

2024 for 2025 VA BRFSS Questionnaire



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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).		Form Approved OMB No. 0920-1061 Exp. Date 2/28/2025 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.
	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	States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.

	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.	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”
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Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		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?		1 = Yes 2 = No - <i>Ask for correct respondent</i>	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	Go to Transition Section 1.	We ask this question to determine which health related questions apply to each	

					respondent. For example, persons who report male as their sex might be asked about prostate health issues.	
			Removed response Do not read: 7 Don't know/Not sure 9 Refused			
Removed						
				If LL09 = '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."		
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any	

			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 (give appropriate state telephone number).		personal information that you provide will not be used to identify you." If the state coordinator approves the change.	
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?		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	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	
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 ?		Please read: 1 Male 2 Female	Go to CP07.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex might be asked about prostate health issues.	
			Removed response Do not read: 7 Don't know/Not sure 9 Refused			

Removed						
				If CP05 = '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."		
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 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland			

			25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
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			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			

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—		Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			
			you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			

Core Section 1: Health Status

Core Section 2: Healthy Days

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	__ 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	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	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

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health care coverage?	<u>Read if necessary:</u> 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		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.	

		77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	1 Yes, only one 2 More than one 3 No 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?	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)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

		4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
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Core Section 4: Exercise

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

State-Added 1: Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHYPA.01			1 Yes			

	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		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	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.	
CHYPA.02	Are you currently taking prescription medicine for your high blood pressure?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

State-Added 2: Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CCHLA.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your ~~blood~~ cholesterol checked?		1 Never	Go to next section		
			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	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
CCHLA.03	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	
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Core Section 6: Chronic Health Conditions

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You're Not Sure.				
CCHC.01	(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	(Ever told) (you had) angina or coronary heart disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04		1 Yes			

	(Ever told) (you had) asthma?	2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	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 any 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), emphysema or chronic bronchitis?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(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	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) some form	1 Yes 2 No		Do not read: Arthritis diagnoses include:	

	of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	7 Don't know / Not sure 9 Refused		rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)	
CCHC.12	(Ever told) (you had) diabetes?	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
		2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told	_ _ Code age in years [97 = 97 and older]	Go to Diabetes Module if used,		

	you had diabetes?	98 Don't know / Not sure 99 Refused	otherwise go to next section.		
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Core Section 7: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices	.	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.	

		77 Don't know / Not sure 99 Refused			
CDEM.04	Are you...	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.05	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.06	Do you own or rent your home?	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this	

				question in order to compare health indicators among people with different housing situations.	
CDEM.07	In what county do you currently live?	__ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.08	What is the ZIP Code where you currently live?	----- 77777 Do not know 99999 Refused	If cell interview go to CDEM11		
CDEM.09	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	1 Yes			
		2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.11		
CDEM.10	How many of these landline telephone numbers are residential numbers?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.11	How many cell phones do you	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure	Last question needed for partial complete.	Read if necessary: Include cell	

	have for your personal use?	8 None 9 Refused		phones used for both business and personal use.	
CDEM.12	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.13	Are you currently...?	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.14	How many children less than 18 years of age live in your household?	_ _ Number of children 88 None 99 Refused			
CDEM.15	Is your annual household income from all sources—	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000)	SEE CATI information of order of coding; Start with category 05 and	If respondent refuses at ANY income level, code '99' (Refused)	

		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	move up or down categories.		
			Skip if Male (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1). Or Age >49		
CDEM.16	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.17	About how much do you weigh without shoes?	_ _ _ _ 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.18	About how tall are you	_ _ / _ _ Height (ft / inches/meters/centimeters)		If respondent answers in	

	without shoes?	77/ 77 Don't know / Not sure 99/ 99 Refused		metrics, put 9 in first column. Round fractions down	
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Core Section 8: Disability

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.02	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	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	Do you have serious difficulty walking or climbing stairs?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

CDIS.05	Do you have difficulty dressing or bathing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	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			

State-Added 3: Core Section 10: Inadequate Sleep

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

Core Section 11: Tobacco Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	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	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	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 Used them in the past but do not currently use them at all Do not read: 7 Don't know / Not sure 9 Refused		These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. 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. If respondent says "Not at all" ask if they mean "Never used e-cigs in your entire life"	
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Core Section 13: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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	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 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	

CALC.02	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	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		
CALC.04	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 14: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	

CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Removed				
CIMM.04	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.	

State-Added 4: Core Section 14: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks. Not including juices, how often did you eat fruit? You can tell me times per day, times per week		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she	

	or times per month.				consumed that food item each day during the past month. Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?” Read if respondent asks what to include or says ‘i don’t know’: include fresh, frozen or canned fruit. Do not include dried fruits.	
CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don’t Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: “do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends.” Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”	

CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	

CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."	
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Core Section 15: H.I.V./AIDS

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03	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.	

