



# VIRGINIA Behavioral Risk Factor Surveillance System



# 2023 QUESTIONNAIRE

January 2023

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## Introductory Text

### Read if necessary:

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 no person is 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 Marquisette Glass Lewis at [grp2@cdc.gov](mailto:grp2@cdc.gov).

## Interviewer's Script

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

**LL02.** 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

**LL03.** 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.

**LL04.** 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.** 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.** Are you 18 years of age or older?

- 1 Yes IF COLLEGE HOUSING (LL03) = "YES," GO TO LL09;  
OTHERWISE GO TO NUMBER OF ADULTS LL07

- 2 No IF COLLEGE HOUSING (LL03) = "YES," Terminate;  
OTHERWISE GO TO NUMBER OF ADULTS LL07

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

**LL07.** 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?

2-6 or more Go to LL08.

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.

**LL08.** The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?  
if person indicates that they are not the selected respondent, ask for correct respondent and re-ask.

**LL08.** (See CATI programming)

**LL09.** Are you?

**Read:** 1 Male

2 Female

3 Unspecified or another gender identity Go to Transition Section 1.

**Do not read:** 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.

7 Don't know/Not sure

9 Refused Go to LL10

**LL10.** What was your sex at birth? Was it male or female?

1 Male

2 Female

7 Don't know/Not sure

9 Refused If '7' or '9' then TERMINATE

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

**Read if necessary:** "What sex were you assigned at birth on your original birth certificate?"

**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.

**Note:** 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.** 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.** Is this [PHONE NUMBER]?  
1 Yes Go to CP03  
2 No TERMINATE

**CP03.** Is this a cell phone? 1 Yes Go to CP04  
2 No TERMINATE If "no": thank you very much, but we are only interviewing  
persons on cell telephones at this time

**CP04.** Are you 18 years of age or older?  
1 Yes Go to CP05.  
2 No TERMINATE Read: Thank you very much but we are only interviewing  
persons aged 18 or older at this time.

**CP05.** Are you ?  
1 Male  
2 Female Go to CP07.  
3 Unspecified or another gender identity  
7 Don't know/Not sure  
9 Refused Go to CP06

**CP06.** What was your sex at birth? Was it male or female?  
1 Male  
2 Female  
7 Don't know/Not sure  
9 Refused If '7' or '9' then terminate.

"Thank you for your time, your number may be selected for another survey in the future."  
**Read if necessary:** "What sex were you assigned at birth on your original birth certificate?"

**CP07.** Do you live in a private residence?  
1 Yes Go to CP09

**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 CP08

**CP08.** Do you live in college housing?  
1 Yes Go to CP09

**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.

**CP09.** Do you currently live in \_\_\_Virginia\_\_\_?  
 1 Yes Go to CP11  
 2 No Go to CP10

**CP10.** 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.

**CP11.** 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.

**CP12.** 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 CP08 = 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** Would you say that in general your health is—

**GENHLTH**

**Read:** 1 Excellent  
2 Very Good  
3 Good  
4 Fair  
5 Poor

**Do not read:**

7 Don't know/Not sure  
9 Refused

## 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

77 Don't know/not sure

99 Refused

88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

**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

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

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** What is the current source of your primary health insurance? **\*\*\*NEW\*\*\***

**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** Do you have one person or a group of doctors that you think of as your personal health care provider? **\*\*\*NEW\*\*\***

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

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

**NOTE:** if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.

**CHCA.03** Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

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

**CHCA.04** About how long has it been since you last visited a doctor for a routine checkup?

- 1 CHECKUP

**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

**Read if necessary:** A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

## Core Section 4: Exercise (Physical Activity)

### CEXP.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

If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. Physical activity done at a work gym during the workday would count.

- 2 No
- 7 Don't know/Not Sure
- 9 Refused     Go to CEXP.08

### CEXP.02

**EXTRACT11** What type of physical activity or exercise did you spend the most time doing during the past month?

\_\_\_\_\_ Specify from Physical Activity Coding List  
See Physical Activity Coding List.

If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 77 Don't know/ Not Sure
- 99 Refused     Go to CEXP.08

### CEXP.03

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

- 1\_\_ Times per week
- 2\_\_ Times per month
- 777 Don't know / Not sure
- 999 Refused

### CEXP.04

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

- \_:\_\_ Hours and minutes
- 777 Don't know / Not sure
- 999 Refused

**CEXP.05**

**EXTRACT21** What other type of physical activity gave you the next most exercise during the past month? \_\_\_\_\_ Specify from Physical Activity List  
See Physical Activity Coding List.

If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 88 No other activity
- 77 Don't know/ Not Sure
- 99 Refused Go to C11.08

**CEXP.06**

**EXEROFT2** How many times per week or per month did you take part in this activity during the past month?  
1\_\_ Times per week  
2\_\_ Times per month  
777 Don't know / Not sure  
999 Refused

**CEXP.07**

**EXERHMM2** And when you took part in this activity, for how many minutes or hours did you usually keep at it? \_\_:\_\_ Hours and minutes  
777 Don't know / Not sure  
999 Refused

**CEXP.08**

**STRENGTH** During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?  
1\_\_ Times per week  
2\_\_ Times per month  
888 Never  
777 Don't know / Not sure  
999 Refused

Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

## Core Section 5: Hypertension Awareness

**CHYPA.01** Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?  
1 Yes If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

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

- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
- 7 Don't know / Not sure
- 9 Refused Go to next section

**CHYPA.02**

- BPMEDS** Are you currently taking prescription medicine for your high blood pressure?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

## Core Section 6: Cholesterol Awareness

**CCHLA.01**

- CHOLCHK2** Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?
- 1 Never      Go to CCHLA.03
  - 2 Within the past year (anytime less than one year ago)
  - 3 Within the past 2 years (1 year but less than 2 years ago)
  - 4 Within the past 3 years (2 years but less than 3 years ago)
  - 5 Within the past 4 years (3 years but less than 4 years ago)
  - 6 Within the past 5 years (4 years but less than 5 years ago)
  - 8 5 or more years ago
  - 7 Don't know/ Not sure
  - 9 Refused      Go to next section

**CCHLA.02**

- TOLDHI2** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?
- 1 Yes By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CCHLA.03**

- CHOLMED2** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

If respondent questions why they might take drugs without having high cholesterol **read:** Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk.

