



**2021**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Virginia**

*English*

*Spanish (state-added only)*

**March 23, 2021**

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## OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p>
	<p>HELLO, I am calling for the 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 LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	63
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment.  Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.	

					NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
<b>LL03.</b>	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	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.	
<b>LL04.</b>	Do you currently live in__Virginia__?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Virginia at this time.	
<b>LL05.</b>	Is this a cell phone?	CELPON1	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline	67

					telephones in private residences or college housing at this time.	
				Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.  Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
<b>LL06.</b>	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.	
<b>LL07.</b>	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	TERMINATE	Thank you for your time, your number may be	

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



					/ Middle//Male /Female].	
<b>LL12</b>	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming )		77
			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.	
<b>Transition to Section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any		Do not read: Introductory text may be reread when selected respondent is reached.  Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			personal information If you have any questions about the survey, please call 804-864-7686.			
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## Cell Phone Introduction

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

					much but we are only interviewing persons aged 18 or older at this time.	
<b>CP05.</b>	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.	
<b>CP06.</b>	Do you live in a private residence?	PVTRES3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	83
			2 No	Go to CP07		
<b>CP07.</b>	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we	84

					mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
<b>CP08.</b>	Do you currently live in __ Virginia __?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
<b>CP09.</b>	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			86-87

			26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
<b>CP10.</b>	Do you also have a landline telephone	LANDLINE	1 Yes 2 No		Read if necessary: By	88

	in your home that is used to make and receive calls?		7 Don't know/ Not sure 9 Refused		landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	
<b>CP11.</b>	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		89-90
<b>Transition to section 1.</b>			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please			

			call 804-864-7686.			
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## 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)
<b>CHS.01</b>	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)
<b>CHD.01</b>	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	102-103
<b>CHD.02</b>	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none". It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
<b>CHD.03</b>	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	106-107

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	PRIMINSR	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	108-109

			77 Don't Know/Not Sure 99 Refused			
<b>CHCA.02</b>	Do you have one person or a group of doctors that you think of as your personal health care provider?	PERSDOC3	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?  NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	110
<b>CHCA.03</b>	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	MEDCOST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
<b>CHCA.04</b>	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	112

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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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	113

## Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	1 Yes	Go to next section	If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”  By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	114
			2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure 7 Don’t know / Not sure 9 Refused			
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don’t know / Not sure 9 Refused			115

Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?	CHOLCHK3	1 Never	Go to next section.		116
			2 Within the past year (anytime less than one year 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)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but less than 5 years ago)			
			8 5 or more years ago			
			7 Don't know/ Not sure	Go to next section		
			9 Refused			



<b>C06.02</b>	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	1 Yes		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	117
			2 No 7 Don't know / Not sure 9 Refused			
<b>C06.03</b>	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk.	118

Core Section 7: Chronic Health Conditions

<b>Question Number</b>	<b>Question text</b>	<b>Variable names</b>	<b>Responses (DO NOT READ UNLESS OTHERWISE NOTED)</b>	<b>SKIP INFO/ CATI Note</b>	<b>Interviewer Note (s)</b>	<b>Column(s)</b>
<b>Prologue</b>	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.					

<b>CCHC.01</b>	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
<b>CCHC.02</b>	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
<b>CCHC.03</b>	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
<b>CCHC.04</b>	(Ever told) (you had) asthma?	ASTHMA3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		122
<b>CCHC.05</b>	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123
<b>CCHC.06</b>	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
<b>CCHC.07</b>	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
<b>CCHC.08</b>	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			126
<b>CCHC.09</b>	(Ever told) (you had) a depressive disorder	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure			127

	(including depression, major depression, dysthymia, or minor depression)?		9 Refused			
<b>CCHC.10</b>	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	128
<b>CCHC.11</b>	(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.	129
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		

## 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)
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				Skip if DIABETE4 is coded 1		
<b>MPDB.01</b>	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);		
<b>MPDB.02</b>	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)
<b>CCHC.13</b>	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)		
<b>MDIA.01</b>	Are you now taking insulin?	INSULIN1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
<b>MDIA.02</b>	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

<b>MDIA.03</b>	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
<b>MDIA.04</b>	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			273-274
<b>MDIA.05</b>	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	275-276
				If FEETCHK3 = 555 (No feet), go to EYEEXAM1		
<b>MDIA.06</b>	About how many times in the past 12 months has a health professional	FEETCHK	__ Number of times [76 = 76 or more] 88 None			277-278

	checked your feet for any sores or irritations?		77 Don't know / Not sure 99 Refused			
<b>MDIA.07</b>	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	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 less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			279
<b>MDIA.08</b>	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
<b>MDIA.09</b>	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 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes	Go to next section		132
			2 No 7 Don't know / Not sure 9 Refused			
C08.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	133
C08.03	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			134
C08.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of whether you are taking any	135



					medication or treatment”	
<b>C08.05</b>	In the 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?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether 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."	136
<b>C08.06</b>	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?	JOINPAI2	___ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			137-138

## Core Section 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDEM.01</b>	What is your age?	AGE	__ Code age in years 07 Don't know/Not sure 09 Refused			139-140
<b>CDEM.02</b>	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.	141-144
<b>CDEM.03</b>	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	145-172

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
<b>CDEM.04</b>	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian</p> <p>41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian</p> <p>50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other 77 Don't know / Not sure 99 Refused</p>		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	173-174
				If using Sex at Birth Module, insert here		
<b>CDEM.05</b>	Are you...	MARITAL	<p>Please read:</p> <p>1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			175
<b>CDEM.06</b>	What is the highest grade or	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p>			176

	year of school you completed ?		2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
<b>CDEM.07</b>	Do you own or rent your home?	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 health indicators among people with different housing situations.	177
<b>CDEM.08</b>	In what county do you currently live?	CTYCODE2	__ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused			178-180

