, Go to next module	<p>Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p>	310

MECIG.02	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	ECIGNOW	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	311
-----------------	--	---------	--	--	---	-----

Module 11: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) and STATERE1=1 continue, else go to next module.		
MTOC.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different	CNCRDIFF	1 Only one 2 Two 3 Three or more 7 Don't know / Not sure 9 Refused	Go to next module		326

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

MTOC.03	What type of cancer was it?	CNCRTYP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p>Female reproductive (Gynecologic)</p> <p>02 Cervical cancer (cancer of the cervix)</p> <p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow)</p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p>Male reproductive</p> <p>19 Prostate cancer</p> <p>20 Testicular cancer</p> <p>Skin</p> <p>21 Melanoma</p> <p>22 Other skin cancer</p> <p>Thoracic</p> <p>23 Heart</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	329-330
---------	-----------------------------	----------	--	--	--	---------

			24 Lung Urinary cancer 25 Bladder cancer 26 Renal (kidney) cancer Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

Module 12: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) and STATERE1=1 continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes		Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	331
			2 No, I've completed treatment	continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular	332-333

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

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

Module 13: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 and STATERE1=1 (Because you were told you had prostate cancer) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		340
MCPM.02	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read:			341

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

Module 16: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MTDAP.01	Have you received a tetanus shot in the past 10 years?	TETANUS1	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	ASK IF STATERE1=1 (VIRGINIA RESIDENT)	If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	347

Module 20: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
-----------------	---------------	----------------	---	-------------------------	----------------------	-----------

Prologue	The next two questions are about sexual orientation and gender identity			ASK IF STATERE1=1 (VIRGINIA RESIDENT)		
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	.Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	Ask if Sex= 1.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	551
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		

MSOGI.01b	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
MSOGI.02	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused		Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity.	553

					<p>Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
--	--	--	--	--	---	--

Module 21: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.			ASK IF STATERE1=1 (VIRGINIA RESIDENT)	Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
MACE.01	Now, looking back before you were 18 years of age---. Did you live with anyone who was depressed, mentally ill, or suicidal?	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			554
MACE.02	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			555
MACE.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			556

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

MACE.09	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			562
MACE.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			563
MACE.11	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			564
Epilogue	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide the number: 1-800-4-A-CHILD (1-800-422-4453)	

VA State-Added 1: Oral Health (2019, VA3.2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA1.1	<p>Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance prepaid plans?</p> <p>¿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?</p>	VA1.1	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>ASKED IF STATERES=1 (VIRIGNIA RESIDENT)</p>		901

VA State-Added 2: Reactions to Race (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note Ask if STATERE1=1 (Virginia resident)	Interviewer Note (s)	Column(s)

Introduction Screen	<p>Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.</p> <p>Anteriormente le pregunte que identificara su raza. Ahora le preguntare como lo/la identifican y tratan otras personas</p>					
VA2.2	<p>How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?</p> <p>¿Con que frecuencia piensa en su raza? ¿Diría que nunca, una vez al año, una vez al mes, una vez a la semana, una vez al día, una vez por hora o constantemente?</p>	VA2.2	<p>1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused</p> <p>1 Nunca 2 Una vez al año 3 Una vez al mes 4 Una vez a la semana 5 Una vez al día 6 Una vez por hora 8 Constantemente</p>		<p>INTERVIEWER INSTRUCTION : The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a</p>	902

					<p>month” as the response.</p> <p>INTERVIEWER NOTE: If the respondent requests clarification of this question, say: “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”</p> <p>"Queremo saber como OTRAS personas usualmente lo clasifican en este pais, lo que podria ser diferente de como se clasifica usted"</p>	
VA2.4	Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?	VA2.4	<p>1 Worse than other races</p> <p>2 The same as other races</p> <p>3 Better than other races</p> <p>Do not read:</p> <p>4 Worse than some races, better than others</p> <p>5 Only encountered</p>	<p>[CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]</p> <p>CATI: IF EMPLOY1=1,2,0</p>	<p>INTERVIEWER NOTE: If the respondent indicates that they do not know about other people’s experiences when seeking health care, say: “This question is asking about</p>	903