## Core Section 7: Chronic Health Conditions

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

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

**CCHC.08** (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease),  
**CHCCOPD3** 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** (Ever told) (you had) diabetes?

**DIABETE4** 1 Yes **If yes and respondent is female, ask:** was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 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.12**

**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.

**CCHC.13** (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes

**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)

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

## Core Section 8: Demographics

**CDEM.01** What is your age?  
**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  
 5 No  
 7 Don't know / Not sure  
 9 Refused

One or more categories may be selected.

**CDEM.03** Which one or more of the following would you say is your race?  
**MRACE1** **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	88 No additional choices
77 Don't know / Not sure	
99 Refused	

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

One or more categories may be selected.

If respondent indicates that they are Hispanic for race, please read the race choices.

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

**CDEM.05** Are you...  
**MARITAL** **Please read:**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- Or 6 A member of an unmarried couple

**Do not read:** 9 Refused

**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** Do you own or rent your home?**RENTHOM1**

- 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** In what county do you currently live?**CTYCODE2**

- \_\_\_ \_ ANSI County Code
- 777 Don't know / Not sure
- 999 Refused
- 888 County from another state

**CDEM.09** What is the ZIP Code where you currently live?**ZIPCODE1**

- \_\_\_ \_\_\_ \_\_\_ 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 telephone number in your household?

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

**CDEM.11** How many of these telephone numbers are residential numbers?**NUMPHON3**

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



**CDEM.12****CPDEMO1B** How many cell phones do you have for personal use?

\_\_ Enter number (1-5)

6 Six or more

7 Don't know / Not sure

8 None

9 Refused Last question needed for partial complete.

**Read if necessary:** Include cell phones used for both business and personal use.**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** Are you currently...?**EMPLOY1** **Read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired

Or

8 Unable to work

**Do not read:** 9 Refused

If more than one, say "select the category which best describes you".

**CDEM.15** How many children less than 18 years of age live in your household?**CHILDREN** \_\_ Number of children

88 None

99 Refused

**CDEM.16** Is your annual household income from all sources—**\*\*\*NEW\*\*\*****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;  
 Start with category 05 and move up or down categories.  
 If respondent refuses at ANY income level, code '99' (Refused)

Skip to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or Age > 49

**CDEM.17** To your knowledge, are you now pregnant?  
**PREGNANT** 1 Yes  
 2 No  
 7 Don't know / Not sure  
 9 Refused

**CDEM.18** About how much do you weigh without shoes?  
**WEIGHT2** \_\_\_\_\_Weight (pounds/kilograms)  
 7777 Don't know / Not sure  
 9999 Refused

If respondent answers in metrics, put 9 in first column. Round fractions up

**CDEM.19** About how tall are you without shoes?  
**HEIGHT3** \_\_ / \_\_ Height (ft / inches/meters/centimeters)  
 77/ 77 Don't know / Not sure  
 99/ 99 Refused

If respondent answers in metrics, put 9 in first column. Round 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?

*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?*

**VA1.1** **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

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

## 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: Falls

Skip Section if AGE, coded 18-44

### CFAL.01

**FALL12MN** In the past 12 months, how many times have you fallen?

\_\_ Number of times [76 = 76 or more]

**Read if necessary:** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

88 None

77 Don't know / Not sure

99 Refused                      Go to Next Section

### CFAL.02

**FALLINJ4** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor?

\_\_ Number of falls [76 = 76 or more]

88 None

77 Don't know / Not sure

99 Refused

**Read if necessary:** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

## Core Section 11: 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?

1 Every day

2 Some days

3 Not at all

7 Don't know / Not sure

9 Refused

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

**CTOB.04** 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?

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

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.

If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life."

## Core Section 12: 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

**ALCDAY5** During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 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
- 999 Refused Go to next section

### CALC.02

**AVEDRINK3** 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

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 13: 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.

If age <50 Go to next section

**CIMM.04**

**SHINGLE2** Have you ever had the shingles or zoster vaccine?

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

**Read if necessary:** 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.

## Core Section 14: 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

**Read:** 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 Next section

### CHIV.02

**HIVTSTD3** Not including blood donations, in what month and year was your last H.I.V. test?

\_\_ / \_\_\_\_ Code month and year

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

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

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

## Core Section 15: Seat Belt Use / Drinking and Driving

### CSBD.01

**SEATBELT** How often do you use seat belts when you drive or ride in a car?

Would you say—

**Read:**

1 Always

2 Nearly always

3 Sometimes

4 Seldom

5 Never

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

8 Never drive or ride in a car Go to next section

9 Refused

If CALC.01 = 888 (No drinks in the past 30 days); go to next section.

### CSBD.02

**DRNKDRI2** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

\_\_ Number of times

88 None

77 Don't know / Not sure

99 Refused

## Emerging Core: Long-term COVID Effects

**COVID.01** Have you ever tested positive for COVID-19 using a rapid point-of-care test, self-test, or laboratory test or been told by a doctor or other health care provider that you have or had COVID-19? **\*\*\*NEW\*\*\***

1 Yes

**Read if necessary:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests.

2 No

7 Don't know / Not sure

9 Refused Go to next section

**COVID.02** Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? **\*\*\*NEW\*\*\***

1 Yes

(ie. Long term conditions may be an indirect effect of COVID 19.)

