

2023 Delaware BRFSS Questionnaire



Table of Contents

OMB Header and Introductory Text	4
Landline Introduction.....	Error! Bookmark not defined.
Cell Phone Introduction	5
Core Section 1: Health Status	17
Core Section 2: Healthy Days	18
Core Section 3: Health Care Access	20
Core Section 4: Exercise (Physical Activity)	22
Core Section 5: Hypertension Awareness	25
DE State-Added 1: Home/ Self-measured Blood Pressure (NEW)	26
Core Section 6: Cholesterol Awareness	28
Core Section 7: Chronic Health Conditions	30
Module 1: Prediabetes	33
Module 2: Diabetes	35
DE State-Added 2: Diabetes (2022, DE State-Added 1).....	38
Core Section 8: Demographics (Part 1)	39
Optional Module 22: Sexual Orientation and Gender Identity (SOGI).....	40
Core Section 8: Demographics (Part 2)	43
Core Section 9: Disability	48
Core Section 10: Falls.....	50
Core Section 11: Tobacco Use	50
Core Section 12: Alcohol Consumption.....	52
Core Section 13: Immunization.....	54
Module 26: HPV - Vaccination.....	56
Core Section 15: H.I.V./AIDS	58
Core Section 16: Seat Belt Use / Drinking and Driving	59
Emerging Core: Long-term COVID Effects.....	59
Closing Statement/ Transition to Modules	61
Module 28: COVID Vaccination	63
Module 13: Cognitive Decline	65
Module 15: Tobacco Cessation	67
Module 16: Other Tobacco Use.....	69
DE State-Added 3: Tobacco Use (2022, DE State-Added 2)	70

Module 23: Marijuana Use.....	72
DE State-Added 4: Family Planning (2022, Module 27)	74
Module 24: Adverse Childhood Experiences.....	94
Module 29: Social Determinants and Health Equity	98
Module 30: Reactions to Race.....	100
Closing Statement	103

OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 12/31/2024</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.</p>
	<p>HELLO, I am calling for the Delaware Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>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”</p>

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?		1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	
			2 No	TERMINATE		
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__Delaware____?		1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Delaware 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		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	

	students away at college, how many members of your household, including yourself, are 18 years of age or older?		2-6 or more	Go to LL08.	adult in the household? If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.	
LL08.	The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?			If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming)		
LL09.	Are you?		Read: 1 Male 2 Female	Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Unspecified or another gender identity Do not read:	Go to LL10		

			7 Don't know/Not sure			
LL10	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then TERMINATE "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			877-551-6138.			
--	--	--	---------------	--	--	--

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	Go to CP02	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?		1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?		1 Yes	Go to CP04		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?		1 Yes	Go to CP05.		
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you ?		Please read: 1 Male 2 Female	Go to CP07.		

			3 Unspecified or another gender identity Do not read: 7 Don't know/Not sure 9 Refused	Go to CP06		
CP06	What was your sex at birth? Was it male or female?		1 Male 2 Female 7 Don't know/Not sure 9 Refused	If '7' or '9' then terminate. "Thank you for your time, your number may be selected for another survey in the future."	Read if necessary: "What sex were you assigned at birth on your original birth certificate?"	
CP07.	Do you live in a private residence?		1 Yes	Go to CP09	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	
			2 No	Go to CP08		
CP08.	Do you live in college housing?		1 Yes	Go to CP09	Read if necessary:	

					By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
CP09.	Do you currently live in <u>Delaware</u> ?		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			

			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 CP07 = yes then number of adults is automatically set to 1		
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information			

			you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551- 6138			
--	--	--	--	--	--	--

Core Section 1: Health Status

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

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		__ 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		__ Number of days (01-30) 88 None 77 Don't know/not sure		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they	

	you from doing your usual activities, such as self-care, work, or recreation?		99 Refused		indicate that this never occurs.	
--	---	--	------------	--	----------------------------------	--

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current source of your primary health insurance?		<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p> <p>77 Don't Know/Not Sure 99 Refused</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.</p>	
CHCA.02	Do you have one person		<p>1 Yes, only one</p> <p>2 More than one</p>		<p>If no, read: Is there more than</p>	

	or a group of doctors that you think of as your personal health care provider?		3 No 7 Don't know / Not sure 9 Refused		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) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

Core Section 4: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEXP.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	Go to CEXP.08	If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month. Physical activity done at a work gym during the workday would count	
			2 No 7 Don't know/Not Sure 9 Refused			
CEXP.02	What type of physical activity or exercise did you spend the most time doing during the past month?		___ Specify from Physical Activity Coding List	Go to CEXP.08	See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure 99 Refused			
CEXP.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused		If respondent confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."	

