



VIRGINIA Behavioral Risk Factor Surveillance System



2022 QUESTIONNAIRE



January 26, 2022



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Interviewer's Script

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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).

Note: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the Virginia Department of Health. My name is _____ w (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.

Note: States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.

If cell phone respondent objects to being contacted by a state where they have never lived, say:
"This survey is conducted by all states and your information will be forwarded to the correct state of residence"

Landline Introduction



LL01.

- CTELENM1** Is this [PHONE NUMBER]?
1 Yes Go to LL02
2 No TERMINATE

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

Private Residence

LL02.

- PVTRES1** Is this a private residence?
1 Yes Go to LL04

Read if necessary: By private residence we mean someplace like a house or apartment.

Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

- 2 No Go to LL03 **If no, business phone only:** Thank you very much but we are only interviewing persons on residential phones lines at this time.

NOTE: Business numbers which are also used for personal communication are eligible.

- 3 No, this is a business **Read:** Thank you very much but we are only interviewing persons on residential phones at this time. **TERMINATE**

College Housing

LL03.

- COLGHOUS** Do you live in college housing?

1 Yes Go to LL04 **Read if necessary:** By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

- 2 No **TERMINATE** **Read:** Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.

State of Residence

LL04.

- STATERE1** Do you currently live in_ Virginia_____?

1 Yes Go to LL05

2 No **TERMINATE** Thank you very much but we are only interviewing persons who live in Virginia at this time.

LL05.

- CELPHONE** Is this a cell phone?

1 Yes, it is a cell phone **TERMINATE**

Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.

2 Not a cell phone Go to LL06

Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. **Do not read:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

LL06.

LADULT1

Are you 18 years of age or older?

1 Yes **IF COLLEGE HOUSING** = “YES,” CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

2 No **IF COLLEGE HOUSING** = “YES,” TERMINATE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.

LL07.

COLGSEX

Are you male or female?

1 Male

2 Female ONLY for respondents who are LL and COLGHOUS= 1.
Go to Transition Section 1.

Note: We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

3 Nonbinary

7 Don’t know/Not sure

9 Refused

Note: States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.

TERMINATE

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

LL08.

NUMADULT

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?

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?

LL08. cont.

2-6 or more Go to LL10.

If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

LL09.

LANDSEX

Are you male or female?

1 Male

2 Female GO to Transition Section 1.

3 Nonbinary

7 Don’t know/Not sure

9 Refused **Note:** States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.

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

LL10.

NUMMEN How many of these adults are men?
__ Number
77 Don't know/ Not sure 99 Refused

LL11.

NUMWOMEN So the number of women in the household is [X]. Is that correct?

Do not read: Confirm the number of adult women or clarify the total number of adults in the household.

Read: The persons in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female].

Note: If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.

LL12

RESPSLCT 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?

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)

7 Don't know/Not sure 9 Refused

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

Transition to Section 1.

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 804-864-7686.

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.

Cell Phone Introduction

CP01.

SAFETIME

Is this a safe time to talk with you?

1 Yes Go to CP02

2 No ([set appointment if possible] TERMINATE)

Thank you very much. We will call you back at a more convenient time.

CP02.

CTELNUM1

Is this [PHONE NUMBER]?

1 Yes Go to CP03

2 No TERMINATE

CP03.

CELLFON5

Is this a cell phone?

1 Yes Go to CADULT1

2 No TERMINATE

If "no":

Thank you very much, but we are only interviewing persons on cell telephones at this time.

CP04.

CADULT1

Are you 18 years of age or older?

1 Yes

2 No TERMINATE

Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.

CP05.

CELLSEX

Are you male or female?

1 Male

2 Female

Note: We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.

3 Nonbinary

7 Don't know/Not sure

9 Refused

Note: States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.

TERMINATE

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

CP06.

PVTRES3

Do you live in a private residence?

1 Yes Go to CP08

Read if necessary: By private residence we mean someplace like a house or apartment

Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

2 No Go to CP07

CP07.

CCLGHOUS

Do you live in college housing?

1 Yes Go to CP08 **Read if necessary:** By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

2 No TERMINATE **Read:** Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.

CP08.

CSTATE1

Do you currently live in ___ Virginia ___?

1 Yes Go to CP10

2 No Go to CP09

CP09.

RSPSTAT

1 In what state do you currently live?

- | | | | |
|-------------------------|------------------|-------------------|-------------------|
| 1 Alabama | 18 Indiana | 32 Nevada | 47 Tennessee |
| 2 Alaska | 19 Iowa | 33 New Hampshire | 48 Texas |
| 4 Arizona | 20 Kansas | 34 New Jersey | 49 Utah |
| 5 Arkansas | 21 Kentucky | 35 New Mexico | 50 Vermont |
| 6 California | 22 Louisiana | 36 New York | 51 Virginia |
| 8 Colorado | 23 Maine | 37 North Carolina | 53 Washington |
| 9 Connecticut | 24 Maryland | 38 North Dakota | 54 West Virginia |
| 10 Delaware | 25 Massachusetts | 39 Ohio | 55 Wisconsin |
| 11 District of Columbia | 26 Michigan | 40 Oklahoma | 56 Wyoming |
| 12 Florida | 27 Minnesota | 41 Oregon | 66 Guam |
| 13 Georgia | 28 Mississippi | 42 Pennsylvania | 72 Puerto Rico |
| 15 Hawaii | 29 Missouri | 44 Rhode Island | 78 Virgin Islands |
| 16 Idaho | 30 Montana | 45 South Carolina | |
| 17 Illinois | 31 Nebraska | 46 South Dakota | |

77 Live outside US and participating territories

99 Refused TERMINATE **Read:** Thank you very much, but we are only interviewing persons who live in the US.

CP10.