**Read if necessary:**

- Tiredness or fatigue
- Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as “brain fog”)
- Difficulty breathing or shortness of breath
- Joint or muscle pain
- Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- Dizziness on standing
- Menstrual changes
- Symptoms that get worse after physical or mental activities
- Loss of taste or smell

2 No

7 Don't know / Not sure

9 Refused Go to next section

**COVID.03** Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?

**Please read:** 1 Yes, a lot

2 Yes, a little

3 Not at all

## Closing Statement/ Transition to Modules

**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 8: Cancer Survivorship: Type of Cancer

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

#### MTOC.01

**CNCRDIFF** **Read:** 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                      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.

**MTOC.03** What type of cancer was it?

Read if respondent needs prompting for cancer type:

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

**Do not read:**

- 77 Don't know / Not sure
- 99 Refused                      If MTOC.01 = 2 (Two) or 3 (Three or more),  
ask: With your most recent diagnoses of cancer, what type of cancer was it?

## Module 22: 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?  
1 = Gay  
2 = Straight, that is, not gay  
3 = Bisexual  
4 = Something else  
7 = I don't know the answer  
9 = Refused

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

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

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

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

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

### MSOGI.02

**TRNSGNDR** Do you consider yourself to be transgender?  
1 Yes, Transgender, male-to-female  
2 Yes, Transgender, female to male  
3 Yes, Transgender, gender nonconforming  
4 No  
7 Don't know/not sure  
9 Refused

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

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.

## Module 23: 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 Do not include hemp-based CBD-only products.  
88 None  
77 Don't know/not sure  
99 Refused Go to next module

### MMU.02

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

### MMU.03

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

### MMU.04

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

### MMU.05

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

### MMU.06

...use it in some other way? **\*\*\*NEW\*\*\***  
1 Yes  
2 No  
7 Don't Know/Not Sure  
9 Refused

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

**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

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

Do not include hemp-based CBD-only products.

## Module 24: 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.

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

### MACE.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

**MACE.02** Did you live with anyone who was a problem drinker or alcoholic?

**ACEDRINK** 1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

### MACE.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

**MACE.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

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

**MACE.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

**MACE.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

**MACE.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

**MACE.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

**MACE.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

**MACE.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

**MACE.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? **\*\*\*NEW\*\*\***

- 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

**MACE.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? **\*\*\*NEW\*\*\***

- 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

**Read if necessary:** 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 28: COVID Vaccination

- MCOV.01** Have you received at least one dose of a COVID-19 vaccination? **\*\*\*NEW\*\*\***
- 1 Yes Go to MCOV.03 (COVIDNUM)
  - 2 No Go to MCOV.02 (COVACGET)
  - 7 Don't know / Not sure
  - 9 Refused GOTO Next module

- MCOV.02**  
**COVACGET** Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?
- 1 Will definitely get a vaccine
  - 2 Will probably get a vaccine
  - 3 Will probably not get a vaccine
  - 4 Will definitely not get a vaccine
  - 7 Don't know/Not sure
  - 9 Refused Go to next MODULE

- MCOV.03**  
**COVIDNUM** How many COVID-19 vaccinations have you received?
- 1 One
  - 2 Two
  - 3 Three
  - 4 Four
  - 5 Five or more
  - 7 Don't know / Not sure
  - 9 Refused

Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4 or 5.

- MCOV.04**  
**COVIDINT** Which of the following best describes your COVID-19 vaccination status?
- 1 Already received all recommended doses
  - 2 Plan to receive all recommended doses
  - 3 Do not plan to receive all recommended doses
  - 7 Don't know/Not sure
  - 9 Refused

Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022.

## Module 29: Social Determinants and Health Equity

- MSDHE.01** In general, how satisfied are you with your life? Are you...
- Read:**
- 1 Very satisfied
  - 2 Satisfied
  - 3 Dissatisfied
  - 4 Very dissatisfied
  - 7 Don't know/not sure
  - 9 Refused

**MSDHE.02** How often do you get the social and emotional support that you need? Is that...

**Read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/not sure
- 9 Refused

**MSDHE.03** How often do you feel socially isolated from others? Is it...

**Read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/not sure
- 9 Refused

**MSDHE.04** In the past 12 months have you lost employment or had hours reduced?

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

**MSDHE.05** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

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

**MSDHE.06** During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**Read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/not sure
- 9 Refused

**MSDHE.07** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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



**MSDHE.08** During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

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

**MSDHE.09** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

**MSDHE.10** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...

**Read:**

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/not sure
- 9 Refused

## Module 30: 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

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?

**Read if necessary:**

- 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

**Ask if EMPLOY1= 1,2,4 [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?

- 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 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.

- 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

### Module 3 : Arthritis

Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)

**MARTH.01**

- ARTHEXER** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?
- 1 Yes
  - 2 No
  - 7 Don’t know / Not sure
  - 9 Refused

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

**MARTH.02**

- ARTHEDU** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?
- 1 Yes
  - 2 No
  - 7 Don’t know / Not sure
  - 9 Refused

**MARTH.03**

- LMTJOIN3** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- 1 Yes
  - 2 No
  - 7 Don’t know / Not sure
  - 9 Refused

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

**MARTH.04**

- ARTHDIS2** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?
- 1 Yes
  - 2 No

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

If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

**MARTH.05**  
**JOINPAI2**

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?