	<p>En los últimos 12 meses, cuando busco atención médica, ¿sintió que sus experiencias fueron peores, iguales o mejores que para las personas de otras razas?</p>		<p>people of the same race 6 No health care in past 12 months 7 Don't know / Not sure 9 Refused</p> <p>1 Peor que otras razas 2 Igual que otras razas 3 Mejor que otras razas 4 Peor que algunas razas, mejor que otras 5 Solo me relaciono con personas de la misma raza 6 Sin atención medica en los últimos 12 meses.</p>	<p>R 4 CONTINUE, IF NOT GO TO NEXT QUESTION</p>	<p>your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."</p> <p>If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "Esta pregunta es acerca de sus percepciones cuando busca atención medica. No requiere un conocimiento específico sobre las experiencias de otras personas."</p> <p>INTERVIEWER INSTRUCTION : The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot</p>	
--	---	--	--	---	--	--

					decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.	
VA2.6	<p>Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?</p> <p>En los últimos 30 días, ¿se ha sentido emocionalmente molesto, por ejemplo, enojado, triste o frustrado, como resultado de cómo fue tratado debido a su raza?</p>	VA2.6	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>		<p>INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”</p> <p>If the respondent</p>	904

					indicates that they do not know about other people's experiences when seeking health care, say: "Esta pregunta es acerca de sus percepciones cuando busca atención medica. No requiere un conocimiento específico sobre las experiencias de otras personas."	
--	--	--	--	--	--	--

VA State-added 3: Family Planning (2019, module 23, VA3.4-VA3.7 are new questions)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA3.1	The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential. El siguiente conjunto de preguntas son sobre	VA3.1	1 Yes	If respondent is female and greater than 49 years of age, has had a hysterectomy (HADHYST2=1), is pregnant, or if respondent is male go to the next module. Continue		905

	<p>sus pensamientos y experiencias sobre la planificación familiar. Recuerde que todas sus respuestas se mantendrán confidenciales.</p> <p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p> <p>¿Usted o su pareja hicieron algo la última vez que tuvieron relaciones sexuales para evitar quedar embarazada?</p>		<p>2 No</p> <p>3 No partner/ not sexually active</p> <p>4 Same sex partner</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>If VA3_1= 2, 7, OR 9, GO to VA3_3</p> <p>IF VA3_1=3 OR 4, Go to VA3.4</p>		
VA3.2	<p>What did you or your partner do the last time you had sex to keep you from getting pregnant?</p> <p>¿Qué hicieron usted o su pareja la última vez que tuvo relaciones sexuales para evitar quedar embarazada?</p>	VA3.2	<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)</p> <p>04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)</p> <p>05 IUD, Copper-bearing (ex. ParaGard)</p>	Go to VA3.4	<p>If respondent reports using more than one method, please code the method that occurs first on the list.</p> <p>If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."</p> <p>If respondent reports using an "I.U.D." probe to determine if "levonorgestrel"</p>	906-907

		<p>06 IUD, type unknown</p> <p>07 Shots (ex. Depo-Provera or DMPA)</p> <p>08 Birth control pills, any kind</p> <p>09 Contraceptive patch (ex. Ortho Evra, Xulane)</p> <p>10 Contraceptive ring (ex. NuvaRing)</p>		<p>I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
		<p>11 Male condoms</p> <p>12 Diaphragm, cervical cap, sponge</p> <p>13 Female condoms</p> <p>14 Not having sex at certain times (rhythm or natural family planning)</p> <p>15 Withdrawal (or pulling out)</p> <p>16 Foam, jelly, film, or cream</p> <p>17 Emergency contraception (morning after pill)</p> <p>18 Other method</p> <p>Do not read:</p> <p>77 Don’t know/ Not sure</p> <p>99 Refused</p> <p>01 Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo</p>	Go to VA3.4		