CEXP.04	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			
CEXP.05	What other type of physical activity gave you the next most exercise during the past month?		__ __ Specify from Physical Activity List 88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to CEXP.08	See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
CEXP.06	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
CEXP.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:_ Hours and minutes 777 Don't know / Not sure 999 Refused			
CEXP.08	During the past month, how many times per week or per month did you		1__ Times per week 2__ Times per month		Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight	

	do physical activities or exercises to strengthen your muscles?		888 Never 777 Don't know / Not sure 999 Refused		like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.	
--	---	--	---	--	---	--

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	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes 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			

DE State-Added 1: Home/ Self-measured Blood Pressure (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M30.01	<p>Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?</p> <p>¿Le ha recomendado su médico, enfermera u otro profesional de la salud que se tome la presión arterial fuera del consultorio médico o en su casa?</p>	HOMBPCHK	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>		<p>By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.</p> <p>Por otro profesional de la salud nos referimos a un enfermero, un asistente médico u otro profesional de la salud autorizado.</p>	901
M30.02	<p>Do you regularly check your blood pressure outside of your healthcare professional's office or at home?</p> <p>¿Se toma regularmente la presión arterial fuera del consultorio médico o en su casa?</p>	HOMRGCHK	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	Go to next module		902

M30.03	<p>Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?</p> <p>¿La toma principalmente en casa o en una máquina de una farmacia, tienda de comestibles o lugar similar?</p>	WHEREBP	<p>1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused</p> <p>1 En casa 2 en una máquina de una farmacia, tienda de comestibles o lugar similar 3 No me tomo la presión</p>			903
M30.04	<p>How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?</p> <p>¿Cómo comparte con su profesional de la salud las cifras de presión arterial que ha</p>	SHAREBP	<p>Do not read: 1 Telephone 2 Other methods such as email, internet portal, or fax, or 3 In person</p> <p>1 Teléfono 2 otros métodos como correo electrónico, portal de Internet o fax, o 3 en persona</p>			904

	recopilado? ¿La mayoría de las veces es por teléfono, por otros métodos como correo electrónico, portal de Internet o fax, o en persona?		Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused			
--	--	--	--	--	--	--

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 cholesterol checked?		1 Never	Go to CCHLA.03		
			2 Within the past year (anytime less than one year ago)			
			3 Within the past 2 years (1 year but less than 2 years ago)			
			4 Within the past 3 years (2 years but less than 3 years ago)			
			5 Within the past 4 years (3 years but less than 4 years ago)			
			6 Within the past 5 years (4 years but			

			less than 5 years ago) 8 5 or more years ago			
			7 Don't know/ Not sure 9 Refused	Go to next section		
CCHLA.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		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	

Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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	(Ever told) (you had) asthma?		1 Yes			
			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		1 Yes 2 No			

	that is not melanoma?		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 of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?		1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel	

					<p>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)</p>	
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.	
			<p>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</p>	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?		<p>__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused</p>	Go to Diabetes Module if used, otherwise go to next section.		

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
MPDIAB.01	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?		1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			

				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code MPDIAB.02, PREDIAB1, equal to 1 (yes)		
MPDIAB.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?		1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
MDIAB.01	According to your doctor or other health professional, what type of diabetes do you have?		1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			
MDIAB.02	Insulin can be taken by shot or pump. Are you now taking insulin?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MDIAB.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?		__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
MDIAB.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but			

			less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
MDIAB.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?		Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
MDIAB.06	When was the last time you took a course or class in how to manage your diabetes yourself?		1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago)			

			3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
MDIAB.07	Have you ever had any sores or irritations on your feet that took more than four weeks to heal?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

DE State-Added 2: Diabetes (2022, DE State-Added 1)