\_\_\_\_\_ Enter number [00-10]

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

## Module 13: Cognitive Decline

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

**MCOG.01** The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.  
During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

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

**MCOG.02** Are you worried about these difficulties with thinking or memory?

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

**MCOG.03** Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

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

**MCOG.04** During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

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

- MCOG.05** During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?
- 1 Yes
  - 2 No
  - 7 Don't know/ not sure
  - 9 Refused

## Module 17: Firearm Safety

**Prologue:** The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

- MFS.01** Are any firearms now kept in or around your home?
- 1 Yes Do not include guns that cannot fire; include those kept in cars, or outdoor storage.
  - 2 No
  - 7 Don't know/ not sure
  - 9 Refused Go to Next module

- MFS.02** Are any of these firearms now loaded?
- 1 Yes
  - 2 No
  - 7 Don't know/ not sure
  - 9 Refused Go to Next module

- MFS.03** Are any of these loaded firearms also unlocked?
- 1 Yes
  - 2 No
  - 7 Don't know/ not sure
  - 9 Refused

By unlocked, we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock.

## Module 19: Heart Attack and Stroke

- MHAS.01** Which of the following do you think is a symptom of a heart attack? For each, tell me 'Yes', 'No' or you're 'Not sure'.
- Do you think pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack)?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

- MHAS.02** (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.03** (Do you think) chest pain or discomfort (are symptoms of a heart attack?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.04** (Do you think) sudden trouble seeing in one or both eyes (are symptoms of a heart attack?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.05** (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.06** (Do you think) shortness of breath (are symptoms of a heart attack?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.07** Which of the following do you think is a symptom of a stroke ?  
For each, tell me 'Yes', "No" or you're "Not sure".  
  
(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.08** (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

- MHAS.09** (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.10** (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.11** (Do you think) sudden trouble walking, dizziness, or loss of balance (is a symptom of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.12** (Do you think) severe headache with no known cause (are symptoms of a stroke?)  
1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused
- MHAS.13** If you thought someone was having a heart attack or a stroke, what is the first thing you would do?  
**Please read:**  
1 Take them to the hospital  
2 Tell them to call their doctor  
3 Call 911  
4 Call their spouse or a family member  
Or  
5 Do something else  
**Do not read:** 7 Don't know / Not sure  
9 Refused

## Module 20: Aspirin for CVD Prevention

- MASPRN.01** How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke? Would you say....
- Read:** 1 Daily  
2 Some days  
3 Used to take it but had to stop due to side effects, or  
4 Do not take it
- Do not read:** 7 Don't know / Not sure  
9 Refused

## Module 27: Tetanus Diphtheria (Tdap) (Adults)

- MTDAP.01** Have you received a tetanus shot in the past 10 years?  
**TETANUS2**
- 1 Yes, received Tdap
  - 2 Yes, received tetanus shot, but not Tdap
  - 3 Yes, received tetanus shot but not sure what type
  - 4 No, did not receive any tetanus shot in the past 10 years
  - 7 Don't know/Not sure
  - 9 Refused

If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

## VA State-Added 2: Family Planning (2021, VA State-Added 1)

### VA2.1

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

*El siguiente conjunto de preguntas son sobre sus pensamientos y experiencias sobre la planificación familiar. Recuerde que todas sus respuestas se mantendrán confidenciales.*

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

*¿Usted o su pareja hicieron algo la última vez que tuvieron relaciones sexuales para evitar quedar embarazada?*

- Continue
- 1 Yes If respondent is female and greater than 49 years of age, is pregnant, or if respondent is male go to the next module.
  - 2 No If VA2\_1= 2, 7, OR 9, GO to VA2\_3
  - 3 No partner/ not sexually active
  - 4 Same sex partner
  - 7 Don't know / Not sure
  - 9 Refused IF VA2\_1=3 OR 4, Go to next module

**VA2.2** What did you or your partner do the last time you had sex to keep you from getting pregnant?

*¿Qué hicieron usted o su pareja la última vez que tuvo relaciones sexuales para evitar quedar embarazada?*

**Read if necessary:**

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylene)
- 05 IUD, Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)



- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)

If VA2.2 = 1 TO 18, GO TO VA2.4. IF VA2.2 = 77 OR 99, CONTINUE TO VA1.3. If respondent reports using more than one method, please code the method that occurs first on the list. If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”

If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

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

**Spanish:** 01 Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)  
02 Esterilización masculina (vasectomía)  
03 Implante anticonceptivo (p. ej., Nexplanon, Jadelle, Sino Implant , Implanon)  
04 DIU o dispositivo intrauterino de Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) u DIU hormonal (p. ej., Mirena, Skyla, Liletta, Kylena)  
05 DIU de alambre de cobre (p. ej., ParaGard)  
06 DIU de tipo desconocido  
07 Inyecciones (p. ej., Depo-Provera o DMPA )  
08 Pastillas anticonceptivas de cualquier tipo  
09 Parche anticonceptivo (p. ej., Ortho Evra, Xulane )  
10 Anillo anticonceptivo (p. ej., NuvaRing)  
11 Condones para hombres  
12 Diafragma, capuchón cervical o esponja  
13 Condones para mujeres  
14 No tiene relaciones sexuales en ciertos días (método de ritmo o método anti conceptivo natural)  
15 Retiro antes de la eyaculación (eyacula afuera)  
16 Espuma, gel, película o crema anticonceptiva  
17 Anticonceptivos de emergencia (pastilla de la "mañana siguiente")  
18 Otro método

**VA2.3** Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

*Algunas razones por la que no se hizo nada para evitar quedar embarazada la última vez que*

*tuvo relaciones sexuales pueden incluir querer quedar embarazada, no poder pagar el método anticonceptivo o no pensar que puede quedar embarazada.*

What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?