			<p>(p. ej., Nexplanon, Jadelle, Sino Implant , Implanon)</p> <p>04 DIU o dispositivo intrauterino de Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) u DIU hormonal (p. ej., Mirena, Skyla, Liletta, Kylena)</p> <p>05 DIU de alambre de cobre (p. ej., ParaGard)</p> <p>06 DIU de tipo desconocido</p> <p>07 Inyecciones (p. ej., Depo-Provera o DMPA)</p> <p>08 Pastillas anticonceptivas de cualquier tipo</p> <p>09 Parche anticonceptivo (p. ej., Ortho Evra, Xulane)</p> <p>10 Anillo anticonceptivo (p. ej., NuvaRing)</p> <p>11 Condones para hombres</p> <p>12 Diafragma, capuchón cervical o esponja</p> <p>13 Condones para mujeres</p> <p>14 No tiene relaciones sexuales en ciertos días (método de ritmo o método</p>		
--	--	--	---	--	--

			<p>anticonceptivo natural) 15 Retiro antes de la eyaculación (eyacula afuera) 16 Espuma, gel, película o crema anticonceptiva 17 Anticonceptivos de emergencia (pastilla de la "mañana siguiente") 18 Otro método</p>			
VA3.3	<p>Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.</p> <p>Algunas razones por la que no se hizo nada para evitar quedar embarazada la última vez que tuvo relaciones sexuales pueden incluir querer quedar embarazada, no poder pagar el método</p>	VA3.3	<p>Read if necessary:</p> <p>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</p>		<p>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.</p>	908-909

	<p>anticonceptivo o no pensar que puede quedar embarazada.</p> <p>What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?</p> <p>¿Cuál fue la razón principal para no hacer nada la última vez que tuvo relaciones sexuales para evitar quedar embarazada?</p>	<p>07 You couldn't pay for birth control</p> <p>08 You had a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 You had tubes tied (sterilization)</p> <p>13 You had a hysterectomy</p> <p>14 Your partner had a vasectomy (sterilization)</p> <p>15 You are currently breast-feeding</p> <p>16 You just had a baby/postpartum</p> <p>17 You are pregnant now</p> <p>18 Same sex partner</p> <p>19 Other reasons Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija</p> <p>02 Simplemente no lo pensó</p>			
--	--	--	--	--	--

			<p>03 No le importaba si quedaba embarazada</p> <p>04 Quería quedar embarazada</p> <p>05 Usted o su pareja no quieren usar métodos anticonceptivos</p> <p>06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios</p> <p>07 No tenía dinero para comprar un método anticonceptivo</p> <p>08 Tuvo un problema para conseguir un método anticonceptivo cuando lo necesitaba</p> <p>09 Razones religiosas</p> <p>10 Interrumpió brevemente el uso de un método anticonceptivo</p> <p>11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)</p> <p>12 Tenía las trompas ligadas (esterilización)</p> <p>13 Le hicieron una histerectomía</p>			
--	--	--	--	--	--	--

			<p>14 A su pareja le hicieron una vasectomía (esterilización)</p> <p>15 Está amamantando actualmente</p> <p>16 Acababa de tener un bebé/posparto</p> <p>17 Está embarazada ahora</p> <p>18 Su pareja es del mismo sexo</p> <p>19 Otra razón</p>			
VA3.4	<p>The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.</p> <p>Las siguientes preguntas se refieren a sus experiencias recientes con la accesibilidad de anticonceptivos. Algunas mujeres usan los anticonceptivos por razones de salud no relacionados con el embarazo, independientemente de si son sexualmente activas.</p> <p>In the past 12 months, have you</p>	VA3.4	<p>1 YES</p> <p>2 NO</p> <p>7 DON'T KNOW / NOT SURE</p> <p>9 REFUSED</p>	If VA3.4= 2,7, or 9, go to VA3.6	<p>NOTE: If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'</p>	910