LANDLINE

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

1 Yes

2 No

7 Don't know/ Not sure

9 Refused **Read if necessary:** By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

CP11.

HHADULT How many members of your household, including yourself, are 18 years of age or older?
__ Number
77 Don't know/ Not sure
99 Refused If CP07 = yes then number of adults is automatically set to 1

Transition to section 1.

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 804-864-7686.

Core Section 1: Health Status

CHS.01

GENHLTH Would you say that in general your health is—
Read: 1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor ?
Do not read: 7 Don't know/Not sure 9 Refused

Core Section 2: Healthy Days

CHD.01

PHYSHLTH Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
__ Number of days (01-30)
88 None **Note:** 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.
77 Don't know/not sure
99 Refused

CHD.02

MENTHLTH Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
__ Number of days (01-30)
88 None
77 Don't know/not sure
99 Refused **Note:** 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.
Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88

CHD.03

POORHLTH During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
 __ Number of days (01-30)
 88 None
 77 Don't know/not sure
 99 Refused **Note:** 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.

Core Section 3: Health Care Access

CHCA.01

PRIMINSR What is the current primary source of your health insurance?
Read if necessary: 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
 02 A private nongovernmental plan that you or another family member buys on your own
 03 Medicare
 04 Medigap
 05 Medicaid
 06 Children's Health Insurance Program (CHIP)
 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA
 08 Indian Health Service
 09 State sponsored health plan
 10 Other government program
 88 No coverage of any type
 77 Don't Know/Not Sure
 99 Refused

Note: If respondent has multiple sources of insurance, ask for the one used most often. 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.

CHCA.02

PERSDOC3 Do you have one person (or a group of doctors) that you think of as your personal health care provider?
 1 Yes, only one
 2 More than one
 3 No **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.

7 Don't know / Not sure
 9 Refused

CHCA.03 Was there a time in the past 12 months when you needed to see a doctor but could not
MEDCOST1 because you could not afford it?
 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

CHCA.04
CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup?
Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
Read if necessary: 1 Within the past year (anytime less than 12 months ago)
 2 Within the past 2 years (1 year but less than 2 years ago)
 3 Within the past 5 years (2 years but less than 5 years ago)
 4 5 or more years ago
Do not read: 7 Don't know / Not sure
 8 Never
 9 Refused

Core Section 4: Exercise

CEX.01
EXERANY2 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?
 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused **Do not read:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

Core Section 5: Inadequate Sleep

C06.01
SLEPTIM1 On average, how many hours of sleep do you get in a 24-hour period?
Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.
 __ Number of hours [01-24]
 77 Don't know / Not sure
 99 Refused

Core Section 6: Oral Health

COH.01
LASTDEN4 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?
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)

COH.01

LASTDEN4 continued:

- Read if necessary:** 4 5 or more years ago
Do not read: 7 Don't know / Not sure
8 Never
9 Refused

COH.02

RMVTETH4 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

- Read if necessary:** 1 1 to 5
2 6 or more but not all
3 All
8 None
Do not read: 7 Don't know / Not sure
9 Refused

Core Section 7: Chronic Health Conditions

Prologue Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.

CCHC.01

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

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

CCHC.02

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

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

CCHC.03

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

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

CCHC.04

ASTHMA3 (Ever told) (you had) asthma?

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused **Go to CCHC.06**

CCHC.05
ASTHNOW Do you still have asthma?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

CCHC.06
*****NEW***** (Ever told) (you had) skin cancer that is not melanoma?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

CCHC.07
*****NEW***** (Ever told) (you had) melanoma or any other types of cancer?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

CCHC.08
CHCCOPD3 (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

CCHC.09
ADDEPEV3 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

CCHC.10
CHCKDNY2 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?
1 Yes
2 No
7 Don't know / Not sure
9 Refused **Read if necessary:** Incontinence is not being able to control urine flow.

CCHC.11

HAVARTH4 (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

CCHC.12

DIABETE4 (Ever told) (you had) diabetes?
 1 Yes
If yes and respondent is female, ask: was this only when you were pregnant?
 If respondent says pre-diabetes or borderline diabetes, use response code 4.
 2 Yes, but female told only during pregnancy
 3 No
 4 No, pre-diabetes or borderline diabetes
 7 Don't know / Not sure
 9 Refused Go to Pre-Diabetes Optional Module (if used).
 Otherwise, go to next section.

CCHC.13

DIABAGE3 How old were you when you were first told you had diabetes?
 __ Code age in years [97 = 97 and older]
 98 Don't know / Not sure
 99 Refused Go to Diabetes Module if used, otherwise go to next section.

Core Section 8: Demographics

CDEM.01

AGE What is your age?
 __ Code age in years
 07 Don't know / Not sure
 09 Refused

CDEM.02

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?
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 **Note:** One or more categories may be selected.

CDEM.03

MRACE1 Which one or more of the following would you say is your race?