*¿Cuál fue la razón principal para no hacer nada la última vez que tuvo relaciones sexuales para evitar quedar embarazada?*

**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 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

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

- Spanish:**
- 01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija*
  - 02 Simplemente no lo pensé*
  - 03 No le importaba si quedaba embarazada*
  - 04 Quería quedar embarazada*
  - 05 Usted o su pareja no quieren usar métodos anticonceptivos*
  - 06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios*
  - 07 No tenía dinero para comprar un método anticonceptivo*
  - 08 Tuvo un problema para conseguir un método anticonceptivo cuando lo necesitaba*
  - 09 Razones religiosas*
  - 10 Interrumpió brevemente el uso de un método anticonceptivo*
  - 11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)*
  - 12 Tenía las trompas ligadas (esterilización)*
  - 13 Le hicieron una histerectomía*
  - 14 A su pareja le hicieron una vasectomía (esterilización)*
  - 15 Está amamantando actualmente*
  - 16 Acababa de tener un bebé/posparto*
  - 17 Está embarazada ahora*
  - 18 Su pareja es del mismo sexo*
  - 19 Otra razón*

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. 905-906

**[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY (M23.03 = 13), IS PREGNANT (C08.19 = 1), OR IF RESPONDENT IS MALE, GO TO THE NEXT MODULE.]**

**VA2.4** The next few questions ask about your recent experiences in accessing birth control. Some women use birth control for health reasons not related to pregnancy, regardless of whether they are sexually active.

*Las siguientes preguntas se refieren a sus experiencias recientes con la accesibilidad de anti-conceptivos. Algunas mujeres usan los anticonceptivos por razones de salud no relacionados con el embarazo, independientemente de si son sexualmente activas.*

In the past 12 months, have you ever had a time where you needed birth control but couldn't get it?

*En los últimos 12 meses, ¿alguna vez ha necesitado un método anticonceptivo pero no pudo obtenerlo?*

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED If VA2.4= 2,7, or 9, go to VA2.6.

**NOTE:** If respondent experienced ANY problems getting birth control in the last 12 months, code as 'Yes.'

**VA2.5** What is the main reason that delayed or stopped you from being able to access birth control when you needed it?

*¿Cuál es la razón principal por la que hubo un retraso o detuvo el acceso a los anticonceptivos cuando lo necesitaba?*

**VA2.5 READ ONLY IF NECESSARY:**

- 01 The clinic, pharmacy or store wasn't open when I needed to go
- 02 The clinic, pharmacy or store was too far away
- 03 I didn't have health insurance
- 04 It was too expensive
- 05 I didn't know enough about the methods available to me
- 06 The clinic, pharmacy or store didn't have the specific birth control method I wanted
- 07 The clinic, pharmacy or store doesn't provide birth control at all
- 08 My prescription ran out and I didn't get it renewed
- 09 I didn't have a doctor and so couldn't get a prescription
- 10 I didn't know where to go to get birth control
- 11 My partner didn't want me to use birth control
- 12 I was thinking about becoming pregnant
- 13 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

- Spanish:**
- 1 *La clínica, farmacia o tienda no estaba abierta cuando necesitaba ir*
  - 2 *La clínica, farmacia o tienda estaba demasiado lejos*
  - 3 *No tenía seguro de salud*
  - 4 *Era demasiado caro*
  - 5 *No sabía lo suficiente sobre los métodos disponibles para mí.*
  - 6 *La clínica, farmacia o tienda no tenían el método anticonceptivo específico que quería*
  - 7 *La clínica, farmacia o tienda no proporciona anticonceptivos en absoluto.*
  - 8 *Se me acabó la receta y no la renové*
  - 9 *No tenía un médico y no pude obtener una receta*
  - 10 *No sabía a donde ir para obtener anticonceptivos*
  - 11 *Mi pareja no quería que usara anticonceptivos*
  - 12 *Estaba pensando en quedar embarazada*
  - 13 *Otro*

**VA2.6** In the last 12 months, when you saw a doctor (or other health care provider), did you have a conversation about your desire to avoid pregnancy or become pregnant? Please select the answer that best represents your most recent experience.

*En los últimos 12 meses, cuando vio a un médico (u otro proveedor de atención médico), ¿tuvo una conversación sobre su deseo de evitar el embarazada o quedar embarazada? Por favor seleccione la respuesta que mejor represente su experiencia más reciente.*

**VA2.6 PLEASE READ:**

- 1 Yes, I brought it up with my provider
- 2 Yes, my provider brought it up with me
- 3 No
- 4 I haven't seen a doctor in the last 12 months
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

- Spanish:**
- 1 *Si lo mencione con mi proveedor*
  - 2 *Si, mi proveedor lo menciona*
  - 3 *No*
  - 4 *No he visto a un doctor en los últimos 12 meses*

**READ IF NECESSARY:** Going to the doctor could include visits like an annual check-up or going for a specific health condition not necessarily related to reproductive health.

*Ir al médico podría incluir visitas como un chequeo anual o ir por una afección de salud específica no necesariamente relacionada con la salud reproductiva.*

**VA2.7** The last time you got birth control, how did you pay for it?

*La última vez que obtuvo un método anticonceptivo, ¿Cómo lo pago?*

**VA2.7 READ ONLY IF NECESSARY:**

- 1 My insurance covered the entire cost
- 2 My insurance covered most of it, I paid a copay

- 3 I paid for all of it out-of-pocket
- 4 The clinic helped me pay for it
- 5 Someone else (friend, family, partner) helped me pay for it
- 6 I enrolled in a clinical trial in order to get it
- 88 DOESN'T APPLY—MY METHOD DOESN'T REQUIRE ME TO PAY ANYTHING
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