	<p>ever had a time where you needed birth control but couldn't get it?</p> <p>En los últimos 12 meses, ¿alguna vez ha necesitado un método anticonceptivo pero no pudo obtenerlo?</p>					
VA3.5	<p>What is the main reason that delayed or stopped you from being able to access birth control when you needed it?</p> <p>¿Cuál es la razón principal por la que hubo un retraso o detuvo el acceso a los anticonceptivos cuando lo necesitaba?</p>	VA3.5	<p>READ ONLY IF NECESSARY:</p> <p>01 The clinic, pharmacy or store wasn't open when I needed to go</p> <p>02 The clinic, pharmacy or store was too far away</p> <p>03 I didn't have health insurance</p> <p>04 It was too expensive</p> <p>05 I didn't know enough about the methods available to me</p> <p>06 The clinic, pharmacy or store didn't have the specific birth control method I wanted</p> <p>07 The clinic, pharmacy or store doesn't provide birth control at all</p> <p>08 My prescription ran out and I didn't get it renewed</p> <p>09 I didn't have a doctor and so couldn't get a prescription</p>			911-912

			<p>10 I didn't know where to go to get birth control</p> <p>11 My partner didn't want me to use birth control</p> <p>12 I was thinking about becoming pregnant</p> <p>13 Other</p> <p>77 DON'T KNOW / NOT SURE</p> <p>99 REFUSED</p> <p>1 La clínica, farmacia o tienda no estaba abierta cuando necesitaba ir</p> <p>2 La clínica, farmacia o tienda estaba demasiado lejos</p> <p>3 No tenía seguro de salud</p> <p>4 Era demasiado caro</p> <p>5 No sabía lo suficiente sobre los métodos disponibles para mí.</p> <p>6 La clínica, farmacia o tienda no tenían el método anticonceptivo específico que quería</p> <p>7 La clínica, farmacia o tienda no proporciona anticonceptivos en absoluto.</p> <p>8 Se me acabó la receta y no la renové</p>			
--	--	--	--	--	--	--

			<p>9 No tenía un médico y no pude obtener una receta</p> <p>10 No sabía a donde ir para obtener anticonceptivos</p> <p>11 Mi pareja no quería que usara anticonceptivos</p> <p>12 Estaba pensando en quedar embarazada</p> <p>13 Otro</p>			
VA3.6	<p>In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience.</p> <p>En los últimos 12 meses, cuando vio a un médico (u otro proveedor de atención medica), ¿tuvo una conversación sobre su deseo de evitar el embarazada o quedar embarazada? Por favor seleccione la respuesta que mejor represente su experiencia más reciente.</p>	VA3.6	<p>PLEASE READ:</p> <p>1 Yes, I brought it up with my provider</p> <p>2 Yes, my provider brought it up with me</p> <p>3 No</p> <p>4 I haven't seen a doctor in the last 12 months</p> <p>7 DON'T KNOW / NOT SURE</p> <p>9 REFUSED</p> <p>1 Si lo mencione con mi proveedor</p> <p>2 Si, mi proveedor lo menciona</p> <p>3 No</p> <p>4 No he visto a un doctor en los últimos 12 meses</p>		<p>READ IF NECESSARY : Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.</p> <p>Ir al médico podría incluir visitas como un chequeo anual o ir por una afección de salud específica no necesariament e relacionada con la salud reproductiva.</p>	913
VA3.7	The last time you got birth control,	VA3.7	READ ONLY IF NECESSARY:			914

	<p>how did you pay for it?</p> <p>La última vez que obtuvo un método anticonceptivo, ¿Cómo lo pago?</p>		<p>1 My insurance covered the entire cost 2 My insurance covered most of it, I paid a copay 3 I paid for all of it out-of-pocket 4 The clinic helped me pay for it 5 Someone else (friend, family, partner) helped me pay for it 6 I enrolled in a clinical trial in order to get it 88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING 77 DON'T KNOW / NOT SURE 99 REFUSED</p> <p>1 Mi seguro médico cubrió todo el costo 2 Mi seguro cubrió la mayor parte, pague un copago 3 Pague todo de mi bolsillo 4 La clínica me ayudo a pagarlo 5 Alguien más (amigo, familia o pareja) me</p>			
--	---	--	---	--	--	--

			ayudo a pagarlo 6 Me inscribí en un estudio clínico para poder obtenerlo 88 NO ME APLICA: MI METODO NO ME REQUIERE QUE PAGUE NADA			
--	--	--	---	--	--	--