			888 County from another state			
<b>CDEM.09</b>	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			181-185
				If cell interview go to CDEM12		
<b>CDEM.10</b>	Not including cell phones or numbers used for computers , fax machines or security systems, do you have more than one telephone number in your household ?	NUMHHOL3	1 Yes			186
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
<b>CDEM.11</b>	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			187
<b>CDEM.12</b>	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	188
<b>CDEM.13</b>	Have you ever served on active	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not	189

	duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?				include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
<b>CDEM.1 4</b>	Are you currently...?	EMPLOY1	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".	190
<b>CDEM.1 5</b>	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			191-192
<b>CDEM.1 6</b>	Is your annual household income from all sources—	INCOME3	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If	SEE CATI information of order of coding;  Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	193-194

			(\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000) 08 Less than \$100,000? (\$75,000 to less than \$100,000) 09 Less than \$150,000? (\$100,000 to less than \$150,000)? 10 Less than \$200,000? (\$150,000 to less than \$200,000) 11 \$200,000 or more  Do not read: 77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or (Age >49)		
<b>CDEM.1 7</b>	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			195
<b>CDEM.1 8</b>	About how much do you weigh without shoes?	WEIGHT2	___ ___ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	196-199
<b>CDEM.1 9</b>	About how tall are you without shoes?	HEIGHT3	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round	200-203

					fractions down	
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## Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CDIS.01</b>	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			204
<b>CDIS.02</b>	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
<b>CDIS.03</b>	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206
<b>CDIS.04</b>	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			207
<b>CDIS.05</b>	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			208



<b>CDIS.06</b>	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			209
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Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	210
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all  7 Don't know / Not sure  9 Refused			211
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	212
CTOB.04	Do you now use e-cigarettes or other electronic vaping products every	ECIGNOW	1 Every day 2 Some days 3 Not at all 4 Never used e-cigs 7 Don't know / Not sure		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	213

	day, some days or not at all?		9 Refused		hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.	
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## Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CALC.01</b>	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage 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.	214-216
<b>CALC.02</b>	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	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.	217-218

	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?					
<b>CALC.03</b>	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 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 (states may use sex at birth to determine sex if module is adopted)		219-220
<b>CALC.04</b>	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			221-222

## Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
<b>CIMM.01</b>	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	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.	223
<b>CIMM.02</b>	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			224-229
<b>CIMM.03</b>	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA2	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	230-231

			06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused			
<b>CIMM.04</b>	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.	232

Core Section 14: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	HIVTST7	1 Yes	Go to Next section	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.	233
			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.	234-239

## Core Section 15: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>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 time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>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?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	240-242



CFV.02	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?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."  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?"	243-245
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	246-248
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know		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?"	249-251

			999 Refused		Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	252-254
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	255-257



## Closing Statement/ Transition to Modules

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

## Optional Modules

### Module 6: 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)
M06.01	Have you received a tetanus shot in the past 10 years?	TETANUS2	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don’t know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	288

## Module 7: Shingles Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If age ≤ 49 Go to next module.		
<b>M07.01</b>	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.	289

## Module 20: 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)
<b>Prologue</b>	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
<b>M20.01</b>	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			381
<b>M20.02</b>	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			382
<b>M20.03</b>	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No			383

			7 Don't Know/Not Sure 9 Refused			
<b>M20.04</b>	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			384
<b>M20.05</b>	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			385
<b>M20.06</b>	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			386
<b>M20.07</b>	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			387
<b>M20.08</b>	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			388

<b>M20.09</b>	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			389
<b>M20.10</b>	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETTHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			390
<b>M20.11</b>	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			391
<b>M20.12</b>	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	ACEADSAF	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			392



<b>M20.13</b>	For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	ACEADNED	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			393
	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 number [STATE TO INSERT NUMBER HERE]	

## Module 28: 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)
<b>Prologue</b>	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b.		
<b>MSOGI.01a</b>	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word.	649

				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02.		
<b>MSOGI.01b</b>	Which of the following best represents how you think of yourself?	SOFEMALE	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.	650
<b>MSOGI.02</b>	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	651

					<p>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.</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</p>	
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					response. Respondent can answer with either the number or the text/word.	
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### VA State-Added 9: Behavioral Health (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA9.1	Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol/drug abuse, or schizophrenia?  ¿Tiene algún problema de salud mental, como un trastorno de ansiedad, un trastorno de depresión, un trastorno bipolar, abuso de alcohol/drogas o esquizofrenia?	VA9.1	1 YES 2 NO 7 DON'T KNOW / NOT SURE 9 REFUSED			901

### VA State-Added 1: Family Planning (2020, VA State-Added 1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA1.1	The next set of questions asks you about your thoughts and	VA1.1	1 Yes	If respondent is female and greater than 49 years of age,		902

	<p>experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>El siguiente conjunto de preguntas son sobre 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>has had a hysterectomy (HADHYST2=1), is pregnant, or if respondent is male go to the next module.</p> <p>Continue</p>		
			2 No	If VA1_1= 2, 7, OR 9, GO to VA1_3		
			3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	IF VA1_1=3 OR 4, Go to next module		
<b>VA1.2</b>	<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>	VA1.2	<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino</p>	If VA1.2 = 1 TO 18, GO TO VA1.4. IF VA1.2 = 77 OR 99, CONTINUE TO VA1.3.	<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</p>	903-904

			<p>Implant, Implanon)  04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)  05 IUD, Copper-bearing (ex. ParaGard)  06 IUD, type unknown  07 Shots (ex. Depo-Provera or DMPA)  08 Birth control pills, any kind  09 Contraceptive patch (ex. Ortho Evra, Xulane)  10 Contraceptive ring (ex. NuvaRing)</p>		<p>condoms” or “male condoms.”</p> <p>If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel 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  12 Diaphragm, cervical cap, sponge  13 Female condoms  14 Not having sex at certain times (rhythm or natural family planning)  15 Withdrawal (or pulling out)  16 Foam, jelly, film, or cream  17 Emergency contraception (morning after pill)  18 Other method  Do not read:</p>			

			<p>77 Don't know/ Not sure 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. 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>		
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			11 Condones para hombres 12 Diafragma, capuchón cervical o esponja 13 Condones para mujeres 14 No tiene relaciones sexuales en ciertos días (método de ritmo o método 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			
<b>VA1.3</b>	<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</p>	VA1.3	<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</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>	905-906

