



**2020**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**Delaware**

*English & Spanish (state-added only)*

**February 10, 2020**

## Table of Contents

|  |           |
|--|-----------|
| OMB Header and Introductory Text .....                               | 4         |
| Landline Introduction.....   | 5         |
| Cell Phone Introduction .....  | 10        |
| <b>Core Section 1: Health Status</b> .....                           | <b>15</b> |
| <b>Core Section 2: Healthy Days</b> .....                            | <b>16</b> |
| <b>Core Section 3: Health Care Access</b> .....                      | <b>18</b> |
| <b>Core Section 4: Exercise</b> .....                                | <b>20</b> |
| <b>Core Section 5: Inadequate Sleep</b> .....                        | <b>21</b> |
| <b>Core Section 6: Chronic Health Conditions</b> .....               | <b>21</b> |
| <b>Module 1: Prediabetes</b> .....                                   | <b>24</b> |
| Core Section 6: Chronic Health Conditions (continued).....           | 25        |
| <b>Module 2: Diabetes</b> .....                                      | <b>25</b> |
| <b>Core Section 7: Oral Health</b> .....                             | <b>28</b> |
| <b>Core Section 8: Demographics</b> .....                            | <b>29</b> |
| <b>Core Section 9: Disability</b> .....                              | <b>35</b> |
| <b>Core Section 10: Tobacco Use</b> .....                            | <b>36</b> |
| <b>Core Section 11: Alcohol Consumption</b> .....                    | <b>39</b> |
| <b>Core Section 12: Immunization</b> .....                           | <b>40</b> |
| <b>Core Section 13: Falls</b> .....                                  | <b>42</b> |
| <b>Core Section 14: Seat Belt Use and Drinking and Driving</b> ..... | <b>43</b> |
| <b>Core Section 15: Breast and Cervical Cancer Screening</b> .....   | <b>44</b> |
| <b>Core Section 16: Prostate Cancer Screening</b> .....              | <b>46</b> |
| <b>Core Section 17: Colorectal Cancer Screening</b> .....            | <b>49</b> |
| <b>Core Section 18: H.I.V./AIDS</b> .....                            | <b>54</b> |
| <b>Closing Statement/ Transition to Modules</b> .....                | <b>56</b> |
| <b>Optional Modules</b> .....  | <b>57</b> |
| Module 6: Cognitive Decline .....                                    | 57        |
| Module 8: E-Cigarettes .....   | 59        |
| Module 9: Marijuana Use .....  | 60        |
| Module 10: Lung Cancer Screening .....                               | 62        |
| Module 11: Cancer Survivorship: Type of Cancer .....                 | 64        |
|  | 2         |

|   |    |
|---|----|
| Module 12: Cancer Survivorship: Course of Treatment.....  | 68 |
| Module 13: Cancer Survivorship: Pain Management.....  | 71 |
| Delaware State-Added 1: Adult Well Being Assessment (NEW) .....                                 | 72 |
| Delaware State-Added 2: Perception of Equity (NEW) .....  | 74 |
| Delaware State-Added 3: The Preconception Health/Family Planning (2018, DE state-added 2) ..... | 81 |

OMB Header and Introductory Text

| Read if necessary  | Read   | Interviewer instructions (not read)  |
|--|--|--|
| <p><b>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</b></p> |  | <p>Form Approved<br/>OMB No. 0920-1061<br/>Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at <a href="mailto:ivk7@cdc.gov">ivk7@cdc.gov</a>.</p> |
|  | <p>HELLO, I am calling for the Delaware Division of Public Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p> |  |

## Landline Introduction

| Question Number | Question text                | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)  | Column(s) |
|-----------------|------------------------------|----------------|--|----------------------|---|-----------|
| LL01.           | Is this [PHONE NUMBER]?      | CTELENM1       | 1 Yes  | Go to PVTRES1        |   | 63        |
|                 |                              |                | 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? | PVTRES1        | 1 Yes  | Go to STATERE1       | Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | 64        |
|                 |                              |                | 2 No   | Go to COLGHOUS       | If no, business phone only: thank you very much but we are  |           |

|       |   |          |                          |                |  |    |
|-------|---|----------|--------------------------|----------------|--|----|
|       |   |          |                          |                | only interviewing persons on residential phones lines at this time.<br>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.<br>TERMINATE  |    |
| LL03. | Do you live in college housing?         | COLGHOUS | 1 Yes                    | Go to STATERE1 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. | 65 |
|       |   |          | 2 No                     | TERMINATE      | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.  |    |
| LL04. | Do you currently live in__Delaware____? | STATERE1 | 1 Yes                    | Go to CELPHONE |  | 66 |
|       |   |          | 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?             | CELPHONE | 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.   | 67 |
|       |                                   |          | 2 Not a cell phone        | Go to LADULT1  | 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? | LADULT1  | 1 Yes                     | IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]  |  | 68 |
|       |                                   |          | 2 No                      | IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION] | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.  |    |
| LL07. | Are you male or female?           | COLGSEX  | 1 Male<br>2 Female        | ONLY for respondents who are LL and COLGHOUS= 1.                               |  | 69 |

|       |  |              |  |                             |  |       |
|-------|--|--------------|--|-----------------------------|--|-------|
|       |  |              | 7 Don't know/Not sure<br>9 Refused                 | TERMINATE                   | Thank you for your time, your number may be selected for another survey in the future.   |       |
| LL08. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? | NUMADULT     | 1  | Go to LANDSEX               | Read: Are you that adult?<br>If yes: Then you are the person I need to speak with.<br>If no: May I speak with the adult in the household?            | 70-71 |
|       |  |              | 2-6 or more  | Go to NUMMEN                |  |       |
| LL09. | Are you male or female?  | LANDSEX      | 1 Male<br>2 Female                                 | GO to Transition Section 1. |  | 72    |
|       |  |              | 7 Don't know/Not sure<br>9 Refused                 | TERMINATE                   | Thank you for your time, your number may be selected for another survey in the future.   |       |
| LL10. | How many of these adults are men?  | NUMMEN       | __ Number<br>77 Don't know/ Not sure<br>99 Refused |                             |  | 73-74 |
| LL11. | So the number of women in the household is [X]. Is that correct?   | NUMWOME<br>N |  |                             | Do not read: Confirm the number of adult women or clarify the total number of adults in the household.<br>Read: The persons in your household that I | 75-76 |



|                                 |   |          |   |  | need to speak with is [Oldest/Youngest / Middle//Male /Female].   |    |
|---------------------------------|---|----------|---|--|---|----|
| <b>LL12</b>                     | The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household? | RESPSLCT | 1 Male<br>2 Female  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming ) |   | 77 |
|                                 |   |          | 7 Don't know/Not sure<br>9 Refused  | TERMINATE  | Thank you for your time, your number may be selected for another survey in the future.  |    |
| <b>Transition to Section 1.</b> |   |          | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any |  | Do not read: Introductory text may be reread when selected respondent is reached.<br><br>Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change. |    |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | personal information . If you have any questions about the survey, please call 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? | SAFETIME       | 1 Yes  | Go to CTELCNUM1                            |  | 78        |
|                 |                                       |                | 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]?               | CTELNUM1       | 1 Yes  | Go to CELLSEX                              |  | 79        |
|                 |                                       |                | 2 No   | TERMINATE                                  |  |           |
| CP03.           | Is this a cell phone?                 | CELLFON5       | 1 Yes  | Go to CADULT1                              |  | 80        |
|                 |                                       |                | 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?     | CADULT1        | 1 Yes  |  |  | 81        |
|                 |                                       |                | 2 No   | TERMINATE                                  | Read: Thank you very much but we are only interviewing   |           |

|       |                                     |          |  |                   |   |    |
|-------|-------------------------------------|----------|--|-------------------|---|----|
|       |                                     |          |  |                   | persons aged 18 or older at this time.  |    |
| CP05. | Are you male or female?             | CELLSEX  | 1 Male<br>2 Female                     |                   |   | 82 |
|       |                                     |          | 7 Don't Know/<br>Not sure<br>9 Refused | TERMINATE         | Thank you for your time, your number may be selected for another survey in the future.  |    |
| CP06. | Do you live in a private residence? | PVTRES3  | 1 Yes                                  | Go to<br>CSTATE1  | Read if necessary: By private residence we mean someplace like a house or apartment<br>Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. | 83 |
|       |                                     |          | 2 No                                   | Go to<br>CCLGHOUS |   |    |
| CP07. | Do you live in college housing?     | CCLGHOUS | 1 Yes                                  | Go to<br>CSTATE1  | Read if necessary: By college housing we mean dormitory, graduate student or  | 84 |

|       |   |          |  |                |   |       |
|-------|---|----------|--|----------------|---|-------|
|       |   |          |  |                | visiting faculty housing, or other housing arrangement provided by a college or university.                                     |       |
|       |   |          | 2 No   | TERMINATE      | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |       |
| CP08. | Do you currently live in ___Delware___? | CSTATE1  | 1 Yes  | Go to LANDLINE |   | 85    |
|       |   |          | 2 No   | Go to RSPSTAT1 |   |       |
| CP09. | In what state do you currently live?    | RSPSTAT1 | 1 Alabama<br>2 Alaska<br>4 Arizona<br>5 Arkansas<br>6 California<br>8 Colorado<br>9 Connecticut<br>10 Delaware<br>11 District of Columbia<br>12 Florida<br>13 Georgia<br>15 Hawaii<br>16 Idaho<br>17 Illinois<br>18 Indiana<br>19 Iowa<br>20 Kansas<br>21 Kentucky<br>22 Louisiana<br>23 Maine<br>24 Maryland<br>25 Massachusetts<br>26 Michigan<br>27 Minnesota<br>28 Mississippi |                |   | 86-87 |