CHIV.02	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.	
CHIV.03	Removed				

Closing Statement/ Transition to Modules

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

Optional Modules

Module 3: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)		

MARTH.01	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	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	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	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		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	

	of work you do?				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	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 4: Shingles Vaccination

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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			If age ≤ 49 Go to next module.		
MSHNG.01	Have you ever had the shingles or zoster vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots.	

Module 5: HPV Vaccination

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Columns
			To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module		
MHPV.01	Have you ever had an H.P.V. vaccination?	1 Yes 2 No 3 Doctor refused when asked 7 Don't know / Not sure 9 Refused	Go to next module	Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks) Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called	

				the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. If respondent comments that this question was already asked, clarify that the earlier question was about HPV testing, and this question is about vaccination.	
MHPV.02	How many HPV shots did you receive?	__ Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused			

Module 6: Tetanus Vaccination

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

		7 Don't know/Not sure 9 Refused			
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Module 7: Cancer Survivorship: Type of Cancer

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MTOC.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer. How many different 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	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.	
			If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer		
MTOC.03	What kind of cancer is it?	Read if respondent needs prompting for cancer type: 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	

		18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
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Module 8: Cancer Survivorship: Course of Treatment

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	
		2 No, I've completed treatment	Continue		

		3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some	

	that you received?			other licensed professional.	
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	1 Yes			
		2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		
MCOT.05	Were these instructions written down or printed on paper for you?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
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Module 9: Cancer Survivorship: Pain Management

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

		7 Don't know / Not sure 9 Refused			
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Module 13: Adverse Childhood Experiences

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue: I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age---					
				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
MACE.01	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?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
MACE.03	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	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	Were your parents separated or divorced?	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
MACE.06	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	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	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	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	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	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?	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?	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.			If yes provide number [STATE TO INSERT NUMBER HERE]	

Module 15: Marijuana Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue: The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					
MMU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	_ _ 01-30 Number of days 88 None 77 Don't know/not sure 99 Refused	Go to next module	Do not include hemp-based CBD-only products.	
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

MMU.03	Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.04	Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.05	Did you dab it (for example, using a dabbing rig, knife, or dab pen)?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.06	Did you use it in some other way?	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		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 or 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.	
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Module 21: Random Child Selection

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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Intro text and screening	If CDEM.14 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child. If CDEM.14 is >1 and CDEM.14 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child		If CDEM.14 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module. CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.		
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	and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.				
MRCS.01	What is the birth month and year of the [Xth] child?	__ / ____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
MRCS.02	Is the child a boy or a girl?	1 Boy 2 Girl Removed response 9 Refused			
Removed					
MRCS.04	Is the child Hispanic, Latino/a, or Spanish origin?	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	
MRCS.05	Which one or more of the following would you say is the	10 White 20 Black or African American		Select all that apply If 40 (Asian) or 50 (Pacific	

	race of the child?	30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		Islander) is selected read and code subcategories underneath major heading.	
MRCS.06	How are you related to the child? Are you a....	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 22: Childhood Asthma Prevalence

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			If response to CDEM.14 = 88 (None) or 99 (Refused), go to next module.		
MCAP.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	1 Yes	Fill in correct [Xth] number.		
		2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCAP.02	Does the child still have asthma?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 25: Family Planning

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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			If respondent greater than 49 years of age, ~~has had a~~ CBCCS.07=1(HYSTERECTOMY), IS CDEM.16 (PREGNANT), or if respondent is male, (MSAB.01, is coded 1). If MSAB.01=missing and (CP.05=1 or CP.06=1 or LL.09 = 1 or LL.10=1) GO TO THE NEXT MODULE		
PROLOGUE	The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.				
MFP.01	In the past 12 months, did you have sexual intercourse?	1 Yes			
		2 No	Go to next module		
		7 Don't know/ not sure			
		9 Refused			
MFP.02	Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth	1 Yes			
		2 No	GO TO MFP.04		
		7 Don't know/ not sure	Go to next module		
		9 Refused			

	control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?				
MFP.03	The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?	Read if necessary: 01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)	Go to next module	If respondent reports using two methods, please code the method that occurs first on the list. If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another	

		05 Shots (Depo-Provera) 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) 07 Condoms (male or female) 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method Do not read: 77 Don't know/Not sure 99 Refused		category, please mark appropriately.	
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MFP.04	Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant. What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?	Read if necessary 01 You didn't think you were going to have sex/no regular partner 02 You just didn't think about it 03 You wanted a pregnancy 04 You didn't care if you got pregnant 05 You or your partner didn't want to use birth control (side effects, don't like birth control) 06 You had trouble getting or paying for birth control 07 You didn't trust giving out your personal information to medical personnel 08 Didn't think you or your partner could get pregnant (infertile or too old) 09 You were using		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.	
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				If sex= male (using LL10,CP06, CP05, LL09) continue, otherwise go to MSOGI.02.		
MSOGI.01	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. Please say the number before the text response. Respondent can answer with either the number or the text/word.	
				If sex= female (using LL10,CP06, CP05, LL09) continue, otherwise go to MSOGI.03.		
MSOGI.02	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.	