- Please read:**
- | | |
|-------------------------------------|---------------------------|
| 10 White | 47 Other Asian |
| 20 Black or African American | 50 Pacific Islander |
| 30 American Indian or Alaska Native | 51 Native Hawaiian |
| 40 Asian | 52 Guamanian or Chamorro |
| 41 Asian Indian | 53 Samoan |
| 42 Chinese | 54 Other Pacific Islander |
| 43 Filipino | Do not read: |
| 44 Japanese | 88 No choices |
| 45 Korean | 77 Don't know / Not sure |
| 46 Vietnamese | |
| 99 Refused | |

If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.

If respondent indicates that they are Hispanic for race, please read the race choices. If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05

CDEM.04

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

- Please read:**
- | | |
|-------------------------------------|---------------------------|
| 10 White | 46 Vietnamese |
| 20 Black or African American | 47 Other Asian |
| 30 American Indian or Alaska Native | 50 Pacific Islander |
| 40 Asian | 51 Native Hawaiian |
| 41 Asian Indian | 52 Guamanian or Chamorro |
| 42 Chinese | 53 Samoan |
| 43 Filipino | 54 Other Pacific Islander |
| 44 Japanese | Do not read: |
| 45 Korean | 77 Don't know / Not sure |
| 99 Refused | |

Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

If respondent has selected multiple races in previous and refuses to select a single race, code refused

If using SOGI module, insert here. Sex at birth module may be inserted here if not used in the screening section.

CDEM.05

MARITAL Are you...

- Please read:**
- 1 Married
 - 2 Divorced
 - 3 Widowed
 - 4 Separated
 - 5 Never married
 - Or 6 A member of an unmarried couple
- Do not read:** 9 Refused

CDEM.06

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

Read if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read: 9 Refused

CDEM.07

RENTHOM1 Do you own or rent your home?

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

Note: 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.

CDEM.08

CTYCODE2 In what county do you currently live?

- __ __ _ANSI County Code
- 777 Don't know / Not sure
- 999 Refused
- 888 County from another state

CDEM.09

ZIPCODE1 What is the ZIP Code where you currently live?

- ____ _
- 77777 Do not know
- 99999 Refused
- If cell interview go to CDEM12

CDEM.10

NUMHHOL3 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused Go to CDEM.12

CDEM.11

NUMPHON3 How many of these landline telephone numbers are residential numbers?

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

CDEM.12

CPDEMO1B How many cell phones do you have for your personal use?

Read if necessary: Include cell phones used for both business and personal use.

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

Note: Last question needed for partial complete.

Do not include cell phones that are used exclusively by other members of your household.

CDEM.13

VETERAN3 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

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

CDEM.14

EMPLOY1 Are you currently...?

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".

CDEM.15

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

- __ Number of children
- 88 None
- 99 Refused

CDEM.16**INCOME3** Is your annual household income from all sources—**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 (\$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 SEE CATI information of order of coding;

Note: Start with category 05 and move up or down categories.
If respondent refuses at ANY income level, code '99' (Refused)
Skip if Male (MSAB.01, BIRTHSEX, is coded 1).
If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49

CDEM.17**PREGNANT** To your knowledge, are you now pregnant?

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

CDEM.18**WEIGHT2** About how much do you weigh without shoes?

- _ _ _ _ Weight (pounds/kilograms)
- 7777 Don't know / Not sure
- 9999 Refused

Note: If respondent answers in metrics, put 9 in first column. Round fractions up**CDEM.19****HEIGHT3** About how tall are you without shoes?

- _ _ / _ _ Height (ft / inches/meters/centimeters)
- 77/ 77 Don't know / Not sure
- 99/ 99 Refused

Note: If respondent answers in metrics, put 9 in first column. Round fractions down

VA State-Added 1: Hispanic Race

VA1.1 You chose Hispanic as the best description of your origin.
There are other words that some Hispanic persons use to describe themselves.

Which of the following do you prefer?

Note: Only asked if respondent is state resident of Virginia and HISPANIC3=1-4 options

Spanish: Elegiste hispano como la mejor descripción de tu origen. Hay otras palabras que algunas personas hispanas usan para describirse a sí mismas.

¿Cuál de los siguientes prefieres?

Please read:

- 1 Hispanic
- 2 Latino
- 3 Chicano
- 4 Mexican American
- 5 Latinx
- 6 Spanish
- 7 Other

Spanish:

- 1 hispano
- 2 latinos
- 3 chicano
- 4 mexicano-americano
- 5 latinos
- 6 español
- 7 Otro

Do Not Read:

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

Core Section 9: Disability

CDIS.01

DEAF 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?

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

CDIS.02

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

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

CDIS.03**DECIDE**

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

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

CDIS.04**DIFFWALK**

Do you have serious difficulty walking or climbing stairs?

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

CDIS.05**DIFFDRES**

Do you have difficulty dressing or bathing?

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

CDIS.06**DIFFALON**

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

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

Core Section 10: Breast and Cervical Cancer Screening

Note: Skip to next module if sex/ sex at birth = male

CBCCS.01**HADMAM**

(The next questions are about breast and cervical cancer.)

Have you ever had a mammogram?

- 1 Yes **Note:** A mammogram is an x-ray of each breast to look for breast cancer.
- 2 No **Go to CBCCS.03**
- 7 Don't know/ not sure **Go to CBCCS.03**
- 9 Refused **Go to CBCCS.03**

CBCCS.02**HOWLONG**

How long has it been since you had your last mammogram?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CBCCS.03**CERVSCRN**

Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No Go to CBCCS.07
- 7 Don't know/ not sure Go to CBCCS.07
- 9 Refused Go to CBCCS.07

CBCCS.04**CRVCLCNC**

How long has it been since you had your last cervical cancer screening test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

CBCCS.05**CRVCLPAP**

At your most recent cervical cancer screening, did you have a Pap test?