|              |  |          |  |           |   |    |
|--------------|--|----------|--|-----------|---|----|
|              |  |          | 29 Missouri<br>30 Montana<br>31 Nebraska<br>32 Nevada<br>33 New Hampshire<br>34 New Jersey<br>35 New Mexico<br>36 New York<br>37 North Carolina<br>38 North Dakota<br>39 Ohio<br>40 Oklahoma<br>41 Oregon<br>42 Pennsylvania<br>44 Rhode Island<br>45 South Carolina<br>46 South Dakota<br>47 Tennessee<br>48 Texas<br>49 Utah<br>50 Vermont<br>51 Virginia<br>53 Washington<br>54 West Virginia<br>55 Wisconsin<br>56 Wyoming<br>66 Guam<br>72 Puerto Rico<br>78 Virgin Islands |           |   |    |
|              |  |          | 77 Live outside US and participating territories<br>99 Refused   | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |    |
| <b>CP10.</b> | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes<br>2 No<br>7 Don't know/<br>Not sure<br>9 Refused  |           | Read if necessary: By landline telephone, we mean a                                 | 88 |

|                                 |   |         |   |   |  |       |
|---------------------------------|---|---------|---|---|--|-------|
|                                 |   |         |   |   | regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. |       |
| <b>CP11.</b>                    | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | __ Number<br>77 Don't know/<br>Not sure<br>99 Refused   | If CCLGHOUS = yes then number of adults is automatically set to 1 |  | 89-90 |
| <b>Transition to section 1.</b> |   |         | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138. |   |  |       |

Core Section 1: Health Status

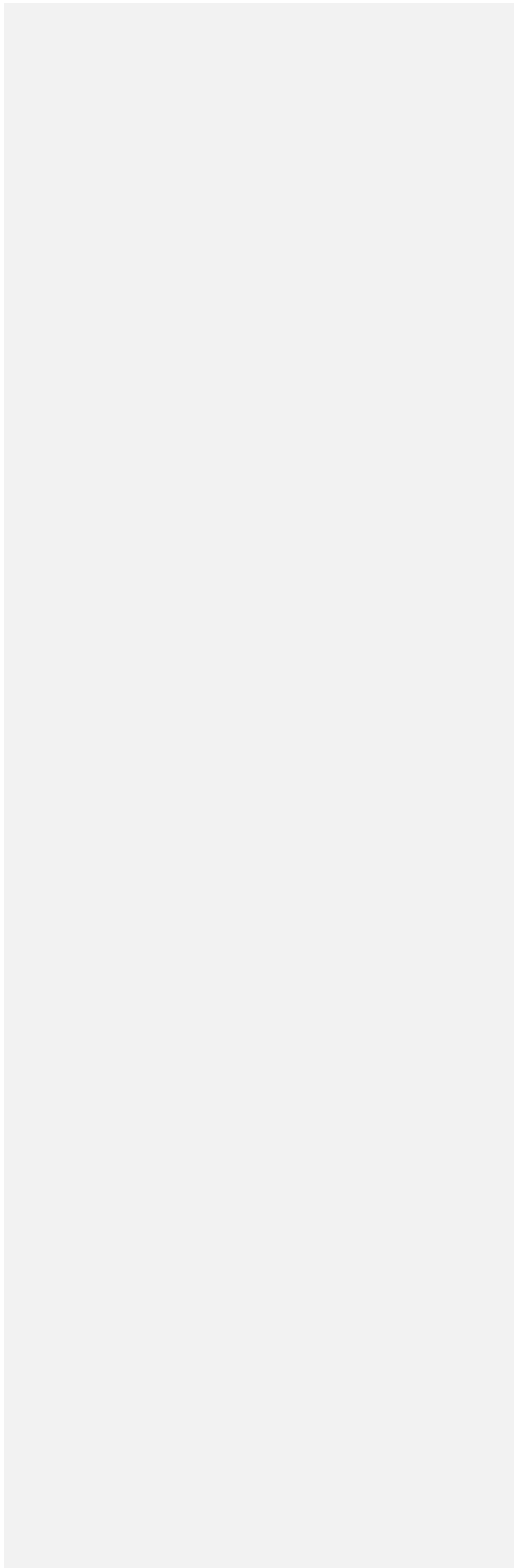
| Question Number | Question text                                 | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| CHS.01          | Would you say that in general your health is— | GENHLTH        | Read:<br>1 Excellent<br>2 Very Good<br>3 Good<br>4 Fair<br>5 Poor<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |                      |                      | 101       |

Core Section 2: Healthy Days

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                               | SKIP INFO/ CATI Note                                 | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|----------------------|-----------|
| 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?                | PHYSHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  |                      | 102-103   |
| 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? | MENTHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  |                      | 104-105   |
|                 |  |                |  | Skip POORHLTH if, PHYSHLTH is 88 and 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  | POORHLTH       | __ Number of days (01-30)<br>88 None<br>77 Don't know/not sure<br>99 Refused |  |                      | 106-107   |



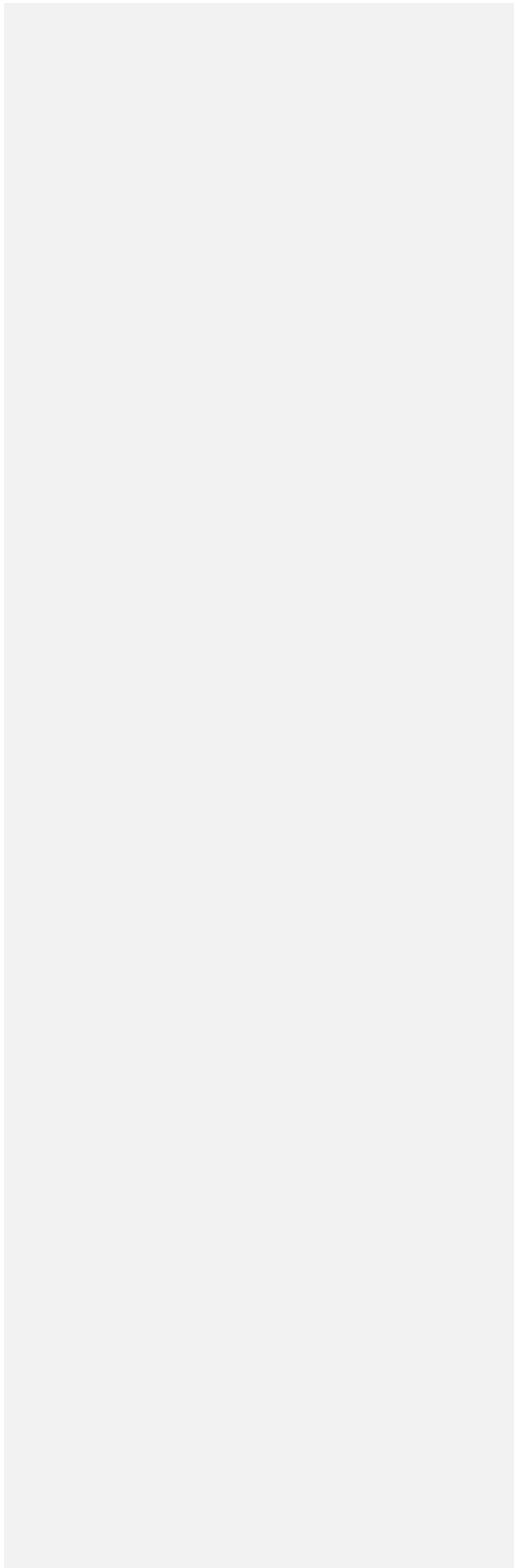
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | your usual activities, such as self-care, work, or recreation? |  |  |  |  |  |
|--|--|--|--|--|--|--|



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         | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? | HLTHPLN1       | 1 Yes<br>2 No<br>7 Don't know/Not Sure<br>9 Refused   |                      |  | 108       |
| CHCA.02         | Do you have one person you think of as your personal doctor or health care provider?  | PERSDOC2       | 1 Yes, only one<br>2 More than one<br>3 No<br>7 Don't know / Not sure<br>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? | 109       |
| CHCA.03         | Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?   | MEDCOST        | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   |                      |  | 110       |
| CHCA.04         | About how long has it been since you last visited a doctor for a routine checkup?   | CHECKUP1       | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years |                      | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.   | 111       |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | (2 years but less than 5 years ago)<br>4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused |  |  |  |
|--|--|--|---|--|--|--|



Core Section 4: Exercise

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)        | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|----------------------|--|-----------|
| CEX.01          | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? | EXERANY2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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 | 112       |

## Core Section 5: Inadequate Sleep

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                       | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|----------------------|--|-----------|
| CIS.01          | On average, how many hours of sleep do you get in a 24-hour period? | SLEPTIM1       | __ Number of hours [01-24]<br>77 Don't know / Not sure<br>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. | 113-114   |