VA-State-added 4: COVID-19 (NEW) (STARTING WITH JUNE SAMPLE)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA4_1A	<p>How worried, if at all, are you that ...</p> <p>You or someone in your family will become infected with the coronavirus (COVID-19)?</p> <p>Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>¿Qué tan preocupado está usted, si en algo, de que... Usted o alguien de su</p>	VA4_1A	<p>1 very worried</p> <p>2 somewhat worried</p> <p>3 not too worried</p> <p>4 not at all worried</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p> <p>1 Muy preocupado</p> <p>2 Algo preocupado</p> <p>3 No demasiado preocupado</p> <p>4 Nada preocupado</p>			

	<p>familia se infectará con COVID-19?</p> <p>Estás muy preocupado, algo preocupado, no demasiado preocupado o nada preocupado?</p>					
VA4_1B	<p>How worried, if at all, are you that ... You will lose income due to a workplace closure or reduced hours because of coronavirus (COVID-19)?</p> <p>¿Qué tan preocupado está usted, si en algo, de que.. Usted perderá ingresos debido al cierre del lugar de trabajo o por la reducción de horas debido al coronavirus?</p> <p>(IF NECESSARY :) Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>(SI ES NECESARIO: ¿Está muy preocupado, algo preocupado, no demasiado preocupado o</p>	VA4_1B	<p>1 very worried 2 somewhat worried 3 not too worried 4 not at all worried 7 Don't know/ not sure 9 Refused</p> <p>1 Muy preocupado 2 Algo preocupado 3 No demasiado preocupado 4 Nada preocupado</p>			

	nada preocupado de que (INSERT ITEM)?) (scramble items a-e)					
VA4_1C	<p>How worried, if at all, are you that ...</p> <p>Your investments such as retirement or college savings will be negatively impacted by coronavirus (COVID-19)?</p> <p>¿Qué tan preocupado está usted, si en algo, de que... Sus inversiones, como los ahorros para la jubilación o para estudios universitarios, se verán afectados negativamente por el coronavirus?</p> <p>(IF NECESSARY :) Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>(SI ES NECESARIO: ¿Está muy preocupado, algo preocupado, no demasiado preocupado o nada preocupado de que (INSERT ITEM)?)</p>	VA4_1C	<p>1 very worried 2 somewhat worried 3 not too worried 4 not at all worried 7 Don't know/ not sure 9 Refused</p> <p>1 Muy preocupado 2 Algo preocupado 3 No demasiado preocupado 4 Nada preocupado</p>			

	(scramble items a-e)					
VA4_1D	<p>How worried, if at all, are you that ...</p> <p>You will put yourself at risk of exposure to coronavirus (COVID-19) because you can't afford to stay home and miss work?</p> <p>¿Qué tan preocupado está usted, si en algo, de que... Usted se expondrá al riesgo de coronavirus porque no puede permitirse quedarse en casa y faltar al trabajo?</p> <p>(IF NECESSARY :) Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>(SI ES NECESARIO: ¿Está muy preocupado, algo preocupado, no demasiado preocupado o nada preocupado de que (INSERT ITEM)?) (scramble items a-e)</p>	VA4_1D	<p>1 very worried 2 somewhat worried 3 not too worried 4 not at all worried 7 Don't know/ not sure 9 Refused</p> <p>1 Muy preocupado 2 Algo preocupado 3 No demasiado preocupado 4 Nada preocupado</p>			