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

CBCCS.06**CRVCLHPV**

At your most recent cervical cancer screening, did you have an H.P.V. test?

Note: H.P.V. stands for Human papillomavirus (pap-uh-loh-muh virus)

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

Note: If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.

CBCCS.07**HADHYST2**

Have you had a hysterectomy?

Read if necessary: A hysterectomy is an operation to remove the uterus (womb).

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

Core Section 11: Colorectal Cancer Screening

Note: If Section CDEM.01, AGE, is less than 45 go to next module.

CCRC.01**HADSIGM3**

Colonoscopy and sigmoidoscopy are exams to check for colon cancer.

Have you ever had either of these exams?

- 1 Yes **Go to CCRC.02**
- 2 No 7 Don't know/ not sure 9 Refused **Go to CCRC.06**

CCRC.02

- COLNSIGM** Have you had a colonoscopy, a sigmoidoscopy, or both?
- 1 Colonoscopy **Go to CCRC.03**
 - 2 Sigmoidoscopy **Go to CCRC.04**
 - 3 Both 7 Don't know/Not sure **Go to CCRC.03**
 - 9 Refused **Go to CCRC.06**

CCRC.03

COLNTES1 How long has it been since your most recent colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
 - 5 10 or more years agoDo not read:
 - 7 Don't know / Not sure
 - 9 Refused
- Go to CCRC.06**

Note: If CCRC.02 =3 (BOTH) continue, else **Go to CCRC.06**

CCRC.04

SIGMTES1 How long has it been since your most recent sigmoidoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
 - 5 10 or more years agoDo not read:
 - 7 Don't know / Not sure
 - 9 Refused
- Go to CCRC.06**

CCRC.05

LASTSIG3 How long has it been since your most recent colonoscopy or sigmoidoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years agoDo not read:
- 7 Don't know / Not sure
- 9 Refused

CCRC.06**COLNCNCR**

Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes Go to CCRC.07
2 No 7 Don't Know/Not sure 9 Refused **Go to Next Module**

CCRC.07**VIRCOLO1**

A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon.

Have you ever had a virtual colonoscopy? **Note:** CT colonography, sometimes

called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

- 1 Yes **Go to CCRC.08**
2 No 7 Don't Know/Not sure 9 Refused **Go to CCRC.09**

CCRC.08**VCLNTES1**

When was your most recent CT colonography or virtual colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
Do not read:
7 Don't know / Not sure
9 Refused

CCRC.09**SMALSTOL**

One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

- 1 Yes **Go to CCRC.10**

Note: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

- 2 No
7 Don't know/ not sure
9 Refused **Go to CCRC.11**

CCRC.10**STOLTEST**

How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 3 years (2 years but less than 3 years ago)
4 Within the past 5 years (3 years but less than 5 years ago)
5 5 or more years ago
Do not read:
7 Don't know / Not sure
9 Refused

CCRC.11**STOOLDN1**

Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

1 Yes **Go to CCRC.12**

2 No 7 Don't Know/Not sure

9 Refused

Go to Next Module

CCRC.12**BLDSTFIT**

Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

1 Yes

2 No

7 Don't Know/Not sure

9 Refused

Note: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

CCRC.13**SDNATEST1**

How long has it been since you had this test?

Read if necessary:

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago Do not read:

7 Don't know / Not sure

9 Refused

Core Section 12: Tobacco Use

CTOB.01**SMOKE100**

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

1 Yes **Do not include:** electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.

2 No 7 Don't know/Not Sure

9 Refused

Go to CTOB.03

CTOB.02**SMOKDAY2**

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

1 Every day

2 Some days

3 Not at all

7 Don't know / Not sure

9 Refused

CTOB.03**USENOW3** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?**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.

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

CTOB.04**NEW** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?**Note:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. 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.

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

Do not read: 7 Don't know / Not sure 9 9 Refused

Core Section 13: Lung Cancer Screening

If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04.

CLC.01**LCSFIRST** You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.How old were you when you first started to smoke cigarettes regularly?
___ Age in Years (001 – 100)**Note:** Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).**Note:** If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.

- 777 Don't know/Not sure
- 999 Refused
- 888 Never smoked cigarettes regularly **Go to CLC.04**

CLC.02

LCSLAST How old were you when you last smoked cigarettes regularly?
 ___ Age in Years (001 – 100)
 777 Don't know/Not sure
 999 Refused

CLC.03

LCSNUMCG On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?

Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes.

Below is a conversion table:

- 0.5 pack = 10 cigarettes
 - 1.75 pack = 35 cigarettes
 - 0.75 pack = 15 cigarettes
 - 2 packs = 40 cigarettes
 - 1 pack = 20 cigarettes
 - 2.5 packs= 50 cigarettes
 - 1.25 pack = 25 cigarettes
 - 3 packs= 60 cigarettes
 - 1.5 pack = 30 cigarettes
- ___ Number of cigarettes
 777 Don't know/Not sure
 999 Refused

CLC.04

The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

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

CLC.05

Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

- 1 Yes
- 2 No 7 Don't know/not sure 9 Refused **Go to Next section**

CLC.06

When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read: 7 Don't know / Not sure
 9 Refused

Core Section 14: Alcohol Consumption

Prologue: The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

CALC.01

ALCDAYS5 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

1 __ Days per week

2 __ Days in past 30 days

Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

888 No drinks in past 30 days 777 Don't know / Not sure **Go to next section**

999 Refused **Go to next section**

CALC.02

AVEDRNK3 During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

__ Number of drinks

88 None

77 Don't know / Not sure

99 Refused

Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

CALC.03

DRNK3GE5 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?