## Core Section 6: 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) |
|-----------------|--|----------------|---|----------------------|----------------------|-----------|
| CCHC.01         | 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.<br>Ever told) you that you had a heart attack also called a myocardial infarction? | CVDINFR4       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                      |                      | 115       |
| CCHC.02         | (Ever told) (you had) angina or coronary heart disease?  | CVDCRHD4       | 1 Yes<br>2 No<br>7 Don't know / Not sure              |                      |                      | 116       |

|                |   |          |   |                  |  |     |
|----------------|---|----------|---|------------------|--|-----|
|                |   |          | 9 Refused   |                  |  |     |
| <b>CCHC.03</b> | (Ever told) (you had) a stroke?   | CVWSTRK3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  |  | 117 |
| <b>CCHC.04</b> | (Ever told) (you had) asthma?   | ASTHMA3  | 1 Yes   |                  |  | 118 |
|                |   |          | 2 No<br>7 Don't know / Not sure<br>9 Refused          | Go to<br>ASTHNOW |  |     |
| <b>CCHC.05</b> | Do you still have asthma?   | ASTHNOW  | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  |  | 119 |
| <b>CCHC.06</b> | (Ever told) (you had) skin cancer?  | CHCSCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  |  | 120 |
| <b>CCHC.07</b> | (Ever told) (you had) any other types of cancer?  | CHCOCNCR | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  |  | 121 |
| <b>CCHC.08</b> | (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? | CHCCOPD2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  |  | 122 |
| <b>CCHC.09</b> | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?       | HAVARTH4 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                  | Do not read:<br>Arthritis diagnoses include:<br>rheumatism,<br>polymyalgia<br>rheumatic,<br>osteoarthritis (not osteoporosis),<br>tendonitis, bursitis,<br>bunion, tennis<br>elbow, carpal<br>tunnel syndrome,<br>tarsal tunnel<br>syndrome, joint | 123 |

|                |   |          |   |                    |   |     |
|----------------|---|----------|---|--------------------|---|-----|
|                |   |          |   |                    | 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) |     |
| <b>CCHC.10</b> | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                    |   | 124 |
| <b>CCHC.11</b> | Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?           | CHCKDNY2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |                    | Read if necessary: Incontinence is not being able to control urine flow.  | 125 |
| <b>CCHC.12</b> | (Ever told) (you had) diabetes?   | DIABETE4 | 1 Yes   |                    | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.  | 126 |
|                |   |          | 2 Yes, but female told                                | Go to Pre-Diabetes |   |     |

|  |  |  |  |   |  |  |
|--|--|--|--|---|--|--|
|  |  |  | only during pregnancy<br>3 No<br>4 No, pre-diabetes or borderline diabetes<br>7 Don't know / Not sure<br>9 Refused | Optional Module (if used). Otherwise, go to next section. |  |  |
|--|--|--|--|---|--|--|

### Module 1: Prediabetes

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                   | SKIP INFO/ CATI Note  | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|--|---|---|-----------|
|                 |   |                |  | Skip if DIABETE4 is coded 1   |   |           |
| <b>MPDB.01</b>  | Have you had a test for high blood sugar or diabetes within the past three years?                                   | PDIABTST       | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused                             |   |   | 264       |
|                 |   |                |  | Skip PREDIAB1 if DIABETE4 is coded 1; If DIABETE4 is coded 4 automatically code PREDIAB1, equal to 1 (yes); |   |           |
| <b>MPDB.02</b>  | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1       | 1 Yes<br>2 Yes, during pregnancy<br>3 No<br>7 Don't know / Not sure<br>9 Refused |   | If Yes and respondent is female, ask: Was this only when you were pregnant? | 265       |



## Core Section 6: Chronic Health Conditions (continued)

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                     | SKIP INFO/ CATI Note   | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|--|----------------------|-----------|
| CCHC.13         | How old were you when you were told you have diabetes? | DIABAGE3       | __ Code age in years [97 = 97 and older]<br>98 Don't know / Not sure<br>99 Refused | Go to Diabetes Module if used, otherwise go to next section. |                      | 127-128   |

## Module 2: Diabetes

| Question Number | Question text               | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)       | SKIP INFO/ CATI Note   | Interviewer Note (s) | Column(s) |
|-----------------|-----------------------------|----------------|--|--|----------------------|-----------|
|                 |                             |                |  | To be asked following Core DIABAGE3 if response to DIABETE3 is Yes (code = 1) and STATERES=1 |                      |           |
| MDIA.01         | Are you now taking insulin? | INSULIN1       | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |                      | 266       |

|         |   |          |  |  |         |
|---------|---|----------|--|--|---------|
| MDIA.02 | About how often do you check your blood for glucose or sugar?   | BLDSUGAR | 1 _ _ Times per day<br>2 _ _ Times per week<br>3 _ _ Times per month<br><br>4 _ _ Times per year<br><br>888 Never<br><br>777 Don't know / Not sure<br>999 Refused                | Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional.<br><br>Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.' | 267-269 |
| MDIA.03 | Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations? | FEETCHK3 | 1 _ _ Times per day<br>2 _ _ Times per week<br>3 _ _ Times per month<br><br>4 _ _ Times per year<br>555 No feet<br><br>888 Never<br><br>777 Don't know / Not sure<br>999 Refused |  | 270-272 |
| MDIA.04 | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?       | DOCTDIAB | _ _ Number of times [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused   |  | 273-274 |

|         |  |          |  |   |   |         |
|---------|--|----------|--|---|---|---------|
| MDIA.05 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?          | CHKHEMO3 | __ Number of times [76 = 76 or more]<br>88 None<br>98 Never heard of A-one-C test<br>77 Don't know / Not sure<br>99 Refused  |   | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. | 275-276 |
|         |  |          |  | If FEETCHK3 = 555 (No feet), go to EYEEXAM1 |   |         |
| MDIA.06 | About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?           | FEETCHK  | __ Number of times [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused  |   |   | 277-278 |
| MDIA.07 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? | EYEEXAM1 | Read if necessary:<br>1 Within the past month (anytime less than 1 month ago)<br>2 Within the past year (1 month but less than 12 months ago)<br>3 Within the past 2 years (1 year but less than 2 years ago)<br>4 2 or more years ago<br>Do not read: |   |   | 279     |

|         |  |         |  |  |  |     |
|---------|--|---------|--|--|--|-----|
|         |  |         | 7 Don't know / Not sure<br>8 Never<br>9 Refused      |  |  |     |
| MDIA.08 | Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? | DIABEYE | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |  | 280 |
| MDIA.09 | Have you ever taken a course or class in how to manage your diabetes yourself?               | DIABEDU | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused |  |  | 281 |

## Core Section 7: Oral Health

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|---|----------------|---|----------------------|----------------------|-----------|
| COH.01          | Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? | LASTDEN4       | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 5 years (2 years but less than 5 years ago) |                      |                      | 129       |

|               |  |          |  |  |   |     |
|---------------|--|----------|--|--|---|-----|
|               |  |          | 4 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>8 Never<br>9 Refused   |  |   |     |
| <b>COH.02</b> | Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? | RMVTETH4 | Read if necessary:<br>1 1 to 5<br>2 6 or more but not all<br>3 All<br>8 None<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary:<br>If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth. | 130 |

## Core Section 8: Demographics

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note                                       | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|--|--|---|-----------|
| <b>CDEM.01</b>  | What is your age?  | AGE            | __ Code age in years<br>07 Don't know / Not sure<br>09 Refused   |  |   | 131-132   |
| <b>CDEM.02</b>  | Are you Hispanic, Latino/a, or Spanish origin?                 | HISPANC3       | If yes, read: Are you...<br>1 Mexican, Mexican American, Chicano/a<br>2 Puerto Rican<br>3 Cuban<br>4 Another Hispanic, Latino/a, or Spanish origin<br>Do not read:<br>5 No<br>7 Don't know / Not sure<br>9 Refused |  | One or more categories may be selected.   | 133-136   |
| <b>CDEM.03</b>  | Which one or more of the following would you say is your race? | MRACE1         | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>41 Asian Indian   | If more than one response to CDEM.03; continue. Otherwise, | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath | 137-164   |

|                 |  |         |   |   |   |         |
|-----------------|--|---------|---|---|---|---------|
|                 |  |         | 42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>88 No additional choices<br>77 Don't know / Not sure<br>99 Refused   | go to CDEM.05.                            | major heading. One or more categories may be selected.  |         |
| <b>CDEM.0 4</b> | Which one of these groups would you say best represents your race? | ORACE3  | Please read:<br>10 White<br>20 Black or African American<br>30 American Indian or Alaska Native<br>40 Asian<br>41 Asian Indian<br>42 Chinese<br>43 Filipino<br>44 Japanese<br>45 Korean<br>46 Vietnamese<br>47 Other Asian<br>50 Pacific Islander<br>51 Native Hawaiian<br>52 Guamanian or Chamorro<br>53 Samoan<br>54 Other Pacific Islander<br>Do not read:<br>60 Other<br>77 Don't know / Not sure<br>99 Refused |   | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.<br>If respondent has selected multiple races in previous and refuses to select a single race, code refused | 165-166 |
|                 |  |         |   | If using Sex at Birth Module, insert here |   |         |
| <b>CDEM.0 5</b> | Are you...   | MARITAL | Please read:<br>1 Married   |   |   | 167     |