	<p>sexuales pueden incluir querer quedar embarazada, no poder pagar el método 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>06 You or your partner don't like birth control/side effects</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</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 No pensaba que iba a tener</p>			
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			<p>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>			
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			<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>			
				[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (M23.03 = 13), IS PREGNANT (C08.19 = 1), OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]		
<b>VA1.4</b>	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	VA1.4	<p>1 YES</p> <p>2 NO</p> <p>7 DON'T KNOW / NOT SURE</p> <p>9 REFUSED</p>	If VA1.4= 2,7, or 9, go to VA4.6.	<b>NOTE:</b> If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'	907

	<p>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 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>					
<b>VA1.5</b>	<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>	VA1.5	<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>			908-909

			<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> <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>			
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			<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>			
<b>VA1.6</b>	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	VA1.6	<p><b>PLEASE READ:</b></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><b>READ IF NECESSARY</b></p> <p>Going to the doctor could include visits like an annual check-up or going for a specific health condition not</p>	910

	<p>represents your most recent experience.</p> <p>En los últimos 12 meses, cuando vio a un médico (u otro proveedor de atención médico), ¿tuvo una conversación sobre su deseo de evitar el embarazo o quedar embarazada? Por favor seleccione la respuesta que mejor represente su experiencia más reciente.</p>		<p>4 I haven't seen a doctor in the last 12 months 7 DON'T KNOW / NOT SURE 9 REFUSED</p> <p>1 Si lo mencione con mi proveedor 2 Si, mi proveedor lo menciona 3 No 4 No he visto a un doctor en los últimos 12 meses</p>		<p>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 necesariamente relacionada con la salud reproductiva.</p>	
<b>VA1.7</b>	<p>The last time you got birth control, how did you pay for it?</p> <p>La última vez que obtuvo un método anticonceptivo, ¿Cómo lo pago?</p>	VA1.7	<p><b>READ ONLY IF NECESSARY:</b> 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 /</p>			911-912



			<p>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 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</p>			
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VA State-Added 2: Oral Health (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>VA2.1</b>	<p>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.</p> <p>¿Cuánto tiempo ha pasado desde la última vez que visitó un dentista o una clínica dental por cualquier motivo? Incluya las visitas a especialistas dentales, como los ortodoncistas.</p>	<b>VA2.1</b>	<p>1 Within the past year (anytime less than 12 months ago)  2 Within the past 2 years (1 year but less than 2 years ago)  3 Within the past 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</p> <p>1 En el último año (hace menos de 12 meses)  2 En los últimos 2 años (hace 1 año pero menos de 2 años)  3 En los últimos 5 años (hace 2 años pero menos de 5 años)  4 Hace 5 años o más</p>			913
<b>VA2.2</b>	<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>	<b>VA2.2</b>	<p>1 Yes  2 No  7 Don't know / Not sure  9 Refused</p>			914

	¿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?					
<b>VA2.3</b>	<p>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.</p> <p>¿Cuántos de sus dientes permanentes han sido extraídos por caries o enfermedad de las encías? Incluya los dientes perdidos por infección, pero no incluya los dientes perdidos por otras razones, como lesiones u ortodoncia.</p>	VA2.3	<p>1 1 to 5 2 6 or more but not all 3 All 4 None 7 Don't know / Not sure 9 Refused</p> <p>1 1 a 5 2 6 o más pero no todos 3 Todos 4 Ninguno</p>		NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	915

VA State-Added 3: Sexual Violence (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA3_INTRO	<p>Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question</p>	VA3_INTRO	<p>1 Yes 2 No (GO TO VA5.1)</p>			916

	<p>you do not want to answer. Are you in a safe place to answer these questions?</p> <p>Ahora me gustaría hacerle algunas preguntas sobre diferentes tipos de violencia física y/o sexual u otras experiencias sexuales no deseadas. Esta información nos permitirá comprender mejor el problema de la violencia y los contactos sexuales no deseados y podrá ayudar a otras personas en el futuro. Este es un tema delicado. Algunas personas pueden sentirse incómodas con estas preguntas. Al final de esta sección, le daré los números de teléfono de organizaciones que pueden proporcionar información y derivación para estos temas. Por favor, tenga en cuenta que si no se encuentra en</p>						
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	<p>un lugar seguro puede pedirme que omita cualquier pregunta que no quiera responder. ¿Se encuentra en un lugar seguro para responder a estas preguntas?</p>					
<b>VA3.1</b>	<p>My first questions are about unwanted sexual experiences you may have had.</p> <p>In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?</p> <p>Mis primeras preguntas se refieren a las experiencias sexuales no deseadas que pueda haber tenido.</p> <p>En los últimos 12 meses, ¿alguien ha tocado partes sexuales de su cuerpo después</p>	VA3.1	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			917

	de que usted dijera o mostrara que no quería que lo hicieran, o sin su consentimiento (por ejemplo, ser manoseado o acariciado)?					
<b>VA3.2</b>	<p>In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?</p> <p>En los últimos 12 meses, ¿alguien le ha expuesto a situaciones sexuales no deseadas que no implicaran contacto físico? Los ejemplos incluyen cosas como el acoso sexual, que alguien te exponga partes sexuales de su cuerpo, que te</p>	VA3.2	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			918

	<p>vea un mirón o que alguien te haga ver fotos o películas sexuales.</p>					
	<p>Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your vagina [If female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>Ahora le voy a hacer preguntas sobre el sexo no deseado. El sexo no deseado incluye cosas como poner cualquier cosa en tu vagina [si es mujer], ano o boca o hacer que se lo hagas a ellos después de que hayas dicho o</p>					



	<p>mostrado que no querías. Incluye las ocasiones en las que no podías dar tu consentimiento, por ejemplo, estabas borracho/a o dormido/a, o pensabas que te harían daño o te castigarían si te negabas.</p>					
<b>VA3.3</b>	<p>Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?</p> <p>¿Alguna vez alguien ha tenido relaciones sexuales con usted después de haber dicho o demostrado que no lo quería o sin su consentimiento?</p>	VA3.3	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	IF VA3.3 = 2, 7, OR 9, GO TO VA3.5		919
<b>VA3.4</b>	<p>Has this happened in the past 12 months?</p> <p>¿Ha ocurrido esto en los últimos 12 meses?</p>	VA3.4	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			920
<b>VA3.5</b>	<p>Has anyone EVER ATTEMPTED to have sex with you after you said or showed</p>	VA3.5	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	IF VA3.5 = 2, 7, OR 9, GO TO VA3.7		921