**Spanish:**

- 1 *Mi seguro médico cubrió todo el costo*
- 2 *Mi seguro cubrió la mayor parte, pague un copago*
- 3 *Pague todo de mi bolsillo*
- 4 *La clínica me ayudo a pagarlo*
- 5 *Alguien más (amigo, familia o pareja) me ayudo a pagarlo*
- 6 *Me inscribí en un estudio clínico para poder obtenerlo*
- 88 **NO ME APLICA: MI METODO NO ME REQUIERE QUE PAGUE NADA**

### **VA State-Added 3: Oral Health (2021, VA State-Added 2)**

**VA3.1** How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

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

- VA3.1**
- 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
  - 7 Don't know / Not sure
  - 8 Never
  - 9 Refused

**Spanish:**

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

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

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

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

**VA3.3** How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

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

**Read if necessary:**

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

**Spanish:**

- 1 1 a 5
- 2 6 o más pero no todos
- 3 Todos
- 4 Ninguno

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

## VA State-Added 4: Sexual Violence (2022, VA State-Added 3)

**VA5\_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?

*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?*

**VA5\_INTRO**

- 1 Yes
- 2 No (GO TO CLOSING STATEMENT)

**VA5.1** 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)?

*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)?*

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

**VA5.2** 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?

*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.*

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

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.

*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 hagan 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.*

**VA5.3** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?  
¿Alguna vez alguien ha tenido relaciones sexuales con usted después de haber dicho o demostrado que no lo quería o sin su consentimiento?

- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused
- IF VA5.3 = 2, 7, OR 9, GO TO VA5.5

**VA5.4** Has this happened in the past 12 months?

- ¿Ha ocurrido esto en los últimos 12 meses?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**VA5.5** 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?

¿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?

- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused IF VA5.5 = 2, 7, OR 9, GO TO VA5.7
- VA5.6 Has this happened in the past 12 months?

- ¿Ha ocurrido esto en los últimos 12 meses? VA5.6
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

**CATI note:** If VA5.3 = 1 (Yes) or VA5.5 = 1 (Yes); continue. Otherwise, read closing statement.

**VA5.7** 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?

*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?*

- VA5.7 Do not read:**
- 1 Current boyfriend/girlfriend
  - 2 Former boyfriend/girlfriend
  - 3 Fiancé
  - 4 Spouse or live-in partner
  - 5 Former spouse or former live-in partner
  - 6 Someone you were dating
  - 7 First Date
  - 8 Friend
  - 9 Acquaintance
  - 10 A person known for less than 24 hours
  - 11 Complete stranger
  - 12 Parent
  - 13 Step-parent
  - 14 Parent's partner
  - 15 Parent in-law
  - 16 Other relative
  - 17 Neighbor
  - 18 Co-worker
  - 19 Other non-relative
  - 20 Multiple perpetrators
  - 77 Don't know / Not sure
  - 99 Refused If VA5.7 = 20, GO TO CLOSING STATEMENT



**VA5.8** Was the person who did this male or female?

*¿La persona que lo hizo era hombre o mujer?*

- VA5.8**
- 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?

*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 5: Intimate Violence (2022, VA State-Added 4)**

**VA6\_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.

**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.

**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.*

**VA6\_INTRO** 1 Yes, Continue  
2 No, skip section [Go to closing statement]

**VA6.1** Has an intimate partner EVER THREATENED you with physical violence?  
This includes threatening to hit, slap, push, kick, or hurt you in any way.

*¿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.*

**VA6.1** 1 Yes 2 No  
7 Don't know / Not sure  
9 Refused

**VA6.2** 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.

*¿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.*

**VA6.2** 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

**VA6.3** Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

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

**VA6.3** 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.

**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.

**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.

**VA6.4** Have you EVER experienced any unwanted sex by a current or former intimate partner?

*¿ALGUNA VEZ ha vivido alguna relación sexual no deseada con una pareja actual o anterior?*

- VA6.5** 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

**CATI note:** If VA6.3 = 1 (Yes) or VA6.4 = 1 (Yes), continue. Otherwise, go to closing statement at end of module.

**VA6.5** In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner?

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

- VA6.5** 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused IF VA465 = 2, 7, OR 9, GO TO VA6.7.

**VA6.6** 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?

*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?*

- VA6.6** 1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

**VA6.7** 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?

*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?*

- VA6.7 Do not read:**
- 1 Current boyfriend
  - 2 Current girlfriend
  - 3 Former boyfriend
  - 4 Former girlfriend
  - 5 Fiancé (male)
  - 6 Fiancé (female)
  - 7 Male you were dating
  - 8 Female you were dating
  - 9 Female first date
  - 10 Male first date
  - 11 Husband or male live-in partner
  - 12 Wife or female live-in partner

*Continued next page*

- 13 Former husband or former male live-in partner
- 14 Former wife or former female live-in partner
- 15 Other
- 77 Don't know / Not sure
- 99 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?

*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 6: Veteran's Health (2022, VA State-Added 5)**

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.

*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.*

**VA7.1** Has there been a time in the past 12 months when you thought of taking your own life?

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

- VA7.1**            1 Yes  
                      2 No  
                      7 Don't know / Not sure  
                      9 Refused      IF VA7.1 = 2,7, OR 9, GO TO NEXT MODULE

**VA7.2**            During the past 12 months, did you attempt to commit suicide? Would you say---

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

**VA7.2**            **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

- 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 '988' or **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?