				Ask if Delaware state resident and DIABETE4=1 (YES)		
DE2.1	<p>About how often do you check your blood for glucose or sugar?</p> <p>Aproximadamente, ¿con qué frecuencia controla su nivel de glucosa o azúcar en la sangre?</p>	BLDSUGAR	<p>1 _ _ Times per day</p> <p>2 _ _ Times per week</p> <p>3 _ _ Times per month</p> <p>4 _ _ Times per year</p> <p>888 Never</p> <p>777 Don't know / Not sure</p> <p>999 Refused</p>		<p>Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.</p> <p>Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'</p> <p>Lea lo siguiente si es necesario: Incluya las veces que se lo revisó un familiar o un amigo, pero no cuando lo controló un profesional de la salud.</p> <p>No lea: Si la persona encuestada utiliza un sistema de control continuo de la glucosa (un sensor insertado bajo la piel para controlar los niveles de glucosa de manera</p>	905-907

					continua), ingrese '98 veces al día'.	
--	--	--	--	--	---------------------------------------	--

Core Section 8: Demographics (Part 1)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander	.	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.	

			Do not read: 88 No choices 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

Optional Module 22: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	551

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

					<p>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.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p>	
--	--	--	--	--	--	--

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

Core Section 8: Demographics (Part 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.05	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.06	What is the highest grade or year of school you completed ?	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.07	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group	

					home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers	NUMHHOL3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		

	, fax machines or security systems, do you have more than one landline telephone number in your household ?					
CDEM.1 1	How many of these landline telephone numbers are residential numbers?	NUMPHON3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.1 2	How many cell phones do you have for your personal use?	CPDEMO1B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.1 3	Have you ever served on active duty in the United States Armed Forces,	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National	

	either in the regular military or in a National Guard or military reserve unit?				Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.1 4	Are you currently... ?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	
CDEM.1 5	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
CDEM.1 6	Is your annual household income from all sources—	***NEW** *	Read if necessary: 01 Less than \$10,000? 02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$35,000 to less than \$50,000) 07 Less than \$75,000? (\$50,000 to less than \$75,000)	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

			<p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			
				<p>Skip to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or Age > 49</p>		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	<p>___ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		<p>If respondent answers in metrics, put 9 in first column. Round fractions up</p>	
CDEM.19	About how tall are you without shoes?	HEIGHT3	<p>__ / __ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not sure</p> <p>99/ 99 Refused</p>		<p>If respondent answers in metrics, put 9 in first column. Round fractions down</p>	

Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?		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			
----------------	---	--	--	--	--	--

Core Section 10: Falls

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

Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?		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 Not at all (right now) Do not read: 7 Don't know / Not sure 9 9 Refused		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The	

					<p>use of electronic vaping products for marijuana use is not included in these questions.</p> <p>If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”</p>	
--	--	--	--	--	---	--

Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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		__ Number of drinks 88 None		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots	

	drinks did you drink on the average?		77 Don't know / Not sure 99 Refused		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 (states may use sex at birth to determine sex if module is adopted)		
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 13: 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.03	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	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
			If age <50 Go to next section		
CIMM.04	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 26: HPV - Vaccination

Question Number	Question text	Variable names	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 (can be calculated from YEARBORN variable); 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 questions 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			

Core Section 15: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?		1 Yes		Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.	
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?		__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	

Core Section 16: Seat Belt Use / Drinking and Driving

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

Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Have you ever tested positive for		1 Yes		Positive tests include antibody or	

	COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?			2 No 7 Don't know / Not sure 9 Refused	Go to next section	blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests.	
COVID.02	Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?			1 Yes		Long term conditions may be an indirect effect of COVID 19.	
				2 No 7 Don't know / Not sure 9 Refused	Go to closing statement or module section	Read if necessary: - Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/ memory problems (sometimes referred to as "brain fog") - Difficulty breathing or shortness of breath - Joint or muscle pain - Fast-beating or pounding heart (also known as heart palpitations) or chest pain - Dizziness on standing	

						-menstrual changes - Symptoms that get worse after physical or mental activities -Loss of taste or smell	
COVID.03	Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19?			Please read 1 Yes, a lot 2 Yes, a little 3 Not at all			

Closing Statement/ Transition to Modules

Read if 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.