	<p>that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?</p> <p>¿ALGUNA VEZ alguien ha INTENTADO tener relaciones sexuales contigo después de haber dicho o demostrado que no querías o sin tu consentimiento, PERO EL SEXO NO OCURRIÓ?</p>					
<b>VA3.6</b>	<p>Has this happened in the past 12 months?</p> <p>¿Ha ocurrido esto en los últimos 12 meses?</p>	VA3.6	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			922
				<p>CATI note: If VA3.3 = 1 (Yes) or VA3.5 = 1 (Yes); continue. Otherwise, read closing statement.</p>		
<b>VA3.7</b>	<p>Think about the time of the most recent incident involving a person who had sex with you – or- attempted to have sex with you after you said or showed that you didn't want to or without your</p>	VA3.7	<p>Do not read: 0 1 Current boyfriend/girlfriend 0 2 Former boyfriend/girlfriend 0 3 Fiancé 0 4 Spouse or live-in partner 0 5 Former spouse or former live-in partner 0 6 Someone you were dating</p>	<p>If VA3.7 = 20, GO TO CLOSING STATEMENT</p>		923-924

	<p>consent? What was that person's relationship to you?</p> <p>Piensa en el momento del incidente más reciente en el que una persona tuvo relaciones sexuales contigo -o- intentó tenerlas después de que tú dijeras o demostraras que no querías o sin tu consentimiento. ¿Qué relación tenía esa persona contigo?</p>		<p>0 7 First Date 0 8 Friend 0 9 Acquaintance 1 0 A person known for less than 24 hours 1 1 Complete stranger 1 2 Parent 1 3 Step-parent 1 4 Parent's partner 1 5 Parent in-law 1 6 Other relative 1 7 Neighbor 1 8 Co-worker 1 9 Other non-relative 2 0 Multiple perpetrators 7 7 Don't know / Not sure 9 9 Refused</p>			
<b>VA3.8</b>	<p>Was the person who did this male or female?</p> <p>¿La persona que lo hizo era hombre o mujer?</p>	VA3.8	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			925
<b>CLOSING STATEMENT</b>	<p>We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call 1-800-656-HOPE (4673). Would you like</p>					

	<p>me to repeat this number?</p> <p>Somos conscientes de que este tema puede traer a colación experiencias pasadas de las que algunas personas podrían querer hablar. Si usted o alguien que conoce desea hablar con un consejero capacitado, llame al 1-800-656-HOPE (4673). ¿Quiere que le repita este número?</p>					
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#### VA State-Added 4: Intimate Violence (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA4_INTRO	INTERVIEWER'S SCRIPT: For use if SV module has been administered: The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or	VA4_INTRO	1 Yes, Continue 2 No, skip section [Go to closing statement]			926

	<p>former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p> <p>GUIÓN DEL ENTREVISTADOR: Para usar si se ha administrado el módulo SV: Las siguientes preguntas se refieren a los diferentes tipos de violencia en las relaciones con una pareja íntima. Por pareja íntima me refiero a cualquier cónyuge, novio o novia actual o anterior. Una persona con la que haya salido, o con la que haya tenido una relación romántica o sexual también se consideraría una pareja íntima. Por favor, tenga en cuenta que si no está en</p>						
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	<p>un lugar seguro puedes pedirme que omita cualquier pregunta que no quiera responder.</p> <p>INTERVIEWER'S SCRIPT: For use if SV module has not been administered: The next questions are about different types of violence in relationships with an intimate partner. By an intimate partner I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner. This information will help us to better understand the problem of violence in relationships. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers of</p>						
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	<p>organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.</p> <p>GUIÓN DEL ENTREVISTADOR:  Para usar si no se ha administrado el módulo SV:  Las siguientes preguntas se refieren a los diferentes tipos de violencia en las relaciones con una pareja íntima. Por pareja íntima me refiero a cualquier cónyuge, novio o novia actual o anterior. También se considera pareja íntima a una persona con la que haya salido, o con la que haya tenido una relación romántica o sexual. Esta información nos ayudará a comprender mejor el problema de la violencia en las relaciones. Este</p>						
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	<p>es un tema delicado. Algunas personas pueden sentirse incómodas con estas preguntas. Al final de esta sección, le daré los números de teléfono de organizaciones que pueden proporcionar información y derivación para estos temas. Tenga en cuenta que si no está en un lugar seguro puede pedirme que omita cualquier pregunta que no quiera responder.</p>					
<b>VA4.1</b>	<p>Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.</p> <p>¿ALGUNA VEZ un compañero íntimo le ha AMENAZADO con violencia física? Esto incluye la amenaza de golpear, abofetear, empujar, patear o hacerle daño</p>	VA4.1	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			927



	de cualquier manera.					
<b>VA4.2</b>	<p>Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise hurt you, BUT THEY WERE NOT ABLE TO.</p> <p>¿ALGUNA VEZ una pareja íntima ha INTENTADO ejercer violencia física contra usted? Esto incluye las veces en las que ha intentado pegarle, abofetearle, empujarle, patearle o hacerle algún otro tipo de daño, PERO QUE NO PUDIERON.</p>	VA4.2	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			928
<b>VA4.3</b>	<p>Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?</p> <p>¿ALGUNA VEZ una pareja íntima le ha pegado, abofeteado, empujado, pateado o herido de alguna manera?</p>	VA4.3	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			929