|                     |   |          |   |  |  |     |
|---------------------|---|----------|---|--|--|-----|
|                     |   |          | 2 Divorced<br>3 Widowed<br>4 Separated<br>5 Never married<br>Or<br>6 A member of an unmarried couple<br>Do not read:<br>9 Refused   |  |  |     |
| <b>CDEM.0<br/>6</b> | What is the highest grade or year of school you completed ? | EDUCA    | Read if necessary:<br>1 Never attended school or only attended kindergarten<br>2 Grades 1 through 8 (Elementary)<br>3 Grades 9 through 11 (Some high school)<br>4 Grade 12 or GED (High school graduate)<br>5 College 1 year to 3 years (Some college or technical school)<br>6 College 4 years or more (College graduate)<br>Do not read:<br>9 Refused |  |  | 168 |
| <b>CDEM.0<br/>7</b> | Do you own or rent your home?                               | RENTHOM1 | 1 Own<br>2 Rent<br>3 Other arrangement<br>7 Don't know / Not sure<br>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.<br>Read if necessary:<br>We ask this question in order to compare health indicators | 169 |

|                |  |          |  |  |  |         |
|----------------|--|----------|--|--|--|---------|
|                |  |          |  |  | among people with different housing situations.      |         |
| <b>CDEM.08</b> | In what county do you currently live?  | CTYCODE2 | __ __ _ANSI County Code<br>777 Don't know / Not sure<br>999 Refused                      |  |  | 170-172 |
| <b>CDEM.09</b> | What is the ZIP Code where you currently live?   | ZIPCODE1 | -----<br>77777 Do not know<br>99999 Refused  |  |  | 173-177 |
|                |  |          |  | If cell interview go to CDEM12             |  |         |
| <b>CDEM.10</b> | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household? | NUMHHOL3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                    | Go to CDEM.12                              |  | 178     |
| <b>CDEM.11</b> | How many of these telephone numbers are residential numbers?   | NUMPHON3 | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused |  |  | 179     |
| <b>CDEM.12</b> | How many cell phones do you have for personal use?   | CPDEMO1B | __ Enter number (1-5)<br>6 Six or more<br>7 Don't know / Not sure<br>8 None<br>9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both | 180     |



|                     |  |          |  |  | business and personal use.  |         |
|---------------------|--|----------|--|--|---|---------|
| <b>CDEM.1<br/>3</b> | 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? | VETERAN3 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused  |  | Read if necessary:<br>Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. | 181     |
| <b>CDEM.1<br/>4</b> | Are you currently... ?   | EMPLOY1  | Read:<br>1 Employed for wages<br>2 Self-employed<br>3 Out of work for 1 year or more<br>4 Out of work for less than 1 year<br>5 A Homemaker<br>6 A Student<br>7 Retired<br>Or<br>8 Unable to work<br>Do not read:<br>9 Refused |  | If more than one, say "select the category which best describes you".   | 182     |
| <b>CDEM.1<br/>5</b> | How many children less than 18 years of age live in your household?  | CHILDREN | _ _ Number of children<br>88 None<br>99 Refused  |  |   | 183-184 |
| <b>CDEM.1<br/>6</b> | Is your annual household income from all sources—  | INCOME2  | Read if necessary:<br>04 Less than \$25,000<br>If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000)<br>03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000)                         |  | If respondent refuses at ANY income level, code '99' (Refused)  | 185-186 |

|                     |  |          |  |  |   |         |
|---------------------|--|----------|--|--|---|---------|
|                     |  |          | <p>02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000)</p> <p>01 Less than \$10,000 If no, code 02</p> <p>05 Less than \$35,000 If no, ask</p> <p>06 (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If no, ask</p> <p>07 (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000)</p> <p>08 \$75,000 or more</p> <p>Do not read:</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p> |  |   |         |
| <b>CDEM.1<br/>7</b> | 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>   | If SEX=1, go to WEIGHT2, if female respondent is 50 years old or older, go to WEIGHT2] |   | 187     |
| <b>CDEM.1<br/>8</b> | 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>   |  | If respondent answers in metrics, put 9 in first column. Round fractions up   | 188-191 |
| <b>CDEM.1<br/>9</b> | 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>  |  | If respondent answers in metrics, put 9 in first column. Round fractions down | 192-195 |
|                     |  |          |  |  |   |         |

## 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? | DEAF           | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      | 196       |
| CDIS.02         | Are you blind or do you have serious difficulty seeing, even when wearing glasses?   | BLIND          | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      | 197       |
| CDIS.03         | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?                             | DECIDE         | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      | 198       |
| CDIS.04         | Do you have serious difficulty walking or climbing stairs?   | DIFFWALK       | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      | 199       |
| CDIS.05         | Do you have difficulty dressing or bathing?  | DIFFDRES       | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure<br>9 Refused |                      |                      | 200       |
| CDIS.06         | Because of a physical, mental, or emotional  | DIFFALON       | 1 Yes<br>2 No<br>7 Don't know /<br>Not sure              |                      |                      | 201       |

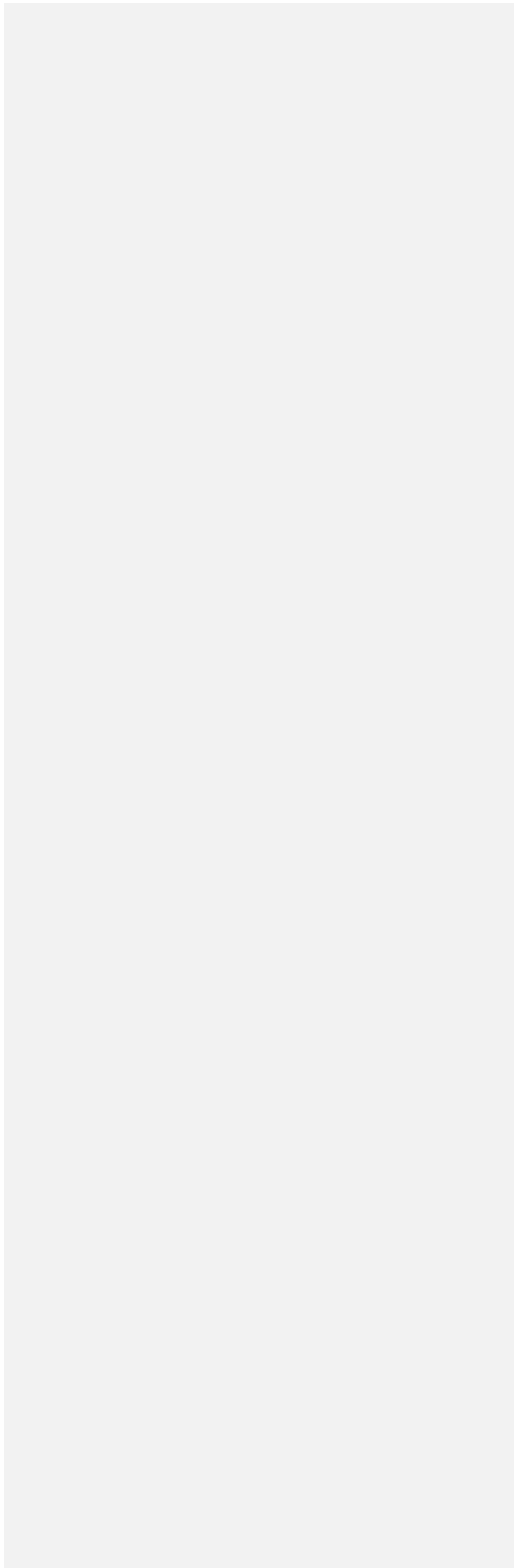
|  |   |  |           |  |  |  |
|--|---|--|-----------|--|--|--|
|  | condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? |  | 9 Refused |  |  |  |
|--|---|--|-----------|--|--|--|

### Core Section 10: Tobacco Use

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|--|----------------------|--|-----------|
| <b>CTOB.01</b>  | Have you smoked at least 100 cigarettes in your entire life?     | SMOKE100       | 1 Yes  |                      | Do not include: electronic cigarettes (e-cigarettes, JUUL, Vuse, Suorin, MarkTen, and blu. njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes | 202       |
|                 |  |                | 2 No   | Go to USENOW3        |  |           |
|                 |  |                | 7 Don't know/Not Sure<br>9 Refused             |                      |  |           |
| <b>CTOB.02</b>  | Do you now smoke cigarettes every day, some days, or not at all? | SMOKDAY2       | 1 Every day                                    |                      |  | 203       |
|                 |  |                | 2 Some days                                    |                      |  |           |
|                 |  |                | 3 Not at all                                   | Go to LASTSMK2       |  |           |
|                 |  |                | 7 Don't know / Not sure<br>9 Refused           | Go to USENOW3        |  |           |

|                |  |          |   |                  |  |         |
|----------------|--|----------|---|------------------|--|---------|
| <b>CTOB.03</b> | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | STOFSMK2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to<br>USENOW3 |  | 204     |
| <b>CTOB.04</b> | How long has it been since you last smoked a cigarette, even one or two puffs?                                     | LASTSMK2 | Read if necessary:<br>01 Within the past month (less than 1 month ago)<br>02 Within the past 3 months (1 month but less than 3 months ago)<br>03 Within the past 6 months (3 months but less than 6 months ago)<br>04 Within the past year (6 months but less than 1 year ago)<br>05 Within the past 5 years (1 year but less than 5 years ago)<br>06 Within the past 10 years (5 years but less than 10 years ago)<br>07 10 years or more<br>08 Never smoked regularly<br>77 Don't know / Not sure<br>99 Refused |                  |  | 205-206 |

|                |   |         |  |  |     |
|----------------|---|---------|--|--|-----|
| <b>CTOB.05</b> | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day<br>2 Some days<br>3 Not at all<br>7 Don't know / Not sure<br>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. | 207 |
|----------------|---|---------|--|--|-----|