*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?*

## **A State-Added 7: E-Cigarettes (VA State-Added 6, 2021)**

**CATI NOTE:** IF CTOB.04 =1 (Never used e-cigs), GO TO NEXT MODULE.

**VA1**

**ECIGARET**      Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

*¿Alguna vez ha usado un cigarrillo electrónico u otro producto de vapeo electrónico, incluso solo una vez, en toda su vida?*

- 1 Yes

**Read if necessary:** Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

**Interviewer note:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

## VA State-Added 8: ATS (2021, VA State-Added 8)

**INTRODUCTION:** Now I would like to ask you some more questions about tobacco use.

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

### ATS4.

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

### SMOKWHOLAGE

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

\_\_\_. AGE IN YEARS (1-100)

888 RESPONDENT HAS NEVER SMOKED A WHOLE CIGARETTE

777 DON'T KNOW/NOT SURE

999 REFUSED IF ATS1 = 888, GO TO ATS4.

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

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

1 Update ATS1 [GO TO ATS1]

**CATI NOTE:** Asked of respondents (who now smoke some days). ASK IF SMOKDAY2=2 . IF NOT GO TO ATS4

### ATS2

**SMOKDAYS30** During the past 30 days, that is, since [DATE FILL], on how many days did you smoke cigarettes?

*Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarrillos?*

\_\_ NUMBER OF DAYS (1-30)

88 NONE

77 DON'T KNOW/NOT SURE

99 REFUSED

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

*[Usted dijo que fumó cigarrillos en [STATE RANGE:] días "de x a y").] Su respuesta no tiene que ser exacta, pero sí debo informar un número. ¿Cuál es su mejor estimación de la cantidad de días que fumó cigarrillos en los últimos 30 días?*

**ATS3**

**MENTHOLCIGS2** During the past 30 days, that is, since [DATE FILL], were the cigarettes that you usually smoked menthol?

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

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

**ATS4**

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

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

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

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

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

**NOTE:** ASK ATS5 IF ATS4=1 , IF NOT THEN GO TO STOPSMK2.

**ATS5**

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

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

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

*En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?*

- STOPSMK2**
- 1 Yes
  - 2 No
  - 7 Don't know/Not sure
  - 9 Refused

IF STOPSMK2=1, ASK ATS3a, IF NOT THEN GO TO INSTRUCTIONS BEFORE ATS\_6.

**ATS3a\_intro** In the past 12 months, which of the following have you done to try to quit smoking?

*En los últimos 12 meses, ¿cuál de las siguientes medidas ha tomado para intentar dejar de fumar?*

**ATS3a**

**ATS3a\_1** Nicotine replacement therapy, for example, patch, gum, lozenge, nasal spray or inhaler?

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

**ATS3a\_2** Prescription medication, for example, Chantix, Varenicline, Zyban, Bupropion, or Wellbutrin?

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

**ATS3a\_3** (Did you try)  
Cold turkey (just stopping tobacco use)?

*(¿Ha intentado)*

*Dejar de fumar de golpe (simplemente dejar de consumir tabaco)?*

**ATS3a\_3** 1 Yes  
2 No  
7 Don't know/Not sure  
9 Refused

**ATS3a\_4** (Did you try)  
Telephone help line or quit line such as Quitline/QuitNOW Virginia?

*(¿Ha intentado)*

*Una línea de ayuda telefónica o línea para dejar de fumar como Quitline/QuitNOW Virginia?*

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

**ATS3a\_5** (Did you try)  
One-on-one IN-PERSON counseling?

*(¿Ha intentado)*

*Asesoramiento INDIVIDUAL EN PERSONA?*

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



**ATS3a\_6** (Did you try)  
Stop smoking clinic, class, or support group?

*(¿Ha intentado)*

*Una clínica, una clase o grupo de apoyo para dejar de fumar?*

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

**ATS3a\_7** (Did you try) Internet or web-based program or tool, for example, smartphone apps and text messaging programs?

*(¿Ha intentado) Un programa o medio por Internet o en la web, por ejemplo, aplicaciones para teléfonos inteligentes y programas de mensajería de texto.*

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

**NOTE:** ASK ATS6 IF ATS4=1 , IF NOT THEN GO TO ATS7.

#### **ATS6**

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

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

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

#### **ATS7**

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

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

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

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

#### **IF RESPONDENT IS UNSURE WHAT VERY SMALL CIGARS THAT LOOK LIKE**

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

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

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

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

**ATS8**

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

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

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

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

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

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

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

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

**ATS9** Were any of the cigars, cigarillos, or very small cigars that look like cigarettes that **CIGARFLAVR** you smoked in the past 30 days flavored to taste like candy, fruit, chocolate, or other sweets?

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

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

**ATS10**

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused IF ATS10=1, ASK ATS 11, IF NOT THEN GO TO ATS12.

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

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

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

**ATS12**

**VAEVERENDS** The next question is about electronic cigarettes or e-cigarettes and other vapor devices. You may also know them as vape-pens, hookah-pens, e-hookahs, or e-vaporizers. Some look like cigarettes and others look like pens or small pipes. These are battery-powered, usually contain liquid nicotine, and produce vapor instead of smoke.

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

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

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

**VAENDSDUR**

*¿Cuánto tiempo lleva usando cigarrillos electrónicos u otros dispositivos electrónicos de vapor?*

- 1 Under 6 months
- 2 6 months to up to a year

- 3 1 or 2 years
- 4 3 to 5 years
- 5 6 years or more
- 1 *Menos de 6 meses.*
- 2 *6 meses hasta un año*
- 3 *1 o 2 años*
- 4 *3 a 5 años*
- 5 *6 años o más*

- 7 DON'T KNOW
- 9 REFUSED

**CATI NOTE:** ASK ATS14 R IF ctob.04= 2 or 3. IF NOT, THEN GO TO ATS16.

**ATS15**

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

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

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

**ATS16**

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

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

**PLEASE READ:**

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

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

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

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

**VAENDSHSOPN**

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

**PLEASE READ:**

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

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

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

**ATS18**

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

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

**PLEASE READ:**

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

- 1 *Definitivamente si*
- 2 *Probablemente si*
- 3 *Probablemente no*
- 4 *Definitivamente no*