	<p>INTERVIEWER'S SCRIPT: For use when both SV and IPV modules are being administered:  Now, I am going to ask you some additional questions about unwanted sex. It may seem like you have already answered these questions. Although the questions are very similar to some that I may have already asked, it is important that we also ask them here.</p> <p>GUIÓN DEL ENTREVISTADOR:  Para utilizar cuando se administran los módulos de SV y IPV:  Ahora voy a hacerle algunas preguntas adicionales sobre las relaciones sexuales no deseadas. Puede parecer que ya ha respondido a estas preguntas. Aunque las preguntas son muy similares a algunas que ya he hecho, es importante que también las hagamos aquí.</p>						
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	<p>INTERVIEWER'S SCRIPT: For use when only IPV module is being administered:  Now, I am going to ask you about unwanted sex. Unwanted sex includes things like putting anything into your vagina [if female], anus, or mouth or making you do these things to them after you said or showed that you didn't want to. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.</p> <p>GUIÓN DEL ENTREVISTADOR:  Para usar cuando sólo se está administrando el módulo de IPV:  Ahora le voy a preguntar sobre el sexo no deseado. El sexo no deseado incluye cosas como poner cualquier cosa en su vagina [si es mujer], ano o boca o hacer que</p>						
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	usted le haga estas cosas después de haber dicho o mostrado que no quería. Incluye momentos en los que no podía dar su consentimiento, por ejemplo, estaba borracho/a o dormido/a, o pensabas que te harían daño o te castigarían si te negabas.					
<b>VA4.4</b>	Have you EVER experienced any unwanted sex by a current or former intimate partner?  ¿ALGUNA VEZ ha vivido alguna relación sexual no deseada con una pareja actual o anterior?	VA3.5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			930
				CATI note: If VA4.3 = 1 (Yes) or VA4.4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.		
<b>VA4.5</b>	In the past 12 months, have you experienced any physical violence or had unwanted sex	VA4.5	1 Yes 2 No 7 Don't know / Not sure 9 Refused	IF VA4.5 = 2, 7, OR 9, GO TO VA4.7.		931

	<p>with an intimate partner?</p> <p>En los últimos 12 meses, ¿ha sufrido algún tipo de violencia física o ha tenido relaciones sexuales no deseadas con una pareja íntima?</p>					
<b>VA4.6</b>	<p>In the past 12 months, have you had any physical injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex?</p> <p>En los últimos 12 meses, ¿ha tenido alguna lesión física, como moretones, cortes, rasguños, ojos morados, desgarros vaginales o anales, o huesos rotos, como resultado de esta violencia física o de las relaciones sexuales no deseadas?</p>	VA4.6	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>			932
<b>VA4.7</b>	<p>At the time of the most recent incident involving an intimate partner who was</p>	VA4.7	<p>Do not read: 0 1 Current boyfriend 0 2 Current girlfriend</p>			933-934

	<p>physically violent—or—had unwanted sex with you, what was that person’s relationship to you?</p> <p>En el momento del incidente más reciente relacionado con una pareja íntima que fue físicamente violenta o tuvo relaciones sexuales no deseadas con usted, ¿cuál era la relación de esa persona con usted?</p>		<p>0 3 Former boyfriend  0 4 Former girlfriend  0 5 Fiancé (male)  0 6 Fiancé (female)  0 7 Male you were dating  0 8 Female you were dating  0 9 Female first date  1 0 Male first date  1 1 Husband or male live-in partner  1 2 Wife or female live-in partner  1 3 Former husband or former male live-in partner  1 4 Former wife or former female live-in partner  1 5 Other  7 7 Don’t know / Not sure  9 9 Refused</p>			
<b>CLOSING STATEMENT</b>	<p>We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can</p>					

	<p>call. The number is 1- 800-799-SAFE (7233). Would you like me to repeat the number?</p> <p>Somos conscientes de que este tema puede traer a colación experiencias pasadas de las que algunas personas pueden desear hablar. Si usted o alguien que conoce desea hablar con un consejero capacitado, hay una línea telefónica gratuita y confidencial sobre la violencia de pareja a la que puede llamar. El número es 1- 800-799-SAFE (7233). ¿Quiere que le repita el número?</p>					
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VA State-Added 5: Veteran’s Health (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
The next questions ask about your risk						

<p>for possible suicide. To be able to develop helpful suicide interventions, we need to understand how many people in our state are at risk. Although this is a sensitive topic, we ask that you answer the following questions to the best of your ability. We also want to assure you again that the answers to these questions are completely confidential.</p> <p>Las siguientes preguntas se refieren a su riesgo de posible suicidio. Para poder desarrollar intervenciones útiles contra el suicidio, debemos entender cuántas personas en nuestro <b>expresar</b> están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes</p>						
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<p>preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a estas preguntas son completamente confidenciales</p>					
<p><b>VA5.1</b></p>	<p>Has there been a time in the past 12 months when you thought of taking your own life?</p> <p>¿Ha habido algún momento en los últimos 12 meses en el que haya pensado en quitarse la vida?</p>	<p>VA5.1</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>IF VA5.1 = 2,7, OR 9, GO TO NEXT MODULE</p>	<p>934</p>
<p><b>VA5.2</b></p>	<p>During the past 12 months, did you attempt to commit suicide? Would you say---</p> <p>Durante los últimos 12 meses, ¿intentó suicidarse? ¿Diría usted que...?</p>	<p>VA5.2</p>	<p>Please Read: 1 Yes, but did not require treatment 2 Yes, was treated at a VA facility 3 Yes, was treated at a non-VA facility 4 No</p> <p>1 Sí, pero no requirió tratamiento 2 Sí, fue tratado en un centro de VA 3 Sí, fue tratado en un centro no perteneciente a VA</p>		<p>935</p>

			4 No			
			Do not read: 7 Don't know / Not sure 9 Refused			
Ending statement for section	<p>I realize this can be a sensitive topic and some people may feel uncomfortable with these questions. If you or anyone you know would ever like to talk to someone about suicide you can call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-784-2433. If you serve in the armed forces, are a veteran or family member you can call the Veterans Crisis Hotline 1-800-273-8255 and Press "1". Would you like me to repeat any of these numbers?</p> <p>Tengo presente de que esto puede ser un tema delicado y algunas personas</p>					