## Core Section 11: Alcohol Consumption

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note                | Interviewer Note (s)  | Column(s) |
|-----------------|---|----------------|--|-------------------------------------|---|-----------|
| <b>CALC.01</b>  | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?   | ALCDAYS5       | 1 __ Days per week<br>2 __ Days in past 30 days<br>888 No drinks in past 30 days<br>777 Don't know / Not sure<br>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. | 208-210   |
| <b>CALC.02</b>  | One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? | AVEDRNK3       | __ _ Number of drinks<br>88 None<br>77 Don't know / Not sure<br>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. | 211-212   |
| <b>CALC.03</b>  | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?  | DRNK3GE5       | __ _ Number of times<br>77 Don't know / Not sure<br>99 Refused   | CATI X = 5 for men, X = 4 for women |   | 213-214   |
| <b>CALC.04</b>  | During the past 30 days, what is the largest number of  | MAXDRNKS       | __ _ Number of drinks  |                                     |   | 215-216   |

|  |                                 |  |  |  |  |  |
|--|---------------------------------|--|--|--|--|--|
|  | drinks you had on any occasion? |  | 77 Don't know / Not sure<br>99 Refused |  |  |  |
|--|---------------------------------|--|--|--|--|--|

## Core Section 12: Immunization

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note            | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|---------------------------------|--|-----------|
| <b>CIMM.01</b>  | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?          | FLUSHOT7       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused                                    | Go to SHINGLE2                  | 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.                          | 217       |
| <b>CIMM.02</b>  | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3       | ___ / ____<br>Month / Year<br>77 / 7777<br>Don't know / Not sure<br>09 / 9999<br>Refused |                                 |  | 218-223   |
|                 |   |                |  | If age <50<br>GOTO<br>PNEUVAC4. |  |           |
| <b>CIMM.03</b>  | Have you ever had the shingles or zoster vaccine?   | SHINGLE2       | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>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. | 224       |



|                |  |          |   |  |  |     |
|----------------|--|----------|---|--|--|-----|
| <b>CIMM.04</b> | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused |  | Read if necessary:<br>There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. | 225 |
|----------------|--|----------|---|--|--|-----|

Core Section 13: 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 |   |           |
| <b>CFAL.01</b>  | In the past 12 months, how many times have you fallen?  | FALL12MN       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>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. | 226-227   |
| <b>CFAL.02</b>  | 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? | FALLINJ4       | __ Number of falls [76 = 76 or more]<br>88 None<br>77 Don't know / Not sure<br>99 Refused |                                  |   | 228-229   |

Core Section 14: Seat Belt Use and 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—                    | SEATBELT       | Read:<br>1 Always<br>2 Nearly always<br>3 Sometimes<br>4 Seldom<br>5 Never<br>Do not read:<br>7 Don't know / Not sure |   |                      | 230       |
|                 |  |                | 8 Never drive or ride in a car  | Go to next section  |                      |           |
|                 |  |                | 9 Refused   |   |                      |           |
|                 |  |                |   | If ALCDAYS = 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? | DRNKDRI2       | __ Number of times<br>88 None<br>77 Don't know / Not sure<br>99 Refused   |   |                      | 231-232   |

Core Section 15: Breast and Cervical Cancer Screening

| 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 male. |   |           |
| CBCC.01         | The next questions are about breast and cervical cancer. Have you ever had a mammogram? | HADMAM         | 1 Yes   |                       | A mammogram is an x-ray of each breast to look for breast cancer. | 233       |
|                 |   |                | 2 No<br>7 Don't know/ not sure<br>9 Refused   | Go to HADPAP2         |   |           |
| CBCC.02         | How long has it been since you had your last mammogram?                                 | HOWLONG        | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |                       |   | 234       |

|                |  |          |   |                |  |     |
|----------------|--|----------|---|----------------|--|-----|
| <b>CBCC.03</b> | Have you ever had a Pap test?  | HADPAP2  | 1 Yes   |                | A Pap test is a test for cancer of the cervix. | 235 |
|                |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to HPVTEST  |  |     |
| <b>CBCC.04</b> | How long has it been since you had your last Pap test?   | LASTPAP2 | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |                |  | 236 |
| <b>CBCC.05</b> | An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? | HPVTEST  | 1 Yes   |                | Human papillomavirus (pap-uh-loh-muh virus)    | 237 |
|                |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to HADHYST2 |  |     |

|                |   |          |   |   |  |     |
|----------------|---|----------|---|---|--|-----|
| <b>CBCC.06</b> | How long has it been since you had your last H.P.V. test? | HPLSTTST | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>7 Don't know / Not sure<br>9 Refused |   |  | 238 |
| <b>CBCC.07</b> | Have you had a hysterectomy?                              | HADHYST2 | 1 Yes<br>2 No<br>7 Don't know / Not sure<br>9 Refused   | If response to Core CDEM.17 = 1 (is pregnant); then go to next section. | Read if necessary: A hysterectomy is an operation to remove the uterus (womb). | 239 |

### Core Section 16: Prostate Cancer Screening

| 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 ≤39 years of age, or female, go to next section. |                      |           |

|                |  |          |   |                    |   |     |
|----------------|--|----------|---|--------------------|---|-----|
| <b>CPCS.01</b> | Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? | PCPSAAD3 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  |                    | Read if necessary:<br>A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer. | 240 |
| <b>CPCS.02</b> | Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?                           | PCPSADI1 | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused  |                    |   | 241 |
| <b>CPCS.03</b> | Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?  | PCPSARE1 | 1 Yes<br>2 No<br><br>7 Don't know / Not sure<br>9 Refused   |                    |   | 242 |
| <b>CPCS.04</b> | Have you ever had a P.S.A. test?   | PSATEST1 | 1 Yes<br>2 No<br><br>7 Don't know / Not sure<br>9 Refused   | Go to next section |   | 243 |
| <b>CPCS.05</b> | How long has it been since you had your last P.S.A. test?  | PSATIME  | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago) |                    |   | 244 |

|                |   |          | 4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused   |  |  |     |
|----------------|---|----------|--|--|--|-----|
| <b>CPCS.06</b> | What was the main reason you had this P.S.A. test – was it ...? | PCPSARS1 | Read:<br>1 Part of a routine exam<br>2 Because of a prostate problem<br>3 Because of a family history of prostate cancer<br>4 Because you were told you had prostate cancer<br>5 Some other reason<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |  |  | 245 |



Core Section 17: Colorectal Cancer Screening

| Question Number | Question text   | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note   | Interviewer Note (s)   | Column(s) |
|-----------------|---|----------------|--|--|--|-----------|
|                 |   |                |  | CATI note: If respondent is < 45 years of age, go to next section. |  |           |
| <b>Prologue</b> | The next questions are about the five different types of tests for colorectal cancer screening.   |                |  |  |  |           |
| <b>CRC.01</b>   | A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy? | COLNSCPY       | 1 Yes  |  | Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. | 246       |
|                 |   |                | 2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to SIGMSCPY   |  |           |
| <b>CRC.02</b>   | How long has it been since you had this test?   | COLNTEST       | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago) |  |  | 247       |

|               |  |          |  |                |  |     |
|---------------|--|----------|--|----------------|--|-----|
|               |  |          | <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>  |                |  |     |
| <b>CRC.03</b> | A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy? | SIGMSCPY | 1 Yes  |                |  | 248 |
|               |  |          | 2 No<br>7 Don't know / Not sure<br>9 Refused   | Go to BLDSTOL1 |  |     |
| <b>CRC.04</b> | How long has it been since you had this test?  | SIGMTEST | <p>Read if necessary:</p> <p>1 Within the past year (anytime less than 12 s ago)</p> <p>2 Within the past 2 years (1 year but less than 2 years ago)</p> <p>3 Within the past 5 years (2 years but less than 5 years ago)</p> <p>4 Within the past 10 years (5 years but less than 10 years ago)</p> <p>5 10 or more years ago</p> <p>Do not read:</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |                |  | 249 |

|               |   |          |   |                |   |     |
|---------------|---|----------|---|----------------|---|-----|
|               |   |          |   |                |   |     |
| <b>CRC.05</b> | Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit? | BLDSTOL1 | 1 Yes   |                | This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool. | 250 |
|               |   |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to STOOLDNA |   |     |
| <b>CRC.06</b> | How long has it been since you had this test?   | LSTBLDS4 | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read: |                |   | 251 |