__ Number of times

77 Don't know / Not sure

88 no days

99 Refused

Note: CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)

CALC.04

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

__ Number of drinks

77 Don't know / Not sure

99 Refused

Core Section 15: Immunization

CIMM.01

FLUSHOT7 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?
1 Yes

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.

2 No 7 Don't know / Not sure 9 Refused **Go to CIMM.03**

CIMM.02

FLSHTMY3 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?
__ / ____ Month / Year
77 / 7777 Don't know / Not sure
09 / 9999 Refused

CIMM.03

PNEUVAC4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

CIMM.04

TETANUS2 Have you received a tetanus shot in the past 10 years?
1 Yes, received Tdap
2 Yes, received tetanus shot, but not Tdap
3 Yes, received tetanus shot but not sure what type

If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?
4 No, did not receive any tetanus shot in the past 10 years
7 Don't know/Not sure
9 Refused

Core Section 16: H.I.V./AIDS

CHIV.01

HIVTST7 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?
1 Yes

Note: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

2 No 7 Don't know/ not sure 9 Refused **Go to CHIV.03**

CHIV.02

HIVTSTD3 Not including blood donations, in what month and year was your last H.I.V. test?
__/_/____ Code month and year

Don't read: 77/ 7777 Don't know / Not sure 99/ 9999 Refused

Note: If response is before January 1985, code "777777".

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

CHIV.03

HIVRISK5 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.
You have been treated for a sexually transmitted disease or STD in the past year.
You have given or received money or drugs in exchange for sex in the past year.
You had anal sex without a condom in the past year.
You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Emerging Core: Long-term COVID Effects

COVID.01

NEW

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?

1 Yes

3 Tested positive using home test without health professional

Note: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing including home tests..

Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

2 No

7 Don't know / Not sure

9 Refused

Go to next section

COVID.02

NEW

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

1 Yes

Note: Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself

2 No

7 Don't know / Not sure

9 Refused

Go to next section

COVID.03

NEW

Which of the following was the primary symptom that you experienced? Was it....

READ: 1 Tiredness or fatigue

2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog")

3 Difficulty breathing or shortness of breath

4 Joint or muscle pain

5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain

6 Dizziness on standing

7 Depression, anxiety, or mood changes

8 Symptoms that get worse after physical or mental activities

9 You did not have any long-term symptoms that limited your activities.

77 Don't know/Not sure

99 Refused

Closing Statement/ Transition to Modules

Note: Read if no optional modules follow, otherwise continue to optional modules.

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.

Optional Modules

Module 6: Shingles Vaccination

If age \leq 49 Go to next module.

M06.01

SHINGLE2 Have you ever had the shingles or zoster vaccine?
1 Yes
2 No
7 Don't know / Not sure
9 Refused

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

Module 9: Cancer Survivorship: Type of Cancer

If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.

MTOC.01

CNCRDIFF You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.
How many different types of cancer have you had?
1 Only one
2 Two
3 Three or more
7 Don't know / Not sure 9 Refused **Go to next module**

MTOC.02

CNCRAGE At what age were you told that you had cancer?
__ Age in Years (97 = 97 and older)
98 Don't know/Not sure
99 Refused

Note: If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?

Read if necessary: This question refers to the first time they were told about their first cancer.

Note: If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer

MTOC.03

*****NEW***** What kind of cancer is it?

Note: If MTOC.01 = 2 (Two) or 3 (Three or more), ask:

With your most recent diagnoses of cancer, what type of cancer was it?

Read if respondent needs prompting for cancer type:

01 Bladder	13 Liver	25 Stomach
02 Blood	14 Lung	26 Testis/Testicular
03 Bone	15 Lymphoma	27 Throat - pharynx
04 Brain	16 Melanoma	28 Thyroid
05 Breast	17 Mouth/tongue/lip	29 Uterus/Uterine
06 Cervix/Cervical	18 Ovary/Ovarian	30 Other
07 Colon	19 Pancreas/Pancreatic	Do not read:
08 Esophagus/Esophageal	20 Prostate	77 Don't know / Not sure
09 Gallbladder	21 Rectum/Rectal	99 Refused
10 Kidney	22 Skin (non-melanoma)	
11 Larynx-trachea	23 Skin (don't know what kind)	
12 Leukemia	24 Soft tissue (muscle or fat)	

Module 10: Cancer Survivorship: Course of Treatment

Note: If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.

MCOT.01

CSRVRT3 Are you currently receiving treatment for cancer?

Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Read if necessary:

- 1 Yes Go to next module
- 2 No, I've completed treatment **Continue**
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary
- 7 Don't know / Not sure
- 9 Refused Go to next module

MCOT.02

CSRVDOC1 What type of doctor provides the majority of your health care? Is it a....