	<p>pueden sentirse incómodas con estas preguntas. Si a usted o a alguien que conoce le gustaría hablar con alguien sobre el suicidio, puede llamar a la Línea Nacional de Prevención del Suicidio al 1-800-273-8255 o a la Red Nacional Hopeline al 1-800-784-2433. Si sirve en las fuerzas armadas, si es un veterano o un miembro de su familia, puede llamar a la línea directa para crisis de veteranos al 1-800-273-8255 y presionar "1". ¿Desea que repita alguno de estos números?</p>					
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VA State-Added 6: E-Cigarettes (Module 8, 2020)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA6.1	<p>Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?</p> <p>¿Alguna vez ha usado un cigarrillo electrónico u otro producto de vapeo electrónico, incluso solo una vez, en toda su vida?</p>	ECIGARET	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>	CATI NOTE: IF ECIGNOW =4 (Never used e-cigs), 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.</p> <p>E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p>	936

VA State-Added 7: Active Transportation (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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<b>VA7.1</b>	<p>Active transportation includes such activities as walking or biking for at least ten minutes to get from one place to another.</p> <p>In a typical month, do you walk to get from one place to another?</p> <p>El transporte activo incluye actividades como caminar o ir en bicicleta durante al menos diez minutos para ir de un lugar a otro.</p> <p>En un mes normal, ¿camina para ir de un lugar a otro?</p>	EVERWALK	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			937
<b>VA7.2</b>	<p>In a typical month, do you ride a bike to get from one place to another place?</p> <p>En un mes normal, ¿va en bicicleta para ir de un lugar a otro?</p>	EVERBIKE	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			938

VA State-Added 8: ATS (ASKED OF SPLIT 2 ONLY) (2019, VA BRFSS STATE-ADDED 4)

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

<b>INTRODUCTION</b>	Now I would like to ask you some more questions about tobacco use.			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.		
<b>ATS1</b>	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?	ATS1	---. AGE IN YEARS (1-100)  888.RESPONDENT HAS NEVER SMOKED A WHOLE CIGARETTE 777.  DO NOT KNOW/NOT SURE 999.  REFUSED	IF ATS1 = 888, GO TO ATS4.		939-940
<b>UPDATS1</b>	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		1 Update ATS1 [GO TO ATS1]			

	<p>was your age when you smoked a whole cigarette for the first time?</p> <p>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?</p>					
					<p>CATI NOTE: Asked of respondents (who now smoke some days). ASK IF SMOKDAY2 =2</p>	
<b>ATS2</b>	<p>During the past 30 days, that is, since [DATE FILL], on how many days did you smoke cigarettes?</p> <p>Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarrillos?</p>	ATS2	<p>--. NUMBER OF DAYS (1-30) 88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED</p>		<p>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</p>	941-942

					<p>smoked cigarettes in the past 30 days?</p> <p>[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?</p>	
<b>ATS3</b>	<p>During the past 30 days, that is, since [DATE FILL], were the cigarettes that you usually smoked menthol?</p> <p>Durante los últimos 30 días, es decir, desde [DATE FILL], ¿tenían sabor a mentol los cigarrillos que habitualmente fumaba?</p>	ATS3	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			943
<b>STOPSMK2</b>	<p>During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?</p> <p>En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que</p>	STOPSMK2	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			944



	estaba intentando dejar de fumar?					
				IF STOPSMK2 =1, ASK ATS3a, IF NOT THEN GO TO ATS4.		
<b>ATS3a_intro</b>	In the past 12 months, which of the following have you done to try to quit smoking?  En los últimos 12 meses, ¿cuál de las siguientes medidas ha tomado para intentar dejar de fumar?	ATS3a				
<b>ATS3a_1</b>	Did you try Nicotine replacement therapy, for example, patch, gum, lozenge, nasal spray or inhaler?  ¿Ha intentado la terapia de sustitución de la nicotina, por ejemplo, parche, chicle, pastilla, spray nasal o inhalador?	ATS3a_1	1 Yes 2 No 7 Don't know/Not sure 9 Refused			945
<b>ATS3a_2</b>	(Did you try) Prescription medication, for example, Chantix, Varenicline, Zyban,	ATS3a_2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			946

	Bupropion, or Wellbutrin?  (¿Ha intentado) Medicamentos con receta, por ejemplo, Chantix, Varenicline, Zyban, Bupropion o Wellbutrin?					
<b>ATS3a_3</b>	(Did you try) Cold turkey (just stopping tobacco use)?  (¿Ha intentado) Dejar de fumar de golpe (simplemente dejar de consumir tabaco)?	ATS3a_3	1 Yes 2 No 7 Don't know/Not sure 9 Refused			947
<b>ATS3a_4</b>	(Did you try) Telephone help line or quit line such as Quitline/QuitNOW Virginia?  (¿Ha intentado) Una línea de ayuda telefónica o línea para dejar de fumar como Quitline/QuitNOW Virginia?	ATS3a_4	1 Yes 2 No 7 Don't know/Not sure 9 Refused			948
<b>ATS3a_5</b>	(Did you try) One-on-one IN-PERSON counseling?  (¿Ha intentado) Asesoramiento INDIVIDUAL EN PERSONA?	ATS3a_5	1 Yes 2 No 7 Don't know/Not sure 9 Refused			949
<b>ATS3a_6</b>	(Did you try)	ATS3a_6	1 Yes 2 No			950

	<p>Stop smoking clinic, class, or support group?</p> <p>(¿Ha intentado) Una clínica, una clase o grupo de apoyo para dejar de fumar?</p>		<p>7 Don't know/Not sure</p> <p>9 Refused</p>			
<b>ATS3a_7</b>	<p>(Did you try) Internet or web-based program or tool, for example, smartphone apps and text messaging programs?</p> <p>(¿Ha intentado) Un programa o medio por Internet o en la web, por ejemplo, aplicaciones para teléfonos inteligentes y programas de mensajería de texto.</p>	ATS3a_7	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			951
<b>ATS4</b>	<p>Have you ever tried chewing tobacco, snuff, or snus even just one time in your entire life?</p> <p>¿Alguna vez ha intentado el uso de tabaco para mascar, rapé o snus aunque haya sido una sola vez en toda su vida?</p>	ATS4	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>		<p>INTERVIEWER NOTE: PRONOUNCE "SNUS" TO RHYME WITH GOOSE</p> <p>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]</p>	952