					Please say the number before the text response. Respondent can answer with either the number or the text/word.	
MSOGI.03	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.	
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VA State-Added 2: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
VA3.1	How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental	VA3.1	1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but			913

	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.		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 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	VA3.2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			914

	atención dental de rutina, incluidos los planes prepagos de seguro dental?					
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.	VA3.3	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 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.	915

VA State-Added 3: Gambling

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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VA4.1	During the past 12 months, how many times have you gambled or bet with money or possessions? Types of gambling include casino, races, online games, lottery tickets, scratch tickets, bingo, keno, dice, raffles, video terminals, cards, fantasy sports, or sporting events. Durante los últimos 12 meses, ¿cuántas veces ha jugado o apostado con dinero o posesiones? Los tipos de juegos de apuesta incluyen el casino, las carreras, los juegos en línea, los billetes de lotería, los boletos para rascar, el bingo, el keno, los dados, las rifas, los terminales de vídeo, las cartas, los deportes de fantasía o los eventos deportivos.	VA4_1	Read if Necessary: 1 0 times (GOTO Next Section) 2 1 or 2 times 3 3 to 9 times 4 10-19 times 5 20-39 times 6 40 or more times 7 Don't Know/Not Sure (GOTO Next Section) 9 Refused (GOTO Next Section) 1 0 veces 2 1 o 2 veces 3 3 a 9 veces 4 10 a 19 veces 5 20 a 39 veces 6 40 veces o más			
VA4.2	Has the money or time that you spent on gambling led to financial	VA4_2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	problems or problems in your family, work, school, or personal life? ¿El dinero o el tiempo que ha dedicado al juego le ha ocasionado problemas económicos o problemas en su familia, trabajo, escuela o vida personal?					
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VA State-Added 4: Sexual Violence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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.	VA5_INTRO	1 Yes 2 No (GO TO CLOSING STATEMENT)			

	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					
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	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?					
	Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?		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	VA5.5	1 Yes 2 No 7 Don't know / Not sure 9 Refused	IF VA5.5 = 2, 7, OR 9, GO TO CLOSING STATEMENT		

	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?					
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	VA5.7	Do not read: 0 1 Current boyfriend/girlfriend 0 2 Former boyfriend/girlfriend 0 3 Fiancé 0 4 Spouse or live-in partner 0 5 Former spouse or former live-in partner 0 6 Someone you were dating 0 7 First Date 0 8 Friend 0 9 Acquaintance 1 0 A person known for less than 24 hours 1 1 Complete stranger 1 2 Parent 1 3 Step-parent 1 4 Parent's partner 1 5 Parent in-law 1 6 Other relative 1 7 Neighbor 1 8 Co-worker			

	tú dijeras o demostraras que no querías o sin tu consentimiento. ¿Qué relación tenía esa persona contigo?		1 9 Other non-relative 2 0 Multiple perpetrators 7 7 Don't know / Not sure 9 9 Refused			
CLOSING STATEMENT	We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, 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?					
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VA State-Added 5: Veteran's Health/Suicide

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	The next questions ask about your risk 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						
VA3.1	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?	VA3_1	1 Yes 2 No 7 Don't know / Not sure 9 Refused	IF VA3.1 = 2,7, OR 9, GO TO CLOSING STATEMENT		
VA3.2	During the past 12 months, did you attempt	VA3_2	Please Read: 1 Yes, but did not require treatment			

	to commit suicide? Would you say--- Durante los últimos 12 meses, ¿intentó suicidarse? ¿Diría usted que...?		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					
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	1-800-273-8255 y presionar "1". ¿Desea que repita alguno de estos números?					
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Module 11: Other Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue	The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.					
MOTU.03	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Adult Tobacco Survey (ATS) (2023)

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? ¿Cuántos años tenía cuando se fumó un cigarrillo entero por primera vez?	ATS1	---. AG E IN YEARS (1-100) 888.RESPONDENT HAS NEVER SMOKED A WHOLE CIGARETTE 777. DO NOT KNOW/NOT SURE 999. REFUSED	IF ATS1 = 888, GO TO ATS4.		939-940
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		1 Update ATS1 [GO TO ATS1]			

	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?					
				CATI NOTE: Asked of respondent s (who now smoke some days). ASK IF SMOKDAY2 =2		
ATS2	During the past 30 days, that is, since [DATE FILL], on how many days did you smoke cigarettes? Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó cigarrillos?	ATS2	NUMBER OF DAYS (1-30) 88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED		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	941-942

					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	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?	ATS3	1 Yes 2 No 7 Don't know/Not sure 9 Refused			943
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	STOPSMK2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			944

	estaba intentando dejar de fumar?					
				IF STOPSMK2 =1, ASK ATS3a, IF NOT THEN GO TO ATS4.		
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	Did you try Nicotine replacement therapy, for example, patch, gum, lozenge, nasal spray or inhaler? ¿Ha intentado la terapia de sustitución de la nicotina, por ejemplo, parche, chicle, pastilla, spray nasal o inhalador?	ATS3a_1	1 Yes 2 No 7 Don't know/Not sure 9 Refused			945
ATS3a_2	(Did you try) Prescription medication, for example, Chantix, Varenicline, Zyban,	ATS3a_2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			946