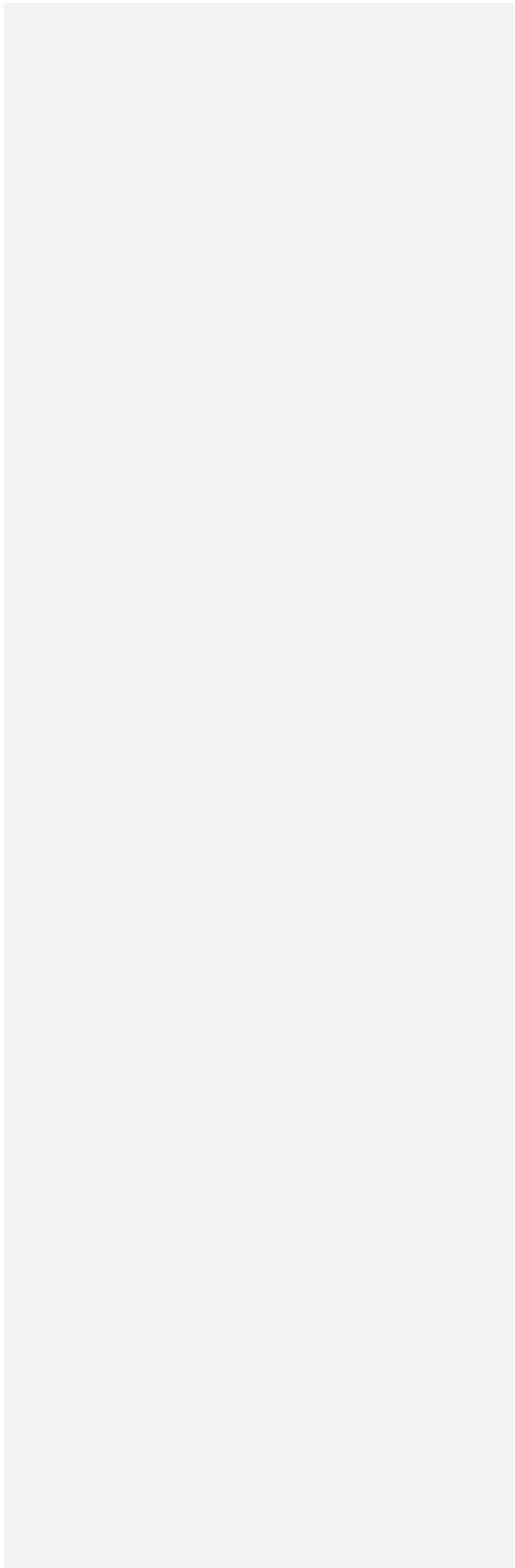
|               |   |          |  |                   |  |     |
|---------------|---|----------|--|-------------------|--|-----|
|               |   |          | 7 Don't know<br>/ Not sure<br>9 Refused  |                   |  |     |
| <b>CRC.07</b> | Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? | STOOLDNA | 1 Yes  |                   | This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool. | 252 |
|               |   |          | 2 No<br>7 Don't know<br>/ Not sure<br>9 Refused  | Go to<br>VIRCOLON |  |     |
| <b>CRC.08</b> | How long has it been since you had this test?   | SDNATEST | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know<br>/ Not sure<br>9 Refused |                   |  | 253 |
| <b>CRC.09</b> | For a virtual colonoscopy, your colon is filled with air and you are moved through a donut  | VIRCOLON | 1 Yes  |                   | Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.   | 254 |

|               |   |          |   |                    |  |     |
|---------------|---|----------|---|--------------------|--|-----|
|               | shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy? |          | 2 No<br>7 Don't know / Not sure<br>9 Refused  | Go to next section |  |     |
| <b>CRC.10</b> | How long has it been since you had this test?   | VCLNTEST | Read if necessary:<br>1 Within the past year (anytime less than 12 months ago)<br>2 Within the past 2 years (1 year but less than 2 years ago)<br>3 Within the past 3 years (2 years but less than 3 years ago)<br>4 Within the past 5 years (3 years but less than 5 years ago)<br>5 5 or more years ago<br>Do not read:<br>7 Don't know / Not sure<br>9 Refused |                    |  | 255 |

Core Section 18: 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.?   | HIVTST6        | 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. | 256       |
|                 |   |                | 2 No<br>7 Don't know/ not sure<br>9 Refused  | Go to HIVRISK5                                     |   |           |
| CHIV.02         | Not including blood donations, in what month and year was your last H.I.V. test?  | HIVTSTD3       | __/_/____<br>Code month and year<br>77/ 7777<br>Don't know /<br>Not sure 99/<br>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.   | 257-262   |
| CHIV.03         | I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.<br><br><b>You have injected any drug other than those prescribed for you in the past year.</b> | HIVRISK5       | 1 Yes<br>2 No<br><br>7 Don't know / Not sure<br><br>9 Refused                                |  |   | 263       |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <p><b>You have been treated for a sexually transmitted disease or STD in the past year.</b></p> <p><b>You have given or received money or drugs in exchange for sex in the past year.</b></p> <p><b>You had anal sex without a condom in the past year.</b></p> <p><b>You had four or more sex partners in the past year.</b></p> <p>Do any of these situations apply to you?</p> |  |  |  |  |  |
|---|--|--|--|--|--|



Closing Statement/ Transition to Modules

| Read if necessary   | Read | CATI instructions<br>(not read)   |
|---|------|---|
| <b>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.</b> |      | Read if no optional modules follow, otherwise continue to optional modules. |



## Optional Modules

### Module 6: 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 (AGE>44) and STATERE=1 continue, else go to next module. |                      |           |
| MCD.01          | The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. | CIMEMLOS       | 1 Yes  | Go to MCD.02   |                      | 293       |
|                 |   |                | 2 No   | Go to next module  |                      |           |
|                 |   |                | 7 Don't know/ not sure                         | Go to MCD.02   |                      |           |
|                 |   |                | 9 Refused                                      | Go to next module  |                      |           |

|        |  |          |  |              |  |     |
|--------|--|----------|--|--------------|--|-----|
|        | <p>We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?</p>  |          |  |              |  |     |
| MCD.02 | <p>During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...</p> | CDHOUSE  | <p>Read:</p> <p>1 Always<br/>2 Usually<br/>3 Sometimes<br/>4 Rarely<br/>5 Never<br/>Do not read:<br/>7 Don't know/Not sure<br/>9 Refused</p> |              |  | 294 |
| MCD.03 | <p>As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...</p>  | CDASSIST | <p>Read:</p> <p>1 Always<br/>2 Usually<br/>3 Sometimes<br/>4 Rarely<br/>5 Never<br/>Do not read:<br/>7 Don't know/Not sure<br/>9 Refused</p> | Go to MCD.05 |  | 295 |
| MCD.04 | <p>When you need help with these day-to-day activities, how often are you</p>  | CDHELP   | <p>Read:</p> <p>1 Always<br/>2 Usually<br/>3 Sometimes</p>   |              |  | 296 |

|        |  |          |  |  |  |     |
|--------|--|----------|--|--|--|-----|
|        | able to get the help that you need? Would you say it is...   |          | 4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused  |  |  |     |
| MCD.05 | During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is... | CDSOCIAL | Read:<br>1 Always<br>2 Usually<br>3 Sometimes<br>4 Rarely<br>5 Never<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |  |  | 297 |
| MCD.06 | Have you or anyone else discussed your confusion or memory loss with a health care professional?   | CDDISCUS | 1 Yes<br>2 No<br>7 Don't know/ not sure<br>9 Refused   |  |  | 298 |

## Module 8: E-Cigarettes

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)      | SKIP INFO/CATI Note<br>Ask if<br>STATERE1=1 | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|---|---|-----------|
| MECIG.01        | Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? | ECIGARET       | 1 Yes<br>2 No<br>7 Don't know/Not sure<br>9 Refused | Go to next module                           | Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These | 310       |

|          |  |         |   |  |   |     |
|----------|--|---------|---|--|---|-----|
|          |  |         |   |  | <p>products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.</p> <p>Interviewer note:<br/>These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.</p> |     |
| MECIG.02 | Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? | ECIGNOW | <p>1 Every day</p> <p>2 Some days</p> <p>3 Not at all</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p> |  | <p>Interviewer note:<br/>These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.</p>   | 311 |

## Module 9: Marijuana Use

| Question Number | Question text                                     | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                   | SKIP INFO/ CATI Note<br><br>ASK IF STATERE1=1 | Interviewer Note (s)                                      | Column(s) |
|-----------------|---|----------------|--|---|---|-----------|
| MMJU.01         | During the past 30 days, on how many days did you | MARIJAN1       | <p>_ _ 01-30<br/>Number of days</p> <p>88 None</p> <p>77 Don't know/not sure</p> | Go to next module                             | Marijuana and cannabis include both CBD and THC products. | 312-313   |

|         |   |          |  |  |  |     |
|---------|---|----------|--|--|--|-----|
|         | use marijuana or cannabis?  |          | 99 Refused   |  |  |     |
| MMJU.02 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually... | USEMRJN2 | Read:<br>1 Smoke it (for example, in a joint, bong, pipe, or blunt).<br>2 Eat it (for example, in brownies, cakes, cookies, or candy)<br>3 Drink it (for example, in tea, cola, or alcohol)<br>4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)<br>5 Dab it (for example, using waxes or concentrates), or<br>6 Use it some other way.<br>Do not read:<br>7 Don't know/not sure<br>9 Refused |  | Select one. If respondent provides more than one say: which way did you use it most often. | 314 |
| MMJU.03 | When you used marijuana or cannabis during the past 30 days, was it usually:                                      | RSNMRJN1 | Read:<br>1 For medical reasons (like to treat or decrease symptoms of a health condition);<br>2 For non-medical reasons (like to have fun or fit in), or   |  |  | 315 |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | 3 For both medical and non-medical reasons.<br>Do not read:<br>7 Don't know/Not sure<br>9 Refused |  |  |  |
|--|--|--|---|--|--|--|