					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.	
				NOTE: ASK ATS5 IF ATS4=1 , IF NOT THEN GO TO ATS7.		
<b>VA8.5</b>	<p>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?</p> <p>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?</p>	ATS5	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			953

<p><b>VA8.6</b></p>	<p>During the past 12 months, have you stopped using chewing tobacco for one day or longer because you were trying to quit chewing tobacco?</p> <p>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?</p>	<p>ATS6</p>	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			<p>954</p>
<p><b>VA8.7</b></p>	<p>Have you ever tried smoking cigars, cigarillos, or very small cigars that look like cigarettes in your entire life, even one or two puffs?</p> <p>¿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)?</p>	<p>ATS7</p>	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>		<p>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."</p> <p>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</p>	<p>955</p>

					<p>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.”</p> <p>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”.</p> <p>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”.</p>	
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				CATI NOTE: ASK ATS8 IF ATS7=1, IF NOT THEN GO TO ATS10.		
<b>VA8.8</b>	<p>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?</p> <p>Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos?</p>	ATS8	<p>-- NUMBER OF DAYS (1-30) 88.</p> <p>NO 77.</p> <p>DO NOT KNOW/NOT SURE 99.</p> <p>REF USED</p>		<p>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."</p> <p>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."</p> <p>INTERVIEWER NOTE: IF RESPONDENT IS UNSURE WHAT CIGARILLOS ARE, SAY: "Los cigarrillos son cigarros pequeños y regulares. Por lo</p>	956-957

					<p>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".</p> <p>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".</p>	
				CATI NOTE: ASK ATS9 IF ATS8 EQ (01-30)		
<b>VA8.9</b>	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,	ATS9	1 Yes 2 No 7 Don't know/Not sure 9 Refused			958



	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?					
<b>VA8.10</b>	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?	ATS10	1 Yes 2 No 7 Don't know/Not sure 9 Refused	IF ATS10=1, ASK ATS 11, IF NOT THEN GO TO ATS12.		959
<b>VA8.11</b>	During the past 30 days, that is, since [DATE FILL], on how many days did you smoke tobacco in a	ATS11	-- NUMBER OF DAYS (1-30)			960-961

	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?		88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED			
<b>VA8.14</b>	How long have you been using e-cigarettes or other electronic vapor devices?  ¿Cuánto tiempo lleva usando cigarrillos electrónicos u otros dispositivos electrónicos de vapor?	ATS14	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	CATI NOTE: ASK ATS14 IF ECIGNOW= 1 OR 2. IF NOT, THEN GO TO ATS16.		964
<b>VA8.15</b>	Are the electronic cigarettes or vapor devices you use flavored to taste like menthol, mint, clove, spice, fruit, alcohol, candy,	ATS15	1 Yes 2 No 7 Don't know/Not sure 9 Refused			965

	<p>chocolate, or other sweet flavor?</p> <p>¿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?</p>					
<b>VA8.16</b>	<p>ATS16. Do you think breathing vapor from other people's e-cigarettes or other vaping devices is ...?</p> <p>¿Usted cree que respirar vapor de los cigarrillos electrónicos de otras personas u otros dispositivos de vapor es ...?</p>	ATS16	<p>PLEASE READ:</p> <p>1 Very harmful to one's health</p> <p>2 Somewhat harmful to one's health</p> <p>3 Not very harmful to one's health</p> <p>4 Not harmful to one's health</p> <p>1 Muy perjudicial para la salud</p> <p>2 Algo perjudicial para la salud</p> <p>3 No es muy perjudicial</p>			966

			para la salud 4 No es perjudicial para la salud  7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
<b>VA8.17</b>	Do you think smoking e-cigarettes or other vapor devices is ...?  ¿Usted cree que fumar cigarrillos electrónicos u otros dispositivos de vapor es ...?	ATS17	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			967

			7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
<b>VA8_18</b>	<p>Should using electronic cigarettes and other vapor devices be prohibited in the same places smoking is prohibited?</p> <p>¿Debería prohibirse el uso de cigarrillos electrónicos y otros dispositivos de vapor en los mismos lugares donde está prohibido fumar?</p>	ATS18	<p>PLEASE READ: 1 Definitely yes 2 Probably yes 3 Probably not 4 Definitely not</p> <p>1 Definitivam ente si 2 Probablem ente si 3 Probablem ente no 4 Definitivam ente no</p> <p>7 (VOL) DON'T KNOW 9 (VOL) REFUSED</p>			968
<b>VA8_19</b>	<p>Now I'm going to ask you some questions about smoking inside the home.</p> <p>Ahora le voy a hacer algunas preguntas sobre fumar dentro de la casa.</p> <p>Which of the following <u>best</u></p>	ATS19	<p>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</p>			969-970

	<p>describes where you live? Would you say?</p> <p>¿Cuál de los siguientes describe mejor dónde vive? ¿Diría que?</p>		<p>more houses</p> <p>04 An apartment building</p> <p>05 A public housing apartment building</p> <p>06 A condominium building</p> <p>07 Other: Specify</p> <p>01 Una casa móvil</p> <p>02 Una casa unifamiliar separada de cualquier otra casa</p> <p>03 Una casa unifamiliar junto a una o más casas</p> <p>04 Un edificio de apartamentos</p> <p>05 Un edificio de apartamentos de vivienda pública</p> <p>06 Un edificio de condominio</p> <p>07 Otro: Especifique</p> <p>77 (VOL) DON'T KNOW/NOT SURE</p> <p>99 (VOL) REFUSED</p>			
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				CATI NOTE: ASK ATS20 IF ATS19=(4, 5, OR 6). IF NOT THEN SKIP TO ATS21.		
<b>VA8.20</b>	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?	ATS20	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			971
<b>VA8.21</b>	In your opinion, inside a home, should smoking....  En su opinión, el fumar dentro de una casa, debería....	ATS21	PLEASE READ: 1 Always be allowed 2 Be allowed only at some times			972