Module 28: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?		1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	GOTO Next module		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?		1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next MODULE		
MCOV.03	How many COVID-19 vaccinations have you received?		1 One			
			2 Two 3 Three 4 Four 5 Five or more			
			7 Don't know / Not sure 9 Refused			
				Skip MCOV4 (COVINT) if		

				COVIDNUM = 2 or 3 or 4 or 5.		
MCOV.04	Which of the following best describes your COVID-19 vaccination status?		1 = Already received all recommended doses, including the updated bivalent booster 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused		Read if Necessary: Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022	

Module 13: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
MCOG.01	<p>The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.</p> <p>During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse??</p>		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCOG.02	Are you worried about these difficulties with thinking or memory?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.03	Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			

MCOG.04	During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?		1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOG.05	During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?		1 Yes 2 No 7 Don't know/ not sure 9 Refused		Question should be asked to all respondents regardless of work status. If the respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering ... if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No.	

Module 15: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
MTC.01	How long has it been since you last smoked a cigarette, even one or two puffs?		Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused	Go to next module		

				Ask if SMOKDAY2 = 1 or 2.		
MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 16: 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			

DE State-Added 3: Tobacco Use (2022, DE State-Added 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
DE3.1	Do you currently smoke little cigars, cigarillos, or regular cigars every day, some days, or not at all? Fuma actualmente cigarros o puros pequeños todos los días, algunos días, o no los fuma en absoluto?	DE3.1	1 Every day 2 Some days 3 Not at all 7 Don't know/ Not sure 9 Refused 1 Todos los dias 2 Algunos dias 3 No en absoluto		If the respondent asks about "some days", it can also be described as "on at least one day in the past month". If the respondent asks about "some days", it can also be described as "Por lo menos un dia en el ultimo mes".	908
DE3.2	Do you currently smoke any kind of pipe or hookah every day, some	DE3.2	1 Every day 2 Some days 3 Not at all			909

	<p>days, or not at all?</p> <p>Actualmente fuma algun tipo de pipa o hookah todos los días, algunos días, o no fumas en absoluto?</p>		<p>7 Don't know / Not sure</p> <p>9 Refused</p> <p>1 Todos los dias</p> <p>2 Algunos dias</p> <p>3 No en absoluto</p>			
DE3.3	<p>Do you allow any smoking in your home?</p> <p>Permite fumar en su casa?</p>	DE3.3	<p>1 Yes</p> <p>2 No</p> <p>3 Sometimes or in some places</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> <p>1 Si</p> <p>2 No</p> <p>3 A veces o en algunos lugares</p>			910

Module 23: Marijuana Use

Question Number	Question text	Variable names	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	...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	...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	...dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.06	...use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
				If respondent answers yes to only one type of use, skip MMU.07		
				Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).		
MMU.07	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...		Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Drink it (for		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.	

			example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or 6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
--	--	--	--	--	--	--

DE State-Added 4: Family Planning (2022, Module 27)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
				IF RESPONDENT GREATER THAN 49 YEARS OF AGE, IS PREGNANT, OR IF RESPONDENT IS MALE		

				GO TO THE NEXT MODULE		
PROLOGUE	<p>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.</p> <p>La siguiente serie de preguntas es acerca de sus experiencias con la prevención del embarazo y el uso de métodos anticonceptivos , también conocidos como planificación familiar. Las preguntas sobre las relaciones sexuales hacen referencia al sexo en que el pene penetra la vagina.</p>					

MFP.01	<p>In the past 12 months, did you have sexual intercourse?</p> <p>En los últimos 12 meses, ¿tuvo usted relaciones sexuales?</p>		1 Yes			911
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MFP.02	<p>Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.</p> <p>The last time you had sexual</p>		1 Yes			912
			2 No	GO TO MFP.06		

	<p>intercourse, did you or your partner do anything to keep you from getting pregnant?</p> <p>Algunas de las cosas que las personas hacen para evitar el embarazo incluyen no tener relaciones sexuales en ciertos momentos del mes, el coito interrumpido, usar métodos anticonceptivos como la píldora, implantes, inyecciones, condones, un dispositivo intrauterino o DIU, ligarse las trompas o hacerse una vasectomía.</p> <p>La última vez que tuvo relaciones sexuales, ¿hicieron usted o su pareja algo para evitar que usted quedara embarazada?</p>		<p>7 Don't know/ not sure</p> <p>9 Refused</p>			
--	--	--	--	--	--	--

<p>MFP.03</p>	<p>The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?</p> <p>La última vez que tuvo relaciones sexuales, ¿qué hicieron o usaron usted o su pareja para evitar que quedara embarazada?</p>		<p>Read if necessary:</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Had sex at a time when less likely to get pregnant</p>		<p>IF RESPONDENT REPORTS USING TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. CODE THE OTHER METHOD IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. OF THE REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (DO NOT ASK QUESTION 4).</p> <p>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</p>	<p>913-914</p>
----------------------	---	--	--	--	--	----------------