	Bupropion, or Wellbutrin? (¿Ha intentado Medicamentos con receta, por ejemplo, Chantix, Varenicline, Zyban, Bupropion o Wellbutrin?)					
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			947
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?	ATS3a_4	1 Yes 2 No 7 Don't know/Not sure 9 Refused			948
ATS3a_5	(Did you try) One-on-one IN-PERSON counseling? (¿Ha intentado Asesoramiento INDIVIDUAL EN PERSONA?	ATS3a_5	1 Yes 2 No 7 Don't know/Not sure 9 Refused			949
ATS3a_6	(Did you try)	ATS3a_6	1 Yes 2 No			950

	Stop smoking clinic, class, or support group? (¿Ha intentado) Una clínica, una clase o grupo de apoyo para dejar de fumar?		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.	ATS3a_7	1 Yes 2 No 7 Don't know/Not sure 9 Refused			951
ATS4	Have you ever tried chewing tobacco, snuff, or snus even just one time in your entire life? ¿Alguna vez ha intentado el uso de tabaco para mascar, rapé o snus aunque haya sido una sola vez en toda su vida?	ATS4	1 Yes 2 No 7 Don't know/Not sure 9 Refused		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]	952

					If respondent is unsure what SNUS IS [INTERVIEWER: Snus incluye productos como Camel Snus o Marlboro Snus. El snus es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.	
				NOTE: ASK ATS5 IF ATS4=1 , IF NOT THEN GO TO ATS7.		
VA8.5	During the past 30 days, that is, since [datefill], was any of the chewing tobacco or dip that you use flavored to taste like mint, winter mint, menthol, spice, alcohol, candy, fruit, or other sweets? Durante los últimos 30 días, es decir, desde [datefill], ¿tenía algún sabor el tabaco para mascar, como sabor a menta, menta de invierno, mentol, especias, alcohol, caramelos, frutas u otros dulces?	ATS5	1 Yes 2 No 7 Don't know/Not sure 9 Refused			953

VA8.6	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?	ATS6	1 Yes 2 No 7 Don't know/Not sure 9 Refused			954
VA8.7	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)?	ATS7	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	955

					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”.	
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				CATI NOTE: ASK ATS8 IF ATS7=1, IF NOT THEN GO TO ATS10.		
VA8.8	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?	ATS8	— — NU MBER OF DAYS (1-30) 88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED		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	956-957

					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)		
VA8.9	Were any of the cigars, cigarillos, or very small cigars that look like cigarettes that you smoked in the past 30 days flavored to taste like candy, fruit,	ATS9	1 Yes 2 No 7 Don't know/Not sure 9 Refused			958

	chocolate, or other sweets? ¿Alguno de los cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos que fumó en los últimos 30 días tenía sabor a caramelo, fruta, chocolate u otros dulces?					
VA8.10	Now, I want to ask you about a hookah or other water pipe. Have you ever smoked tobacco in a hookah or other water pipe in your entire life, even one or two puffs? Ahora, quiero preguntarle sobre un narguile (hookah) u otra pipa de agua. ¿Alguna vez en su vida ha fumado tabaco en un narguile u otra pipa de agua, aunque sea una o dos inhalaciones?	ATS10	1 Yes 2 No 7 Don't know/Not sure 9 Refused	IF ATS10=1, ASK ATS 11, IF NOT THEN GO TO ATS14.		959
VA8.11	During the past 30 days, that is, since [DATE FILL], on how many days did you smoke tobacco in a	ATS11	-- NUMBER OF DAYS (1-30)			960-961

	hookah or other water pipe? Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó tabaco en un narguile (hookah) u otra pipa de agua?		88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED			
VA8.14	How long have you been using e-cigarettes or other electronic vapor devices? ¿Cuánto tiempo lleva usando cigarrillos electrónicos u otros dispositivos electrónicos de vapor?	ATS14	1 Under 6 months 2 6 months to up to a year 3 1 or 2 years 4 3 to 5 years 5 6 years or more 1. Menos de 6 meses. 2. 6 meses hasta un año 3. 1 o 2 años 4. 3 a 5 años 5. 6 años o más 7 DON'T KNOW 9 REFUSED	CATI NOTE: ASK ATS14 IF ECIGNOW= 1 OR 2. IF NOT, THEN GO TO ATS16.		964
VA8.15	Are the electronic cigarettes or vapor devices you use flavored to taste like menthol, mint, clove, spice, fruit, alcohol, candy,	ATS15	1 Yes 2 No 7 Don't know/Not sure 9 Refused			965