			<p>or in some places</p> <p>3 Never be allowed</p> <p>4 (VOL) SMOKING RESTRICTIONS INSIDE A HOME SHOULD BE WHATEVER THE PEOPLE WHO LIVE THERE DECIDE</p> <p>1 Siempre estar permitido</p> <p>2 Permitirse solo en algunos momentos o en algunos lugares</p> <p>3 Nunca estar permitido</p> <p>4 (VOL) LAS RESTRICCIONES SOBRE FUMAR EN EL HOGAR DEBEN SER DECIDIDAS POR LAS PERSONAS QUE VIVEN EN ELLA</p> <p>7 (VOL) DON'T KNOW/NOT SURE</p> <p>9 (VOL) REFUSED</p>			
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				CATI NOTE: ASK ATS22 IF EMPLOY1 = 1 OR 2 (EMPLOYE D OR SELF- EMPLOYED ). OTHERWIS E, SKIP TO ATS24.	
<b>VA8.22</b>	<p>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?</p> <p>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</p>	ATS22	<p>— NUMBER OF DAYS (01-07)</p> <p>88 NONE 77 DON'T KNOW/NOT SURE 99 REFUSED</p>		973-974

	[TODAY'S DAY OF WEEK], ¿cuántos días respiró el humo en su lugar de trabajo proveniente de otra persona que estaba fumando?					
<b>VA8.23</b>	At your workplace, is smoking in indoor areas...?  En su lugar de trabajo, ¿el fumar en áreas interiores...?	ATS23	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		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"	975
<b>VA8.24</b>	Now I am going to read you a list of areas where smoking could be prohibited in the state of	ATS24	1 Yes 2 No 7 Don't know/Not sure 9 Refused			976

	<p>Virginia. Please tell me whether you favor or oppose prohibiting smoking in each of the places I read.</p> <p>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.</p> <p>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 ...?</p> <p>...in all outdoor areas on college and university campuses?</p> <p>... en todas las áreas al aire</p>					
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	libre en las universidades?					
<b>VA8.25</b>	SHOULD SMOKING BE PROHIBITED in all public parks?  ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los parques públicos?	ATS25	1 Yes 2 No 7 Don't know/Not sure 9 Refused			977
<b>VA8.26</b>	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?	ATS26	1 Yes 2 No 7 Don't know/Not sure 9 Refused			978
<b>VA8.27</b>	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	ATS27	1 Yes 2 No 7 Don't know/Not sure 9 Refused			979

	todos los restaurantes, incluidas las áreas utilizadas para funciones privadas?					
<b>VA8.33</b>	SHOULD SMOKING BE PROHIBITED in OUTDOOR seating areas of restaurants?  ¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas AL AIRE LIBRE de los restaurantes?	ATS33	1 Yes 2 No 7 Don't know/Not sure 9 Refused			980
<b>VA8.28</b>	SHOULD SMOKING BE PROHIBITED on all public beaches?  ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las playas públicas?	ATS28	1 Yes 2 No 7 Don't know/Not sure 9 Refused			981
<b>VA8.29</b>	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	ATS29	1 Yes 2 No 7 Don't know/Not sure 9 Refused			982

	de unidades múltiples?					
<b>VA8.30</b>	<p>SHOULD SMOKING BE PROHIBITED in all indoor workplaces, including offices?</p> <p>¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los lugares de trabajo interiores, incluidas las oficinas?</p>	ATS30	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			983
<b>VA8.31</b>	<p>SHOULD SMOKING BE PROHIBITED in front of the entrances to buildings?</p> <p>¿DEBERÍA ESTAR PROHIBIDO FUMAR en frente de las entradas a los edificios?</p>	ATS31	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			984
<b>VA8.32</b>	<p>SHOULD SMOKING BE PROHIBITED on porches/balconies &amp; other outdoor areas near apartments, condominiums, or other multiunit housing?</p> <p>¿DEBERÍA ESTAR PROHIBIDO</p>	ATS32	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			985

	FUMAR en los porches / balcones y otras áreas al aire libre cerca de apartamentos, condominios u otras viviendas de unidades múltiples?					
<b>VA8.34</b>	<p>SHOULD SMOKING BE PROHIBITED in all private day care facilities, including home-based day care facilities that are also used for residential purposes?</p> <p>¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las guarderías privadas, incluidas las guarderías domiciliarias que también se utilizan con fines de residencia?</p>	ATS34	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			986
<b>VA8.35</b>	<p>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?</p> <p>¿Estaría a favor de un aumento</p>	ATS35	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			987

	en el impuesto sobre un paquete de cigarrillos si el dinero se utilizara para mejorar la salud del público en general?					
<b>VA8.36</b>	<p>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?</p> <p>¿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?</p>	ATS36	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			988
<b>VA8.37</b>	<p>Should stores that sell tobacco products be required to have a license in order to sell tobacco products?</p> <p>¿Debería exigirse a las tiendas que venden productos de tabaco tener una licencia para vender</p>	ATS37	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			989



	productos de tabaco?					
<b>VA8.38</b>	<p>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?</p> <p>¿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?</p>	ATS38	<p>1 Yes 2 No 7 Don't know/Not sure 9 Refused</p>			990
<b>VA8.39</b>	<p>Do you favor or oppose raising the legal minimum age to purchase all tobacco products from 18 to 21?</p> <p>¿Favorece o se opone a aumentar la edad mínima legal para comprar todos los productos de tabaco de 18 a 21 años de edad?</p>	ATS39	<p>1 FAVOR 2 OPPOSE 3 NEITHER FAVOR NOR OPPOSE  7 DON'T KNOW/ NO OPINION 9 REFUSED</p>			991

<b>VA8.40</b>	<p>In the last three years have you personally voted in local elections?</p> <p>En los últimos tres años, ¿ha votado personalmente en las elecciones locales?</p>	ATS40	1 Yes 2 No 7 Don't know/Not sure 9 Refused			992
<b>VA8.41</b>	<p>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?</p> <p>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?</p>	ATS41	1 YES 2 NO [GO TO CLOSING STATEMENT]		<p>INTERVIEWER: If YES SAY ...</p> <p>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.</p> <p>The website for the quitline is <a href="http://www.quitnow.net/Virginia">www.quitnow.net/Virginia</a>.</p> <p>El sitio web para la línea para dejar de fumar es <a href="http://www.quitnow.net/Virginia">www.quitnow.net/Virginia</a>.</p>	993

## Closing Statement

### **Read**

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