- Read:**
- 01 Cancer Surgeon
 - 02 Family Practitioner
 - 03 General Surgeon
 - 04 Gynecologic Oncologist
 - 05 General Practitioner, Internist
 - 06 Plastic Surgeon, Reconstructive Surgeon
 - 07 Medical Oncologist
 - 08 Radiation Oncologist
 - 09 Urologist
 - 10 Other

Do not read: 77 Don't know / Not sure 99 Refused

If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). **Read if necessary:** An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

MCOT.03

CSRVSUM Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?

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

Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

MCOT.04

CSRVRTRN Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No 7 Don't know/ not sure 9 Refused **Go to MCOT.06**

MCOT.05

CSRVINST Were these instructions written down or printed on paper for you?

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

MCOT.06

CSRVINSR With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

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

Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.

MCOT.07

CSRVDEIN Were you ever denied health insurance or life insurance coverage because of your cancer?

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

MCOT.08

CSRVCLIN Did you participate in a clinical trial as part of your cancer treatment?

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

Module 11: Cancer Survivorship: Pain Management

If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.

MCPM.01 Do you currently have physical pain caused by your cancer or cancer treatment? CS-
RVPAIN 1 Yes
 2 No 7 Don't know/ not sure 9 Refused **Go to next module**

MCPM.02
CSRVCTL2 Would you say your pain is currently under control...?
Read: 1 With medication (or treatment)
 2 Without medication (or treatment)
 3 Not under control, with medication (or treatment)
 4 Not under control, without medication (or treatment)
Do not read: 7 Don't know / Not sure 9 Refused

Module 13: Cognitive Decline

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

M13.01
CIMEMLOS

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

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

1 Yes **Go to M13.02**
 2 No Go to next module
 7 Don't know/ not sure Go to M13.02
 9 Refused Go to next module

M13.02
CDHOUSE

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

1 Always
 2 Usually
 3 Sometimes
 4 Rarely
 5 Never

Do not read: 7 Don't know/Not sure 9 Refused

M13.03

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

- Read:**
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

Do not read: 7 Don't know/Not sure 9 Refused **Go to M13.05**

M13.04

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

- Read:**
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

Do not read: 7 Don't know/Not sure 9 Refused

M13.05

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

- Read:**
- 1 Always
 - 2 Usually
 - 3 Sometimes
 - 4 Rarely
 - 5 Never

Do not read: 7 Don't know/Not sure 9 Refused

M13.06

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

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

Module 14: Caregiver

M14.01

CAREGIV1 During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

1 Yes **NOTE:** If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss

2 No

7 Don't know/Not sure **Go to M14.09**

8 Caregiving recipient died in past 30 days **Go to next module**

9 Refused **Go to M14.09**

M14.02

CRGVREL3 What is his or her relationship to you?

01 Mother

02 Father

03 Mother-in-law

04 Father-in-law

05 Child

06 Husband

07 Wife

08 Live-in partner

09 Brother or brother-in-law

10 Sister or sister-in-law

11 Grandmother

12 Grandfather

13 Grandchild

14 Other relative

15 Non-relative/ Family friend

77 Don't know/Not sure

99 Refused

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

M14.03

CRGVLNG1 For how long have you provided care for that person?

Read if necessary:

1 Less than 30 days

2 1 month to less than 6 months

3 6 months to less than 2 years

4 2 years to less than 5 years

5 More than 5 years

Do not read: 7 Don't Know/ Not Sure

9 Refused

M14.04

CRGVHRS1 In an average week, how many hours do you provide care or assistance?

Read if necessary:

1 Up to 8 hours per week

2 9 to 19 hours per week

3 20 to 39 hours per week

4 40 hours or more

Do not read: 7 Don't know/Not sure

9 Refused

M14.05

CRGVPRB3 What is the main health problem, long-term illness, or disability that the person you care for has?

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)
- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/ infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

NOTE: If M14.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue

M14.06

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

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

M14.07

CRGVPER1 In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

M14.08

CRGVHOU1 In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused **If M14.01 = 1 or 8, go to next module**

M14.09

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

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

Module 15: Adverse Childhood Experiences

Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

M15.01

ACEDEPRS Now, looking back before you were 18 years of age---

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

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

M15.02

ACEDRINK Did you live with anyone who was a problem drinker or alcoholic?

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

M15.03

ACEDRUGS Did you live with anyone who used illegal street drugs or who abused prescription medications?

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

M15.04

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

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

M15.05
ACEDIVRC Were your parents separated or divorced?
1 Yes
2 No
8 Parents not married
7 Don't Know/Not Sure
9 Refused

M15.06
ACEPUNCH How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?
Was it...
Read: 1 Never
2 Once
3 More than once
Don't Read: 7 Don't know/Not Sure
9 Refused

M15.07
ACEHURT1 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—
Read:
1 Never
2 Once
3 More than once
Don't Read:
7 Don't know/Not Sure
9 Refused

M15.08
ACESWEAR How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...
Read: 1 Never
2 Once
3 More than once
Don't Read:
7 Don't know/Not Sure
9 Refused

M15.09
ACETOUCH How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...
Read:
1 Never
2 Once
3 More than once
Don't Read:
7 Don't know/Not Sure
9 Refused

M15.10**ACETTHEM**

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M15.11**ACEHVSEX**

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

Read:

- 1 Never
- 2 Once
- 3 More than once

Don't Read:

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

M15.12

For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1. Never
- 2. A little of the time
- 3. Some of the time
- 4. Most of the time
- 5. All of the time
- 7 Don't Know/Not sure
- 9 Refused

M15.13

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?

- 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

Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.