			<p>(rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>Lea lo siguiente si es necesario:</p> <p>01 Esterilización femenina (ligadura de trompas, Essure o Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo</p> <p>04 Dispositivo intrauterino o DIU (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Inyecciones (Depo-Provera)</p> <p>06 Píldoras anticonceptivas, anillo</p>		<p>CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>SI LA ENCUESTADA INDICA EL USO DE DOS MÉTODOS ANTICONCEPTIVOS , CODIFIQUE EL MÉTODO QUE APAREZCA PRIMERO EN LA LISTA. CODIFIQUE EL OTRO MÉTODO EN LA PREGUNTA 4 (NO HAGA LA PREGUNTA 4).</p> <p>SI LA ENCUESTADA INDICA EL USO DE MÁS DE DOS MÉTODOS ANTICONCEPTIVOS , CODIFIQUE EL MÉTODO QUE APAREZCA PRIMERO EN LA LISTA. DE LOS OTROS MÉTODOS ANTICONCEPTIVOS MENCIONADOS, CODIFIQUE EL MÉTODO QUE APAREZCA PRIMERO EN LA LISTA EN LA PREGUNTA 4 (NO HAGA LA PREGUNTA 4).</p> <p>SI LA PERSONA ENCUESTADA RESPONDE "OTRO MÉTODO", PÍDALE QUE POR FAVOR</p>	
--	--	--	--	--	---	--

			<p>anticonceptivo (NuvaRing), parche anticonceptivo (Ortho Evra)</p> <p>07 Condomes (masculinos o femeninos)</p> <p>08 Diafragma, capuchón cervical o esponja, espuma, gel, película o crema anticonceptivas</p> <p>09 Tener relaciones sexuales cuando es menos probable que quede embarazada (método del ritmo o planificación familiar natural)</p> <p>10 Eyaculación fuera de la vagina o coito interrumpido</p> <p>11 Anticonceptivo de emergencia o la píldora de la mañana siguiente (Plan B o “ella”)</p> <p>12 Otro método</p> <p>No lea:</p>	<p>“ESPECIFIQUE” Y ASEGÚRESE DE QUE LA RESPUESTA NO CORRESPONDA A OTRA CATEGORÍA. SI LA RESPUESTA CORRESPONDE A OTRA CATEGORÍA, MÁRQUELA ADECUADAMENTE.</p>	
--	--	--	--	---	--

			77 No sabe/No está segura 99 Se negó a contestar			
MFP.04	<p>The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?</p> <p>La última vez que tuvo relaciones sexuales, ¿qué otras cosas hicieron o usaron usted y su pareja para evitar que quedara embarazada?</p>		<p>Read if necessary:</p> <p>00 Nothing else</p> <p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)</p>		<p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE ADDITIONAL METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>NOTA PARA EL ENCUESTADOR: SI LA ENCUESTADA INDICA MÁS DE UN MÉTODO ANTICONCEPTIVO,</p>	915-916

			<p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 Esterilización femenina (ligadura de trompas, Essure o Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo</p>		<p>ANOTE EL MÉTODO QUE APAREZCA PRIMERO EN LA LISTA.</p> <p>NOTA PARA EL ENCUESTADOR: SI LA ENCUESTADA RESPONDE "OTRO MÉTODO", PÍDALE QUE POR FAVOR "ESPECIFIQUE" Y ASEGÚRESE DE QUE LA RESPUESTA NO CORRESPONDA A OTRA CATEGORÍA. SI LA RESPUESTA CORRESPONDE A OTRA CATEGORÍA, MÁRQUELA ADECUADAMENTE</p> <p>.</p>	
--	--	--	---	--	--	--

			<p>04 Dispositivo intrauterino o DIU (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Inyecciones (Depo-Provera)</p> <p>06 Píldoras anticonceptivas, anillo anticonceptivo (NuvaRing), parche anticonceptivo (Ortho Evra)</p> <p>07 Condones (masculinos o femeninos)</p> <p>08 Diafragma, capuchón cervical o esponja, espuma, gel, película o crema anticonceptivas</p> <p>09 Tener relaciones sexuales cuando es menos probable que quede embarazada (método del ritmo o planificación familiar natural)</p> <p>10 Eyaculación fuera de la vagina o coito interrumpido</p>			
--	--	--	---	--	--	--