### Module 10: Lung Cancer Screening

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note  | Interviewer Note (s)  | Column(s) |
|-----------------|--|----------------|---|---|---|-----------|
|                 |  |                |   | If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) and STATERE1=1 continue, else go to question MLCS.04. |   |           |
| MLCS.01         | <p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p> | LCSFIRST       | <p>___ Age in Years (001 – 100)<br/>777 Don't know/Not sure<br/>999 Refused<br/>888 Never smoked cigarettes regularly</p> | Go to MLCS.04   | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent. | 316-318   |

|         |  |           |  |  |   |         |
|---------|--|-----------|--|--|---|---------|
| MLCS.02 | How old were you when you last smoked cigarettes regularly?  | LCSLAST   | ___ Age in Years (001 – 100)<br>777 Don't know/Not sure<br>999 Refused   |  |   | 319-321 |
| MLCS.03 | On average, when you [smoke/smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?  | LCSNUMCG  | ___ Num<br>ber of<br>cigarettes<br>777 Don't<br>know/Not<br>sure<br>999 Refused  |  | Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes | 322-324 |
| MLCS.04 | The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine | LCSCCTSCN | Read if necessary:<br>1 Yes, to check for lung cancer<br>2 No (did not have a CT scan)<br>3 Had a CT scan, but for some other reason<br>Do not read: |  |   | 325     |

|  |   |  |                                    |  |  |  |
|--|---|--|------------------------------------|--|--|--|
|  | while the scan is done. In the last 12 months, did you have a CT or CAT scan? |  | 7 Don't know/not sure<br>9 Refused |  |  |  |
|--|---|--|------------------------------------|--|--|--|

### Module 11: Cancer Survivorship: Type of Cancer

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                     | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|----------------------|-----------|
|                 |  |                |  | If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) and STATERE1=1 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.<br><br>How many different types of cancer have you had? | CNCRDIFF       | 1 Only one<br>2 Two<br>3 Three or more<br><br>7 Don't know / Not sure<br>9 Refused | Go to next module   |                      | 326       |



|         |  |          |   |  |  |         |
|---------|--|----------|---|--|--|---------|
| MTOC.02 | At what age were you told that you had cancer? | CNCRAGE  | __ Age in Years (97 = 97 and older)<br>98 Don't know/Not sure<br>99 Refused |  | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?<br>Read if necessary: This question refers to the first time they were told about their first cancer. | 327-328 |
|         |  |          |   | <p>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 21 if Melanoma or 22 if other skin cancer</p> <p>CATI note: If CCCS.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code MTOC.03 as a response of 19.</p> |  |         |
| MTOC.03 | What type of cancer was it?                    | CNCRTYP1 | Read if respondent needs prompting for cancer type:<br>01 Breast cancer     |  | If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your  | 329-330 |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
|  |  | <p><b>Female reproductive (Gynecologic)</b><br/> 02 Cervical cancer (cancer of the cervix)<br/> 03 Endometrial cancer (cancer of the uterus)<br/> 04 Ovarian cancer (cancer of the ovary)<br/> <b>Head/Neck</b><br/> 05 Head and neck cancer<br/> 06 Oral cancer<br/> 07 Pharyngeal (throat) cancer<br/> 08 Thyroid<br/> 09 Larynx<br/> <b>Gastrointestinal</b><br/> 10 Colon (intestine) cancer<br/> 11 Esophageal (esophagus)<br/> 12 Liver cancer<br/> 13 Pancreatic (pancreas) cancer<br/> 14 Rectal (rectum) cancer<br/> 15 Stomach<br/> <b>Leukemia/Lymphoma (lymph nodes and bone marrow)</b><br/> 16 Hodgkin's Lymphoma (Hodgkin's disease)<br/> 17 Leukemia (blood) cancer<br/> 18 Non-Hodgkin's Lymphoma<br/> <b>Male reproductive</b><br/> 19 Prostate cancer<br/> 20 Testicular cancer<br/> Skin<br/> 21 Melanoma<br/> 22 Other skin cancer<br/> <b>Thoracic</b><br/> 23 Heart<br/> 24 Lung<br/> <b>Urinary cancer</b><br/> 25 Bladder cancer</p> |  | most recent diagnoses of cancer, what type of cancer was it? |  |
|--|--|---|--|--|--|

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 26 Renal (kidney)<br>cancer<br><b>Others</b><br>27 Bone<br>28 Brain<br>29 Neuroblastoma<br>30 Other<br>Do not read:<br>77 Don't know / Not<br>sure<br>99 Refused |  |  |  |
|--|--|--|--|--|--|--|

## Module 12: Cancer Survivorship: Course of Treatment

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)  | SKIP INFO/ CATI Note  | Interviewer Note (s)   | Column(s) |
|-----------------|--|----------------|---|---|--|-----------|
|                 |  |                |   | If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) and STATERE1=1 continue, else go to next module. |  |           |
| MCOT.01         | Are you currently receiving treatment for cancer?                          | CSRVRT3        | Read if necessary:<br>1 Yes<br>2 No, I've completed treatment<br>3 No, I've refused treatment<br>4 No, I haven't started treatment<br>5 Treatment was not necessary<br>7 Don't know / Not sure<br>9 Refused | Go to next module<br>continue<br>Go to next module  | Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.                                      | 331       |
| MCOT.02         | What type of doctor provides the majority of your health care? Is it a.... | CSRVDOC1       | Read:<br>01 Cancer Surgeon<br>02 Family Practitioner<br>03 General Surgeon<br>04 Gynecologic Oncologist   |   | 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 | 332-333   |

**Commented [GL1]:** 1/15: change in skip option. Option 1 should go to next module instead of continue.

|         |   |         |  |               |  |     |
|---------|---|---------|--|---------------|--|-----|
|         |   |         | 05 General Practitioner, Internist<br>06 Plastic Surgeon, Reconstructive Surgeon<br>07 Medical Oncologist<br>08 Radiation Oncologist<br>09 Urologist<br>10 Other<br>Do not read:<br>77 Don't know / Not sure<br>99 Refused |               | health care (Examples: annual exams and/or physicals, treatment of colds, etc.).<br><br>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 that you received?   | CSRVSUM | 1 Yes<br>2 No<br>7 Don't know/not sure<br>9 Refused  |               | Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.  | 334 |
| 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? | CSRVTRN | 1 Yes<br><br>2 No<br>7 Don't know/not sure<br>9 Refused  | Go to MCOT.06 |  | 335 |

|         |  |          |   |  |  |     |
|---------|--|----------|---|--|--|-----|
| MCOT.05 | Were these instructions written down or printed on paper for you?  | CSRVINST | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  | 336 |
| MCOT.06 | With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? | CSRVINSR | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  | Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs. | 337 |
| MCOT.07 | Were you ever denied health insurance or life insurance coverage because of your cancer?                                     | CSRVDEIN | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  | 338 |
| MCOT.08 | Did you participate in a clinical trial as part of your cancer treatment?  | CSRVCLIN | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused |  |  | 339 |

## Module 13: Cancer Survivorship: Pain Management

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note  | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|---|----------------------|-----------|
|                 |  |                |  | If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 (Because you were told you had prostate cancer) and STATERE1=1 continue, else go to next module. |                      |           |
| MCPM.01         | Do you currently have physical pain caused by your cancer or cancer treatment? | CSRVPAIN       | 1 Yes<br>2 No<br>7 Don't know/<br>not sure<br>9 Refused  | Go to next module   |                      | 340       |
| MCPM.02         | Would you say your pain is currently under control...?                         | CSRVCTL2       | Read:<br>1 With medication (or treatment)<br>2 Without medication (or treatment)<br>3 Not under control, with medication (or treatment)<br>4 Not under control, without medication (or treatment)<br>Do not read:<br>7 Don't know /<br>Not sure<br>9 Refused |   |                      | 341       |

Delaware State-Added 1: Adult Well Being Assessment (NEW)

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)                                   | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|----------------------|----------------------|-----------|
| DE1.1           | <p>For the <u>first three questions</u> please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the <b>best possible life for you</b> and the bottom of the ladder represents the <b>worst possible life for you</b>.</p> <p>Para las primeras tres preguntas, imagínese una escalera con pasos numerados desde cero en la parte inferior hasta diez en la parte superior. La parte superior de la escalera representa la mejor vida posible para usted y la parte inferior de la escalera representa la peor vida posible para usted.</p> <p>Indicate where on the ladder you feel you personally stand right now.</p> <p>Indique en qué lugar de la escalera se encuentra personalmente en este momento.</p> | DE1.1          | <p>-- (0-10)</p> <p>Do not read:<br/>77 Don't know / Not sure<br/>99 Refused</p> | ASK IF<br>STATERE1=1 |                      | 901-902   |



|       |   |       |  |  |  |         |
|-------|---|-------|--|--|--|---------|
| DE1.2 | <p>On which step of the ladder do you think you will stand about five years from now?</p> <p>¿En qué paso numérico cree que estará dentro de cinco años?</p>  | DE1.2 | <p>__ (0-10)</p> <p>Do not read:<br/>77 Don't know / Not sure<br/>99 Refused</p> |  |  | 903-904 |
| DE1.3 | <p>Now imagine the top of the ladder represents the <u>best possible financial situation for you</u>, and the bottom of the ladder represents the <u>worst possible financial situation for you</u>. Please indicate where on the ladder you stand right now.</p> <p>Ahora imagínese que la parte superior de la escalera representa <u>la mejor situación financiera para usted</u>, y la parte inferior de la escalera representa <u>la peor situación financiera para usted</u>. Por favor indique en qué lugar de la escalera se encuentra en este momento.</p> | DE1.3 | <p>__ (0-10)</p> <p>Do not read:<br/>77 Don't know / Not sure<br/>99 Refused</p> |  |  | 905-906 |