If yes provide the number: 1-800-4-A-CHILD (1-800-422-4453)

Module 17: Marijuana Use

Preamble: The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

MMU.01

MARIJAN1 During the past 30 days, on how many days did you use marijuana or cannabis?
__ _ 01-30 Number of days **Note:** Do not include hemp-based CBD-only products.
88 None
77 Don't know/not sure
99 Refused **Go to next module**

MMU.02

NEW

During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused **Note:** Do not include hemp-based CBD-only products.

MMU.03

NEW

...eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused **Note:** Do not include hemp-based CBD-only products.

MMU.04

NEW

...vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused **Note:** Do not include hemp-based CBD-only products.

MMU.05

NEW

...dab it (for example, using a dabbing rig, knife, or dab pen)?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused **Note:** Do not include hemp-based CBD-only products.

MMU.06

NEW

...use it in some other way?
1 Yes
2 No
7 Don't Know/Not Sure
9 Refused **Note:** Do not include hemp-based CBD-only products.

Note: If respondent answers yes to only one type of use, skip MMU.07
Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).

MMU.07

USEMRJN3 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... **Note:** Do not include hemp-based CBD-only products.

Note: Select one. If respondent provides more than one say: Which way did you use it most often?

- Read:**
- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
 - 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)
 - 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
 - 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or
 - 5 Use it some other way.

Do not read:

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

Module 26: Sexual Orientation and Gender Identity (SOGI)

Prologue: The next two questions are about sexual orientation and gender identity

If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.

MSOGI.01a

SOMALE Which of the following best represents how you think of yourself?

551

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

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

- 1 = Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

Note: If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise **go to MSOGI.02.**

MSOGI.01b

SOFEMALE Which of the following best represents how you think of yourself?

552

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

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

- 1 = Lesbian or Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

MSOGI.02**TRNSGNDR** Do you consider yourself to be transgender?**553**

Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Note: If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.

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

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

- 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

Module 27: Family Planning

IF RESPONDENT GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE

PROLOGUE: The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

MFP.01 In the past 12 months, did you have sexual intercourse?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused **Go to next module**

MFP.02 Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No **GO TO MFP.06**
- 7 Don't know/ not sure
- 9 Refused **GO TO MFP.07**

MFP.03 The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

Read if necessary:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method **Note:** IF RESPONDENT REPORTS "OTHER METHOD," ASK RE-

SPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Do not read: 77 Don't know/Not sure
99 Refused

NOTE: IF RESPONDENT REPORTS USING TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. CODE THE OTHER METHOD IN QUESTION 4 (**DO NOT ASK QUESTION 4**).

IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. OF THE REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (**DO NOT ASK QUESTION 4**).

MFP.04 The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

Read if necessary:

- 00 Nothing else
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method **INTERVIEWER NOTE:** IF RESPONDENT REPORTS "OTHER METHOD,"

ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Do not read: 77 Don't know/Not sure
99 Refused

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

Note: Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05

MP.05 Where did you get the [response from Q3] you used when you last had sexual intercourse?

Read if necessary:

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic [
- 04 School or school-based clinic [
- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In- store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place **Go to MFP.07**

MFP.06 Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.
What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

Read if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons **Note:** IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT

TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Do not read: 77 Don't know/Not sure
99 Refused

- MFP.07** If you could use any birth control method you wanted, what method would you use?
- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
 - 02 Male sterilization (vasectomy)
 - 03 Contraceptive implant
 - 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
 - 05 Shots (Depo-Provera)
 - 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
 - 07 Condoms (male or female)
 - 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
 - 09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)
 - 10 Withdrawal or pulling out
 - 11 Emergency contraception or the morning after pill (Plan B or ella)
 - 12 Other method
 - 13 I am using the method that I want to use
 - 14 I don't want to use any method
- Do not read:**
- 77 Don't know/Not sure
 - 99 Refused

Module 28: Reactions to Race

- MRTR.01** Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country?

Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 07 Mixed Race
- 08 Some other group
- 77 Don't know / Not sure
- 99 Refused

Note: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.

MRTR.02 How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

Note: The responses can be interpreted as meaning "at least" the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check "once a month" as the response.

MRTR.03 Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

Note: If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]

MRTR.04 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

MRTR.05 Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

Note: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences"

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

- MRTR.06** Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

VA State-Added 6: Gambling (2022 New)

- VA6.1** During the past 12 months, how many times have you gambled or bet with money or possessions?

Read if Necessary:

- 1 0 times (GOTO Next Section)
- 2 1 or 2 times
- 3 3 to 9 times
- 4 10-19 times
- 5 20-39 times
- 6 40 or more times
- 7 Don't Know/Not Sure (GOTO Next Section)
- 9 Refused (GOTO Next Section)

INTERVIEWER NOTE: Types of gambling include casino, races, online games, lottery tickets, scratch tickets, bingo, keno, dice, raffles, video terminals, cards, fantasy sports, or sporting events

- VA6.2** Has the money or time that you spent on gambling led to financial problems or problems in your family, work, school, or personal life?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

VA State-Added 3: Sexual Violence (2021 VA SAQ3)

VA3_INTRO: 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 you do not want to answer.

Are you in a safe place to answer these questions?

(continued next page)

VA3_INTRO:

Spanish: 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 un lugar seguro puede pedirme que omita cualquier pregunta que no quiera responder.

¿Se encuentra en un lugar seguro para responder a estas preguntas?