			<p>11 Anticonceptivo de emergencia o la píldora de la mañana siguiente (Plan B o “ella”)</p> <p>12 Otro método</p> <p>No lea:</p> <p>77 No sabe/No está segura</p> <p>99 Se negó a contestar</p>			
				Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05		
MP.05	<p>Where did you get the [response from Q3] you used when you last had sexual intercourse?</p> <p>¿En dónde obtuvo [respuesta a la P3] que usó la última vez que tuvo relaciones sexuales?</p>		<p>Read if necessary:</p> <p>01 Private doctor’s office</p> <p>02 Community health clinic, Community clinic, Public health clinic</p> <p>03 Family planning or Planned Parenthood Clinic [</p>	Go to MFP.07		917-918

			<p>04 School or school-based clinic [</p> <p>05 Hospital outpatient clinic, emergency room, regular hospital room</p> <p>06 Urgent care center, urgent care or walk-in facility</p> <p>07 In-store health clinic (like CVS, Target, or Walmart)</p> <p>08 Health care visit with a pharmacist</p> <p>09 Website or app</p> <p>10 Some other place</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 Consultorio médico privado</p> <p>02 Un servicio ambulatorio de salud comunitario, centro médico comunitario, centro de salud pública</p>			
--	--	--	---	--	--	--

			<p>03 Centro de planificación familiar o centro de Planned Parenthood</p> <p>04 Universidad o centro médico universitario</p> <p>05 Centro médico ambulatorio de un hospital, sala de emergencias, sala regular de hospital</p> <p>06 Centro de atención de urgencias, urgicare o de atención sin cita previa</p> <p>07 Centro de salud dentro de una tienda (como CVS, Target o Walmart)</p> <p>08 Consulta con un farmacéutico</p> <p>09 Sitio web o app</p> <p>10 Algún otro lugar</p> <p>77 No sabe/No está segura</p> <p>99 Se negó a contestar</p>			
--	--	--	--	--	--	--

<p>MFP.06</p>	<p>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.</p> <p>What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?</p> <p>Algunas de las razones por las que las personas podrían no hacer nada para evitar el embarazo incluyen el desear el embarazo, no poder pagar el método anticonceptivo o no pensar que pueden quedar embarazadas.</p> <p>¿Cuál fue la principal razón por la que no</p>		<p>Read if necessary</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 You wanted a pregnancy</p> <p>04 You didn't care if you got pregnant</p> <p>05 You or your partner didn't want to use birth control (side effects, don't like birth control)</p> <p>06 You had trouble getting or paying for birth control</p> <p>07 You didn't trust giving out your personal information to medical personnel</p> <p>08 Didn't think you or your partner could get pregnant (infertile or too old)</p> <p>09 You were using</p>		<p>IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> <p>SI LA ENCUESTADA RESPONDE "OTRA RAZÓN", PÍDALE QUE "POR FAVOR ESPECIFIQUE" Y ASEGÚRESE DE QUE LA RESPUESTA NO CORRESPONDA A OTRA CATEGORÍA. SI LA RESPUESTA CORRESPONDE A OTRA CATEGORÍA, MÁRQUELA ADECUADAMENTE.</p>	<p>919-920</p>
----------------------	---	--	--	--	--	----------------

	<p>hizo nada para evitar el embarazo la última vez que tuvo relaciones sexuales?</p>		<p>withdrawal or “pulling out”</p> <p>10 You had your tubes tied (sterilization)</p> <p>11 Your partner had a vasectomy (sterilization)</p> <p>12 You were breast-feeding or you just had a baby</p> <p>13 You were assigned male at birth</p> <p>14 Other reasons</p> <p>Do not read:</p> <p>77 Don’t know/Not sure</p> <p>99 Refused</p> <p>Lea lo siguiente si es necesario</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja regular</p> <p>02 Simplemente no lo pensó</p> <p>03 Quería quedar embarazada</p> <p>04 No le importaba si</p>			
--	--	--	---	--	--	--