	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?					
VA8.16	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 ...?	ATS16	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			966

			para la salud 4 No es perjudicial para la salud 7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
VA8.17	Do you think smoking e-cigarettes or other vapor devices is ...? ¿Usted cree que fumar cigarrillos electrónicos u otros dispositivos de vapor es ...?	ATS17	PLEASE READ: 1 Very harmful to one's health 2 Somewhat harmful to one's health 3 Not very harmful to one's health 4 Not harmful to one's health 1 Muy perjudicial para la salud 2 Algo perjudicial para la salud 3 No es muy perjudicial para la salud 4 No es perjudicial para la salud			967

			7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
VA8_18	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?	ATS18	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			968
VA8_19	Now I'm going to ask you some questions about smoking inside the home. Ahora le voy a hacer algunas preguntas sobre fumar dentro de la casa. Which of the following <u>best</u>	ATS19	PLEASE READ: 01 A mobile home 02 A one-family house detached from any other house 03 A one-family house attached to one or			969-970

	describes where you live? Would you say? ¿Cuál de los siguientes describe mejor dónde vive? ¿Diría que?		more houses 04 An apartment building 05 A public housing apartment building 06 A condominium building 07 Other: Specify 01 Una casa móvil 02 Una casa unifamiliar separada de cualquier otra casa 03 Una casa unifamiliar junto a una o más casas 04 Un edificio de apartamentos 05 Un edificio de apartamentos de vivienda pública 06 Un edificio de condominio 07 Otro: Especifique 77 (VOL) DON'T KNOW/NOT SURE 99 (VOL) REFUSED			
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				CATI NOTE: ASK ATS20 IF ATS19=(4, 5, OR 6). IF NOT THEN SKIP TO ATS21.		
VA8.20	How often do you smell cigarette smoke in your home that comes from another home or apartment? ¿Con qué frecuencia puede oler en su casa el humo del cigarrillo que proviene de otra casa o apartamento?	ATS20	PLEASE READ: 1 Every day 2 A few times per week 3 A few times per month 4 A few times per year 5 Never 1 Todos los días 2 Algunas veces por semana 3 Algunas veces al mes 4 Algunas veces al año 5 Nunca 7 (VOL) DON'T KNOW/NOT SURE 9 (VOL) REFUSED			971
VA8.21	In your opinion, inside a home, should smoking.... En su opinión, el fumar dentro de una casa, debería....	ATS21	PLEASE READ: 1 Always be allowed 2 Be allowed only at some times			972

			or in some places 3 Never be allowed 4 (VOL) SMOKING RESTRICTIO NS 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 RESTRICCI O NES 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			
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				CATI NOTE: ASK ATS22 IF EMPLOY1 = 1 OR 2 (EMPLOYEE OR SELF- EMPLOYED). OTHERWISE, SKIP TO ATS24.		
VA8.22	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	ATS22	____ NUMBER OF DAYS (01-07) 88 NONE 77 DON'T KNOW/NOT SURE 99 REFUSED			973-974

	[TODAY'S DAY OF WEEK], ¿cuántos días respiró el humo en su lugar de trabajo proveniente de otra persona que estaba fumando?					
VA8.23	At your workplace, is smoking in indoor areas...? En su lugar de trabajo, ¿el fumar en áreas interiores...?	ATS23	PLEASE READ: 1 Always allowed 2 Allowed only at some times or in some places 3 Never allowed 1. Siempre está permitido 2 Esta permitido solo en algunos momentos o en algunos lugares 3 Nunca está permitido 7 (VOL) DON'T KNOW/NOT SURE 9 (VOL) REFUSED		INTERVIEWER NOTE: DON'T KNOW/NOT SURE IS AN ACCEPTABLE RESPONSE HERE. YOU DO NOT NEED TO PROBE FURTHER IF RESPONDENT SAYS DON'T KNOW"	975
VA8.24	Now I am going to read you a list of areas where smoking could be prohibited in the state of	ATS24	1 Yes 2 No 7 Don't know/Not sure 9 Refused			976

	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					
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	libre en las universidades?					
VA8.25	SHOULD SMOKING BE PROHIBITED in all public parks? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los parques públicos?	ATS25	1 Yes 2 No 7 Don't know/Not sure 9 Refused			977
VA8.26	SHOULD SMOKING BE PROHIBITED in recreational areas, such as basketball courts and baseball fields? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en áreas recreativas, como canchas de baloncesto y campos de béisbol?	ATS26	1 Yes 2 No 7 Don't know/Not sure 9 Refused			978
VA8.27	SHOULD SMOKING BE PROHIBITED in INDOOR areas of all restaurants, including those areas used for private functions? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas INTERIORES de	ATS27	1 Yes 2 No 7 Don't know/Not sure 9 Refused			979

	todos los restaurantes, incluidas las áreas utilizadas para funciones privadas?					
VA8.33	SHOULD SMOKING BE PROHIBITED in OUTDOOR seating areas of restaurants? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas AL AIRE LIBRE de los restaurantes?	ATS33	1 Yes 2 No 7 Don't know/Not sure 9 Refused			980
VA8.28	SHOULD SMOKING BE PROHIBITED on all public beaches? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las playas públicas?	ATS28	1 Yes 2 No 7 Don't know/Not sure 9 Refused			981
VA8.29	SHOULD SMOKING BE PROHIBITED inside of apartments, condominiums and other multiunit housing? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en el interior de apartamentos, condominios y otras viviendas	ATS29	1 Yes 2 No 7 Don't know/Not sure 9 Refused			982