- VA3_INTRO** 1 Yes
 2 No (GO TO VA5.1)

VA3.1

My first questions are about unwanted sexual experiences you may have had.

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)?

Spanish:

Mis primeras preguntas se refieren a las experiencias sexuales no deseadas que pueda haber tenido.

En los últimos 12 meses, ¿alguien ha tocado partes sexuales de su cuerpo después de que usted dijera o mostrara que no quería que lo hicieran, o sin su consentimiento (por ejemplo, ser manoseado o acariciado)?

- VA3.1** 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

VA3.2

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?

Spanish:

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 vea un mirón o que alguien te haga ver fotos o películas sexuales.

- VA3.2** 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

Read: 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.

Spanish: 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 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.

VA3.3 Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

Spanish: ¿Alguna vez alguien ha tenido relaciones sexuales con usted después de haber dicho o demostrado que no lo quería o sin su consentimiento?

- VA3.3** 1 Yes
2 No
7 Don't know / Not sure
9 Refused IF VA3.3 = 2, 7, OR 9, GO TO VA3.5

VA3.4 Has this happened in the past 12 months?

Spanish: ¿Ha ocurrido esto en los últimos 12 meses?

- VA3.4** 1 Yes
2 No
7 Don't know / Not sure
9 Refused

VA3.5 Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

Spanish: ¿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?

- VA3.5** 1 Yes
2 No
7 Don't know / Not sure
9 Refused IF VA3.5 = 2, 7, OR 9, GO TO VA3.7

VA3.6 Has this happened in the past 12 months?

Spanish: ¿Ha ocurrido esto en los últimos 12 meses?

- VA3.6** 1 Yes
2 No
7 Don't know / Not sure
9 Refused

CATI note: If VA3.3 = 1 (Yes) or VA3.5 = 1 (Yes); continue. Otherwise, read closing statement.

VA3.7 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 consent? What was that person’s relationship to you?

Spanish: 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?

VA3.7 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
- 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 If VA3.7 = 20, GO TO CLOSING STATEMENT

VA3.8 Was the person who did this male or female?

Spanish: ¿La persona que lo hizo era hombre o mujer?

- VA3.8**
- 1 Yes
 - 2 No
 - 7 Don’t know / Not sure
 - 9 Refused

CLOSING STATEMENT: 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 me to repeat this number?

Spanish: 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?

VA State-Added 4: Intimate Violence (2021 VA SAQ 4)

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 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.

Spanish: 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 un lugar seguro puedes pedirme que omita cualquier pregunta que no quiera responder.

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 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.

Spanish: 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 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.

- VA4_INTRO**
- 1 Yes, Continue
 - 2 No, skip section [Go to closing statement]

VA4.1 Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or hurt you in any way.

Spanish: ¿ALGUNA VEZ un compañero íntimo le ha AMENAZADO con violencia física? Esto incluye la amenaza de golpear, abofetear, empujar, patear o hacerle daño de cualquier manera.

- VA4.1**
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

VA4.2 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.

Spanish: ¿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.

- VA4.2** 1 Yes
2 No
7 Don't know / Not sure
9 Refused

VA4.3 Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

Spanish: ¿ALGUNA VEZ una pareja íntima le ha pegado, abofeteado, empujado, pateado o herido de alguna manera?

- VA4.3** 1 Yes
2 No
7 Don't know / Not sure
9 Refused

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.

Spanish: 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.

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.

Spanish: 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 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

VA4.4 Have you EVER experienced any unwanted sex by a current or former intimate partner?
Spanish: ¿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

CATI note: If VA4.3 = 1 (Yes) or VA4.4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.

VA4.5 In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

Spanish: En los últimos 12 meses, ¿ha sufrido algún tipo de violencia física o ha tenido relaciones sexuales no deseadas con una pareja íntima? 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.

VA4.6 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?

Spanish: 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?

VA4.6 1 Yes

2 No

7 Don't know / Not sure

9 Refused

VA4.7 At the time of the most recent incident involving an intimate partner who was physically violent—or—had unwanted sex with you, what was that person's relationship to you?

Spanish: 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?

VA4.7 Do not read:

0 1 Current boyfriend

0 2 Current girlfriend

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

CLOSING STATEMENT: 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 call. The number is 1- 800-799-SAFE (7233). Would you like me to repeat the number?

Spanish: 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?

VA State-Added 5: Veteran's Health (2021 VA SAQ5)

The next questions ask about your risk 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.

Spanish: 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 expresar están en riesgo. Aunque este es un tema delicado, le pedimos que responda las siguientes preguntas lo mejor que pueda. También queremos asegurarle una vez más que las respuestas a estas preguntas son completamente confidenciales

VA5.1 Has there been a time in the past 12 months when you thought of taking your own life?

Spanish: ¿Ha habido algún momento en los últimos 12 meses en el que haya pensado en quitarse la vida?

- VA5.1** 1 Yes
2 No
7 Don't know / Not sure
9 Refused IF VA5.1 = 2,7, OR 9, GO TO NEXT MODULE

VA5.2 During the past 12 months, did you attempt to commit suicide? Would you say---

Spanish: Durante los últimos 12 meses, ¿intentó suicidarse? ¿Diría usted que...?

- VA5.2 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

Spanish: 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
4 No

- Do not read:**
7 Don't know / Not sure
9 Refused

Ending statement for section: 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?



Spanish: Tengo presente de que esto puede ser un tema delicado y algunas personas 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?

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.