			<p>quedaba embarazada</p> <p>05 Usted o su pareja no querían usar anticonceptivos (por los efectos secundarios, no le gustan los anticonceptivos)</p> <p>06 Tuvo dificultades para obtener o pagar anticonceptivos</p> <p>07 No confía en darle su información personal al personal médico</p> <p>08 No creía que usted o su pareja pudieran concebir (infértil o muy mayor)</p> <p>09 Estaba usando el método de eyaculación fuera de la vagina o coito interrumpido</p> <p>10 Tenía las trompas ligadas (esterilización)</p> <p>11 A su pareja le hicieron una</p>			
--	--	--	---	--	--	--

			<p>vasectomía (esterilización)</p> <p>12 Estaba amamantando o acababa de tener un bebé</p> <p>13 Su sexo registrado al nacer es masculino</p> <p>14 Otra razón</p> <p>No lea:</p> <p>77 No sabe/No está segura</p> <p>99 Se negó a contestar</p>			
MFP.07	<p>If you could use any birth control method you wanted, what method would you use?</p> <p>Si pudiera usar cualquier método anticonceptivo, ¿cuál método usaría?</p>		<p>01 Female sterilization (Tubal ligation, Essure, or Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant</p> <p>04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Shots (Depo-Provera)</p> <p>06 Birth control pills, Contraceptive Ring</p>			921-922

			<p>(NuvaRing), Contraceptive patch (Ortho Evra)</p> <p>07 Condoms (male or female)</p> <p>08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream</p> <p>09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)</p> <p>10 Withdrawal or pulling out</p> <p>11 Emergency contraception or the morning after pill (Plan B or ella)</p> <p>12 Other method</p> <p>13 I am using the method that I want to use</p> <p>14 I don't want to use any method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p>			
--	--	--	---	--	--	--

			<p>99 Refused</p> <p>01 Esterilización femenina (ligadura de trompas, Essure o Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo</p> <p>04 Dispositivo intrauterino o DIU (Mirena, Levonorgestrel, ParaGard)</p> <p>05 Inyecciones (Depo-Provera)</p> <p>06 Píldoras anticonceptivas, anillo anticonceptivo (NuvaRing), parche anticonceptivo (Ortho Evra)</p> <p>07 Condones (masculinos o femeninos)</p> <p>08 Diafragma, capuchón cervical o esponja, espuma, gel, película o crema anticonceptivas</p> <p>09 Tener relaciones sexuales</p>			
--	--	--	--	--	--	--

			<p>cuando es menos probable que quede embarazada (método del ritmo o planificación familiar natural)</p> <p>10 Eyaculación fuera de la vagina o coito interrumpido</p> <p>11 Anticonceptivo de emergencia o la píldora de la mañana siguiente (Plan B o “ella”)</p> <p>12 Otro método</p> <p>13 Está usando el método que quiere usar</p> <p>14 No quiere usar ningún método</p> <p>No lea:</p> <p>77 No sabe/No está segura</p> <p>99 Se negó a contestar</p>			
--	--	--	--	--	--	--

Module 24: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
MACE.01	Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
MACE.02	Did you live with anyone who was a problem drinker or alcoholic?		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 dial '211' in Delaware or call 302-255-9399.	

Module 29: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel socially isolated from others? Is it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

MSDHE.04	In the past 12 months have you lost employment or had hours reduced?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			

	shut off services?					
MSDHE.09	During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

Module 30: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.		01 White 02 Black or African American 03 Hispanic or Latino 04 Asian 05 Native Hawaiian or		If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which	

	How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?		Other Pacific Islander 06 American Indian or Alaska Native 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		might be different from how you classify yourself.” Interviewer note: do not offer “mixed race” as a category but use as a code if respondent offers it.	
MRTR.02	How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?		1 Never 2 Once a year 3 Once a month 4 Once a week 5 Once a day 6 Once an hour 8 Constantly 7 Don't know / Not sure 9 Refused		The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		Read if necessary: 1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races,			

			<p>better than others</p> <p>5 Only encountered people of the same race</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
				<p>Ask If EMPLOY1= 1,2,4 [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]</p>		
MRTR.04	<p>Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?</p>		<p>1 Worse than other races</p> <p>2 The same as other races</p> <p>3 Better than other races</p> <p>4 Worse than some races, better than others</p> <p>5 Only encountered people of the same race</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
MRTR.05	<p>Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for</p>		<p>1 Worse than other races</p> <p>2 The same as other races</p> <p>3 Better than other races</p> <p>4 Worse than some races,</p>		<p>If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking</p>	

	people of other races?		better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences	
MRTR.06	Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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 Delaware. Thank you very much for your time and cooperation.