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

**ATS19**

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

**VATYPEHOME**

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

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

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

**PLEASE READ:**

- 1 A mobile home
- 2 A one-family house detached from any other house
- 3 A one-family house attached to one or more houses
- 4 An apartment building
- 5 A public housing apartment building
- 6 A condominium building
- 7 Other: Specify

- 1 *Una casa móvil*
- 2 *Una casa unifamiliar separada de cualquier otra casa*
- 3 *Una casa unifamiliar junto a una o más casas*
- 4 *Un edificio de apartamentos*
- 5 *Un edificio de apartamentos de vivienda pública*
- 6 *Un edificio de condominio*
- 7 *Otro: Especifique*

77 (VOL) DON'T KNOW/NOT SURE

99 (VOL) REFUSED

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

#### **ATS20**

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

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

**PLEASE READ:**

- 1 Every day
- 2 A few times per week
- 3 A few times per month
- 4 A few times per year
- 5 Never

- 1 *Todos los días*
- 2 *Algunas veces por semana*
- 3 *Algunas veces al mes*
- 4 *Algunas veces al año*
- 5 *Nunca*

7 (VOL) DON'T KNOW/NOT SURE

9 (VOL) REFUSED

#### **ATS21**

**HOMERULESOPN** In your opinion, inside a home, should smoking....

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

**PLEASE READ:**

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

4 (VOL) SMOKING RESTRICTIONS INSIDE A HOME SHOULD BE WHATEVER THE PEOPLE WHO LIVE THERE DECIDE

- 1 *Siempre estar permitido*
- 2 *Permitirse solo en algunos momentos o en algunos lugares*
- 3 *Nunca estar permitido*
- 4 (VOL) *LAS RESTRICCIONES SOBRE FUMAR EN EL HOGAR DEBEN SER DECIDIDAS POR LAS PERSONAS QUE VIVEN EN ELLA*

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

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

#### **ATS22**

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

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

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

#### **ATS23**

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

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

**PLEASE READ:**

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

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

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

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

#### **ATS24**

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

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

**REPEAT PROMPT AFTER FIRST ITEM AND AGAIN AS NEEDED:**

Should smoking be prohibited...

**REPEAT PROMPT AFTER FIRST ITEM AND AGAIN AS NEEDED:**

*¿Debería estar prohibido fumar ...?*

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

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**ATS25**

**VABANOPNB** SHOULD SMOKING BE PROHIBITED in all public parks?

*¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los parques públicos?*

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**ATS26**

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

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**ATS27**

**VABANOPND** SHOULD SMOKING BE PROHIBITED in all restaurants, including those areas used for private functions?

1 Yes

2 No

7 Don't know/Not sure

9 Refused

**ATS33**

SHOULD SMOKING BE PROHIBITED in outdoor seating areas of restaurants?

**VABANOPNJ**

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

1 Yes

2 No

7 Don't know/Not sure

9 Refused



**ATS28**

**VABANOPNE** SHOULD SMOKING BE PROHIBITED on all public beaches?

¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las playas públicas?

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

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

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

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

**ATS30**

**VABANWORK** SHOULD SMOKING BE PROHIBITED in all indoor workplaces, including offices?

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

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

**ATS31**

**VABANOPNF** SHOULD SMOKING BE PROHIBITED in front of the entrances to buildings?

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

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

**ATS32**

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

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

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

**ATS34****VABANDAYCARE**

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

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

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

**ATS35**

**CIGTAXOPN2** Would you be in favor of an increase in the tax on a pack of cigarettes if the money were used to improve the public's health?

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

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

**ATS36**

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

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

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

**ATS37**

**VARETAILC** Should stores that sell tobacco products be required to have a license in order to sell tobacco products?

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

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

**ATS38****VACIVIC**

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

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

**ATS39****VAHELPQUITLINE**

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

1 YES

2 NO [GO TO NEXT MODULE]

**INTERVIEWER:** If YES SAY ... The quitline number is 1-800-QUIT-NOW or 1-800-784-8669. The website for the quitline is [www.quitnow.net/Virginia](http://www.quitnow.net/Virginia).

**VA State-Added 9: Tobacco**

Ask if SMOKE100 = 1 and SMOKDAY2 = 3

**MTC.01** How long has it been since you last smoked a cigarette, even one or two puffs?

*¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque haya sido una o dos pitadas (caladas)?*

**Read if necessary:**

01 Within the past month (less than 1 month ago)

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

06 Within the past 10 years (5 years but less than 10 years ago)

07 10 years or more

08 Never smoked regularly

77 Don't know / Not sure

99 Refused

*01 En el último mes (hace menos de 1 mes)*

*02 En los últimos 3 meses (hace más de 1 mes, pero menos de 3)*

*03 En los últimos 6 meses (hace más de 3 meses, pero menos de 6)*

*04 En el último año (hace más de 6 meses, pero menos de 1 año)*

*05 En los últimos 5 años (hace más de 1 año, pero menos de 5)*

*06 En los últimos 10 años (hace más de 5 años, pero menos de 10)*

*07 Hace 10 años o más*

08 Nunca ha fumado de manera regular      Go to next module

**VA State-Added 10: Other Tobacco Use**

ASK IF CTOB.02 = 1,2

**MOTU.01** Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

En la actualidad, cuando fuma cigarrillos, ¿suele fumar cigarrillos mentolados?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

ASK IF CTOB.04 = 2, 3

**MOTU.02** Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

*En la actualidad, cuando usa cigarrillos electrónicos, ¿suele usar cigarrillos electrónicos mentolados?*

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

## **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 this state. Thank you very much for your time and cooperation.