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

	FUMAR en los porches / balcones y otras áreas al aire libre cerca de apartamentos, condominios u otras viviendas de unidades múltiples?					
VA8.34	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?	ATS34	1 Yes 2 No 7 Don't know/Not sure 9 Refused			986
VA8.35	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	ATS35	1 Yes 2 No 7 Don't know/Not sure 9 Refused			987

	en el impuesto sobre un paquete de cigarrillos si el dinero se utilizara para mejorar la salud del público en general?					
VA8.36	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?	ATS36	1 Yes 2 No 7 Don't know/Not sure 9 Refused			988
VA8.37	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	ATS37	1 Yes 2 No 7 Don't know/Not sure 9 Refused			989

	productos de tabaco?					
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VA8.40						
VA8.41					 	

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

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

In order to get help for you or someone you know to stop using tobacco for good, would you like the quitline number?

Para obtener ayuda para que usted o alguien que usted conoce deje de consumir tabaco para siempre, ¿le gustaría tener el número de Quitline?

VA State-Added 6: Adult Tobacco Survey (ATS)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			ASK IF CTOB.02 = 1,2			
MOTU.01	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?		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?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
Prologue	The next question is about heated tobacco products. Some people refer to these as "heat not burn" tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse.					
MOTU.03	Before today, have you heard of heated tobacco products?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			
(DO NOT READ UNLESS OTHERWISE NOTED)						
INTRODUCTION	Now I would like to ask you			CATI NOTE: Asked of		

	some more questions about tobacco use.			respondents who have smoked 100 cigarettes or have smoked a whole cigarette. ASK IF SMOKE100 =1. IF NOT, THEN SKIP TO ATS4.		
ATS1	How old were you when you smoked a whole cigarette for the first time? ¿Cuántos años tenía cuando se fumó un cigarrillo entero por primera vez?	ATS1	_____. AGE IN YEARS (1-100) 888.RESPONDENT HAS NEVER SMOKED A WHOLE CIGARETTE 777. DO NOT KNOW/NOT SURE 999. REFUSED	IF ATS1 = 888, GO TO ATS4.		939-940
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		1 Update ATS1 [GO TO ATS1]			

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

					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	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?	ATS3	1 Yes 2 No 7 Don't know/Not sure 9 Refused			943
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	STOPSMK2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			944

	estaba intentando dejar de fumar?					
				IF STOPSMK2 =1, ASK ATS3a, IF NOT THEN GO TO ATS4.		
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	Did you try Nicotine replacement therapy, for example, patch, gum, lozenge, nasal spray or inhaler? ¿Ha intentado la terapia de sustitución de la nicotina, por ejemplo, parche, chicle, pastilla, spray nasal o inhalador?	ATS3a_1	1 Yes 2 No 7 Don't know/Not sure 9 Refused			945
ATS3a_2	(Did you try) Prescription medication, for example, Chantix, Varenicline, Zyban,	ATS3a_2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			946

	Bupropion, or Wellbutrin? (¿Ha intentado) Medicamentos con receta, por ejemplo, Chantix, Varenicline, Zyban, Bupropion o Wellbutrin?					
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			947
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?	ATS3a_4	1 Yes 2 No 7 Don't know/Not sure 9 Refused			948
ATS3a_5	(Did you try) One-on-one IN-PERSON counseling? (¿Ha intentado) Asesoramiento INDIVIDUAL EN PERSONA?	ATS3a_5	1 Yes 2 No 7 Don't know/Not sure 9 Refused			949
ATS3a_6	(Did you try)	ATS3a_6	1 Yes 2 No			950

	Stop smoking clinic, class, or support group? (¿Ha intentado) Una clínica, una clase o grupo de apoyo para dejar de fumar?		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.	ATS3a_7	1 Yes 2 No 7 Don't know/Not sure 9 Refused			951
ATS4	Have you ever tried chewing tobacco, snuff, or snus even just one time in your entire life? ¿Alguna vez ha intentado el uso de tabaco para mascar, rapé o snus aunque haya sido una sola vez en toda su vida?	ATS4	1 Yes 2 No 7 Don't know/Not sure 9 Refused		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]	952

					If respondent is unsure what SNUS IS [INTERVIEWER: Snus incluye productos como Camel Snus o Marlboro Snus. El snus es un tabaco húmedo que no se fuma y que generalmente se vende en bolsitas que se colocan entre el labio y la encía.	
				NOTE: ASK ATS5 IF ATS4=1 , IF NOT THEN GO TO ATS7.		
VA8.5	During the past 30 days, that is, since [datefill], was any of the chewing tobacco or dip that you use flavored to taste like mint, winter mint, menthol, spice, alcohol, candy, fruit, or other sweets? Durante los últimos 30 días, es decir, desde [datefill], ¿tenía algún sabor el tabaco para mascar, como sabor a menta, menta de invierno, mentol, especias, alcohol, caramelos, frutas u otros dulces?	ATS5	1 Yes 2 No 7 Don't know/Not sure 9 Refused			953