<p>VA4_1E</p>	<p>How worried, if at all, are you that ...</p> <p>You will be able to access testing for coronavirus (Covid-19)?</p> <p>¿Qué tan preocupado está usted, si en algo, de que... Usted podrá tener acceso a hacerse las pruebas?</p> <p>(IF NECESSARY :) Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>(SI ES NECESARIO: ¿Está muy preocupado, algo preocupado, no demasiado preocupado o nada preocupado de que (INSERT ITEM)?) (scramble items a-e)</p>	<p>VA4_1E</p>	<p>1 very worried 2 somewhat worried 3 not too worried 4 not at all worried 7 Don't know/ not sure 9 Refused</p> <p>1 Muy preocupado 2 Algo preocupado 3 No demasiado preocupado 4 Nada preocupado</p>			
<p>VA4_1F</p>	<p>How worried, if at all, are you that ...</p> <p>You will not be able to afford testing or treatment for coronavirus (COVID-19) if you need it?</p>	<p>VA4_1F</p>	<p>1 very worried 2 somewhat worried 3 not too worried 4 not at all worried 7 Don't know/ not sure 9 Refused</p>			

	<p>¿Qué tan preocupado está usted, si en algo, de que... Usted no podrá pagar las pruebas o el tratamiento para el coronavirus si lo necesitara?</p> <p>(IF NECESSARY :) Are you very worried, somewhat worried, not too worried or not at all worried?</p> <p>(SI ES NECESARIO: ¿Está muy preocupado, algo preocupado, no demasiado preocupado o nada preocupado de que (INSERT ITEM)?) (scramble items a-e)</p>		<p>1 Muy preocupado 2 Algo preocupado 3 No demasiado preocupado 4 Nada preocupado</p>			
VA4_2	<p>Overall, how prepared do you think you are to deal with a COVID-19 infection if you or someone in your family contracted the virus? Would you say you feel very prepared, somewhat prepared, not too prepared, or not at all prepared?</p> <p>En general, ¿qué tan preparado</p>	VA4_2	<p>1 very prepared 2 somewhat prepared 3 not too prepared 4 not at all prepared 7 Don't know/ not sure 9 Refused</p> <p>1 muy preparado 2 algo preparado 3 no muy preparado</p>			

	<p>cree que está para enfrentar una infección por COVID-19 si usted o alguien de su familia contrae el virus? ¿Diría que se siente muy preparado, algo preparado, no demasiado preparado o en nada preparado para responder a eso?</p>		4 nada preparado			
VA4_3_INTRO	<p>As a result of COVID-19 concerns, Are you currently doing any of the following?</p> <p>Como resultado de las preocupaciones de COVID-19, ¿actualmente está haciendo alguno de los siguientes?</p>	VA4_3_INTRO				
VA4_3A	<p>Are you Consulting the Centers for Disease Control and Prevention (CDC) Website for information?</p> <p>¿Está usted consultar el sitio web de los Centros para el Control y la Prevención de Enfermedades (CDC) para obtener información?</p>	VA4_3A	<p>1 Yes 2 No 7 Don't know/ not sure 9 Refused</p>			

VA4_3B	(Are you) Consulting the Virginia Department of Health website for information? (¿Está usted) Consultar el sitio web del Departamento de Salud de Virginia o el centro de llamadas del departamento de salud para obtener información?	VA4_3B	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3C	(Are you) Consulting your doctor? (¿Está usted) Consultando a su doctor?	VA4_3C	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3D	(Are you) Avoiding crowds and public events? (¿Está usted) Evitar multitudes y eventos públicos?	VA4_3D	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3E	(Are you) Reducing or avoiding travel? (¿Está usted) Reducir o evitar viajes?	VA4_3E	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3F	(Are you) Keeping household members at home while the outbreak lasts?	VA4_3F	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	(¿Está usted) Mantener a los miembros del hogar en la casa mientras dure el brote?					
VA4_3G	(Are you) Washing your hands frequently? (¿Está usted) Lavandose las manos frecuentemente?	VA4_3G	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3H	(Are you) Wearing a cloth face covering or mask? (¿Está usted) Usar una máscara o una cubierta de tela en la cara?	VA4_33H	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3I	(Are you) Staying 6 feet away from others? (¿Está usted) Mantenerse a 6 pies de distancia de otras personas?	VA4_3I	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3J	Are you doing anything else? ¿Está usted haciendo alguna otra cosa?	VA4_3J	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
VA4_3J_OTH	Please specify	VA4_3J_OTH	(other specify response)	Ask if 1 (Yes) in VA4_3J		