VA8.6	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?	ATS6	1 Yes 2 No 7 Don't know/Not sure 9 Refused			954
VA8.7	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)?	ATS7	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	955

					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".	
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				CATI NOTE: ASK ATS8 IF ATS7=1, IF NOT THEN GO TO ATS10.		
VA8.8	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?	ATS8	— — NU MBER OF DAYS (1-30) 88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED		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	956-957

					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)		
VA8.9	Were any of the cigars, cigarillos, or very small cigars that look like cigarettes that you smoked in the past 30 days flavored to taste like candy, fruit,	ATS9	1 Yes 2 No 7 Don't know/Not sure 9 Refused			958

	chocolate, or other sweets? ¿Alguno de los cigarros, cigarrillos o cigarros muy pequeños que parecen cigarrillos que fumó en los últimos 30 días tenía sabor a caramelo, fruta, chocolate u otros dulces?					
VA8.10	Now, I want to ask you about a hookah or other water pipe. Have you ever smoked tobacco in a hookah or other water pipe in your entire life, even one or two puffs? Ahora, quiero preguntarle sobre un narguile (hookah) u otra pipa de agua. ¿Alguna vez en su vida ha fumado tabaco en un narguile u otra pipa de agua, aunque sea una o dos inhalaciones?	ATS10	1 Yes 2 No 7 Don't know/Not sure 9 Refused	IF ATS10=1, ASK ATS 11, IF NOT THEN GO TO ATS12.		959
VA8.11	During the past 30 days, that is, since [DATE FILL], on how many days did you smoke tobacco in a	ATS11	— NUMBER OF DAYS (1-30)			960-961

	hookah or other water pipe? Durante los últimos 30 días, es decir, desde [DATE FILL], ¿cuántos días fumó tabaco en un narguile (hookah) u otra pipa de agua?		88. NO NE 77. DO N'T KNOW/NOT SURE 99. REF USED			
VA8.14	How long have you been using e-cigarettes or other electronic vapor devices? ¿Cuánto tiempo lleva usando cigarrillos electrónicos u otros dispositivos electrónicos de vapor?	ATS14	6 Under 6 months 7 6 months to up to a year 8 1 or 2 years 9 3 to 5 years 10 6 years or more 3. Menos de 6 meses. 4. 6 meses hasta un año 3. 1 o 2 años 6. 3 a 5 años 7. 6 años o más 7 DON'T KNOW 9 REFUSED	CATI NOTE: ASK ATS14 IF ECIGNOW= 1 OR 2. IF NOT, THEN GO TO ATS16.		964

VA8.15	Are the electronic cigarettes or vapor devices you use flavored to taste like menthol, mint, clove, spice, fruit, alcohol, candy,	ATS15	1 Yes 2 No 7 Don't know/Not sure 9 Refused			965
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	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?					
VA8.16	ATS16. Do you think breathing vapor from other people's e-cigarettes or other vaping devices is ...? ¿Usted cree que respirar vapor de los cigarrillos electrónicos de otras personas u otros dispositivos de vapor es ...?	ATS16	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			966

			para la salud 4 No es perjudicial para la salud 7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
VA8.17	Do you think smoking e-cigarettes or other vapor devices is ...? ¿Usted cree que fumar cigarrillos electrónicos u otros dispositivos de vapor es ...?	ATS17	PLEASE READ: 1 Very harmful to one's health 2 Somewhat harmful to one's health 3 Not very harmful to one's health 4 Not harmful to one's health 1 Muy perjudicial para la salud 2 Algo perjudicial para la salud 3 No es muy perjudicial para la salud 4 No es perjudicial para la salud			967

			7 (VOL) DON'T KNOW 9 (VOL) REFUSED			
VA8_18	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?	ATS18	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			968
VA8_19	Now I'm going to ask you some questions about smoking inside the home. Ahora le voy a hacer algunas preguntas sobre fumar dentro de la casa. Which of the following <u>best</u>	ATS19	PLEASE READ: 04 A mobile home 05 A one-family house detached from any other house 06 A one-family house attached to one or			969-970

	describes where you live? Would you say? ¿Cuál de los siguientes describe mejor dónde vive? ¿Diría que?		more houses 04 An apartment building 07 A public housing apartment building 08 A condominium building 07 Other: Specify 03 Una casa móvil 04 Una casa unifamiliar separada de cualquier otra casa 03 Una casa unifamiliar junto a una o más casas 04 Un edificio de apartamentos 07 Un edificio de apartamentos de vivienda pública 08 Un edificio de condominio 07 Otro: Especifique 77 (VOL) DON'T KNOW/NOT SURE 99 (VOL) REFUSED			
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				CATI NOTE: ASK ATS20 IF ATS19=(4, 5, OR 6). IF NOT THEN SKIP TO ATS21.		
VA8.20	How often do you smell cigarette smoke in your home that comes from another home or apartment? ¿Con qué frecuencia puede oler en su casa el humo del cigarrillo que proviene de otra casa o apartamento?	ATS20	PLEASE READ: 6 Every day 7 A few times per week 8 A few times per month 9 A few times per year 10 Never 6 Todos los días 7 Algunas veces por semana 8 Algunas veces al mes 9 Algunas veces al año 10 Nunca 7 (VOL) DON'T KNOW/NOT SURE 9 (VOL) REFUSED			971
VA8.21	In your opinion, inside a home, should smoking.... En su opinión, el fumar dentro de una casa, debería....	ATS21	PLEASE READ: 1 Always be allowed 2 Be allowed only at some times			972

			or in some places 3 Never be allowed 4 (VOL) SMOKING RESTRICTIO NS 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 RESTRICCIO NES 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			
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				CATI NOTE: ASK ATS22 IF EMPLOY1 = 1 OR 2 (EMPLOYEE D OR SELF- EMPLOYED). OTHERWISE, SKIP TO ATS24.		
VA8.22	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	ATS22	— NUMBER OF DAYS (01-07) 88 NONE 77 DON'T KNOW/NOT SURE 99 REFUSED			973-974

	[TODAY'S DAY OF WEEK], ¿cuántos días respiró el humo en su lugar de trabajo proveniente de otra persona que estaba fumando?					
VA8.23	At your workplace, is smoking in indoor areas...? En su lugar de trabajo, ¿el fumar en áreas interiores...?	ATS23	PLEASE READ: 1 Always allowed 2 Allowed only at some times or in some places 3 Never allowed 1. Siempre está permitido 2 Esta permitido solo en algunos momentos o en algunos lugares 3 Nunca está permitido 7 (VOL) DON'T KNOW/NOT SURE 9 (VOL) REFUSED		INTERVIEWER NOTE: DON'T KNOW/NOT SURE IS AN ACCEPTABLE RESPONSE HERE. YOU DO NOT NEED TO PROBE FURTHER IF RESPONDENT SAYS DON'T KNOW"	975
VA8.24	Now I am going to read you a list of areas where smoking could be prohibited in the state of	ATS24	1 Yes 2 No 7 Don't know/Not sure 9 Refused			976

	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					
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	libre en las universidades?					
VA8.25	SHOULD SMOKING BE PROHIBITED in all public parks? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todos los parques públicos?	ATS25	1 Yes 2 No 7 Don't know/Not sure 9 Refused			977
VA8.26	SHOULD SMOKING BE PROHIBITED in recreational areas, such as basketball courts and baseball fields? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en áreas recreativas, como canchas de baloncesto y campos de béisbol?	ATS26	1 Yes 2 No 7 Don't know/Not sure 9 Refused			978
VA8.27	SHOULD SMOKING BE PROHIBITED in INDOOR areas of all restaurants, including those areas used for private functions? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas INTERIORES de	ATS27	1 Yes 2 No 7 Don't know/Not sure 9 Refused			979

	todos los restaurantes, incluidas las áreas utilizadas para funciones privadas?					
VA8.33	SHOULD SMOKING BE PROHIBITED in OUTDOOR seating areas of restaurants? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en las áreas AL AIRE LIBRE de los restaurantes?	ATS33	1 Yes 2 No 7 Don't know/Not sure 9 Refused			980
VA8.28	SHOULD SMOKING BE PROHIBITED on all public beaches? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en todas las playas públicas?	ATS28	1 Yes 2 No 7 Don't know/Not sure 9 Refused			981
VA8.29	SHOULD SMOKING BE PROHIBITED inside of apartments, condominiums and other multiunit housing? ¿DEBERÍA ESTAR PROHIBIDO FUMAR en el interior de apartamentos, condominios y otras viviendas	ATS29	1 Yes 2 No 7 Don't know/Not sure 9 Refused			982

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

	FUMAR en los porches / balcones y otras áreas al aire libre cerca de apartamentos, condominios u otras viviendas de unidades múltiples?					
VA8.34	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?	ATS34	1 Yes 2 No 7 Don't know/Not sure 9 Refused			986
VA8.35	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	ATS35	1 Yes 2 No 7 Don't know/Not sure 9 Refused			987

	en el impuesto sobre un paquete de cigarrillos si el dinero se utilizara para mejorar la salud del público en general?					
VA8.36	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?	ATS36	1 Yes 2 No 7 Don't know/Not sure 9 Refused			988
VA8.37	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	ATS37	1 Yes 2 No 7 Don't know/Not sure 9 Refused			989

	productos de tabaco?					
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ATS38 VACIVIC In the last three years have you personally voted in local elections?

1 Yes

2 No

11 Don't know/Not sure

12 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.

El número de la línea para dejar de fumar es 1-855-DEJELO-YA (1-855-335-356-92)

The website for the quitline is <https://quitnowvirginia.org/>

Closing Statement

Read

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