Delaware State-Added 2: Perception of Equity (NEW)

| Question Number | Question text  | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED)   | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|-----------------|--|----------------|--|----------------------|----------------------|-----------|
| DE2.1           | <p>In your day-to-day life, how often do any of the following things happen to you?</p> <p>En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?</p> <p>You are treated with less courtesy than other people are.</p> <p>Usted es tratado con menos cortesía que a otras personas</p> | DE2.1          | <p>Read:</p> <p>1 Almost every day<br/>                 2 At least once a week<br/>                 3 A few times a month<br/>                 4 A few times a year<br/>                 5 Less than once a year<br/>                 6 Never<br/>                 7 Don't know/Not sure<br/>                 9 Refused</p> <p>1 Casi todo los días<br/>                 2 Al menos una vez por semana<br/>                 3 Algunas veces al mes<br/>                 4 Algunas veces al año<br/>                 5 Menos de una vez al año<br/>                 6 Nunca</p> | ASK IF<br>STATERE1=1 |                      | 907       |
| DE2.2           | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>You are treated with less respect</p>   | DE2.2          | <p>Read:</p> <p>1 Almost every day<br/>                 2 At least once a week<br/>                 3 A few times a month<br/>                 4 A few times a year<br/>                 5 Less than once a year<br/>                 6 Never<br/>                 7 Don't know/Not sure<br/>                 9 Refused</p>  |                      |                      | 908       |

|              |   |       |  |  |  |     |
|--------------|---|-------|--|--|--|-----|
|              | <p>than other people are.<br/>Usted es tratado con menos respeto que otras personas.</p>  |       | <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p>  |  |  |     |
| <b>DE2.3</b> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>You receive poorer service than other people at restaurants or stores.</p> <p>Usted recibe peor servicio que otras personas en restaurantes o tiendas.</p> | DE2.3 | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p> |  |  | 909 |
| <b>DE2.4</b> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de</p>  | DE2.4 | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year</p>   |  |  | 910 |

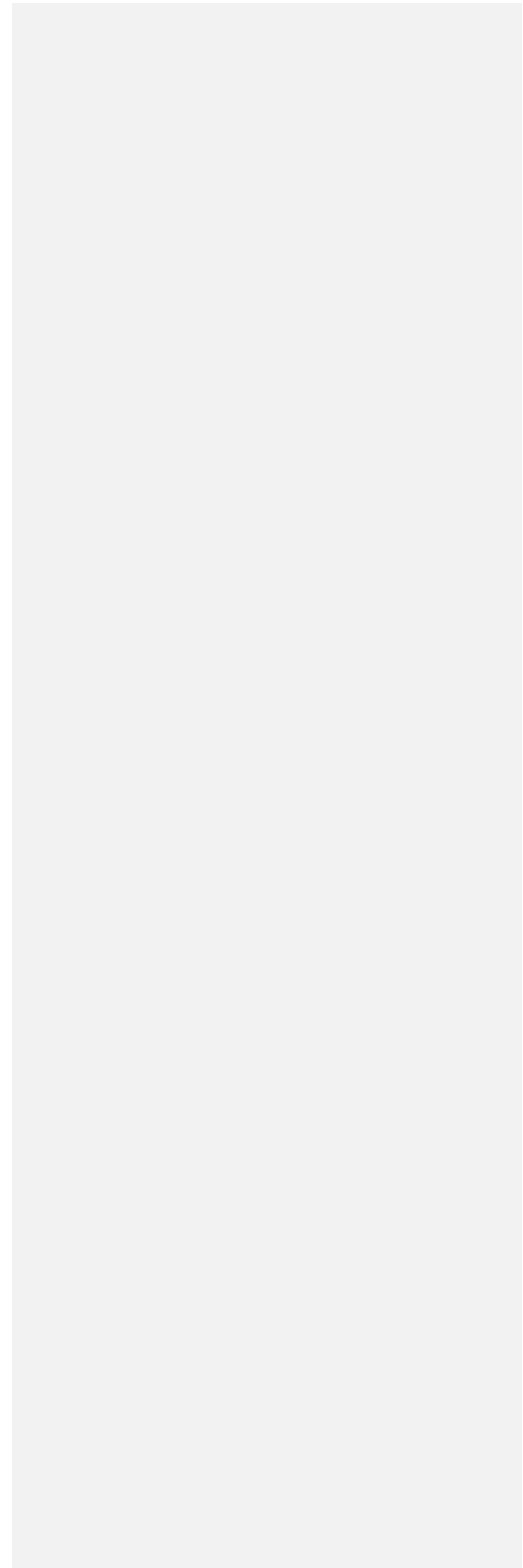
|              |   |       |  |  |  |     |
|--------------|---|-------|--|--|--|-----|
|              | <p>las siguientes cosas?)</p> <p>People act as if they think you are not smart.</p> <p>Las personas actúan con usted como si pensarán que no es inteligente.</p>  |       | <p>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p>   |  |  |     |
| <b>DE2.5</b> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>People act as if they are afraid of you.</p> <p>Las personas actúan con ustedes como si le tienen miedo.</p> | DE2.5 | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p> |  |  | 911 |
| <b>DE2.6</b> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p>   | DE2.6 | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month</p>  |  |  | 912 |

|              |  |              |   |  |  |            |
|--------------|--|--------------|---|--|--|------------|
|              | <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>People act as if they think you are dishonest.</p> <p>Las personas actúan con usted como si pensarán que es deshonesto.</p>   |              | <p>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p>   |  |  |            |
| <b>DE2.7</b> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>People act as if they're better than you are.</p> <p>Las personas actúan como si fueran mejores que tú.</p> | <b>DE2.7</b> | <p>Read:<br/>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p> |  |  | <b>913</b> |

|                     |  |              |  |  |            |
|---------------------|--|--------------|--|--|------------|
| <p><b>DE2.8</b></p> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>You are called names or insulted.</p> <p>Le llaman por nombres o lo insultan.</p> | <p>DE2.8</p> | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes<br/>4 Algunas veces al año<br/>5 Menos de una vez al año<br/>6 Nunca</p> |  | <p>914</p> |
| <p><b>DE2.9</b></p> | <p>(In your day-to-day life, how often do any of the following things happen to you?)</p> <p>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)</p> <p>You are threatened or harassed.</p> <p>Es amenazado o acosado.</p>                | <p>DE2.9</p> | <p>Read:</p> <p>1 Almost every day<br/>2 At least once a week<br/>3 A few times a month<br/>4 A few times a year<br/>5 Less than once a year<br/>6 Never<br/>7 Don't know/Not sure<br/>9 Refused</p> <p>1 Casi todo los días<br/>2 Al menos una vez por semana<br/>3 Algunas veces al mes</p>  |  | <p>915</p> |

|               |   |        |   |  |  |         |
|---------------|---|--------|---|--|--|---------|
|               |   |        | 4 Algunas veces al año<br>5 Menos de una vez al año<br>6 Nunca  |  |  |         |
| <b>DE2.10</b> | (In your day-to-day life, how often do any of the following things happen to you?)<br><br>(En su día cotidiano, ¿con que frecuencia le sucede alguna de las siguientes cosas?)<br><br>You are followed around in stores.<br><br>Lo siguen por alrededor de la tienda. | DE2.10 | Read:<br>1 Almost every day<br>2 At least once a week<br>3 A few times a month<br>4 A few times a year<br>5 Less than once a year<br>6 Never<br>7 Don't know/Not sure<br>9 Refused<br><br>1 Casi todo los días<br>2 Al menos una vez por semana<br>3 Algunas veces al mes<br>4 Algunas veces al año<br>5 Menos de una vez al año<br>6 Nunca |  |  | 916     |
| <b>DE2.11</b> | What do you think is the main reason for these experiences?<br><br>¿Cuál cree que es la razón principal por estas experiencias?   | DE2.11 | READ IF NECESSARY: (CHECK ALL THAT APPLY)<br>1 Your Ancestry or National Origins<br>2 Your Gender<br>3 Your Race<br>4 Your Age<br>5 Your Religion<br>6 Your Height<br>7 Your Weight<br>8 Some other Aspect of Your  | DE2.11 asked only of those answering 1,2,3 or 4 in any of DE2.1 – DE2.10 |  | 917-934 |

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | Physical Appearance<br>9 Your Sexual Orientation<br>10 Your Education or Income Level<br>11 A physical disability<br>12 Your shade of skin color<br>13 Your tribe<br>14 Mental Health Condition<br>15 Substance Use Disorder<br>16 Criminal Justice Involvement<br>17 Other (specify)<br>77 Don't know/Not sure<br>99 Refused<br><br>1 Su ascendencia u orígenes nacionales<br>2 Su genero<br>3 Su raza<br>4 Su edad<br>5 Su religion<br>6 Su estatura<br>7 Su peso<br>8 Algún otro aspecto de su apariencia física<br>9 Su orientación sexual<br>10 Su educación o nivel de ingresos<br>11 Una discapacidad física |  |  |  |
|--|--|--|---|--|--|--|





|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  | 12 Su color de piel                      |  |  |  |
|  |  |  | 13 Su tribu                              |  |  |  |
|  |  |  | 14 Su condición de salud mental          |  |  |  |
|  |  |  | 15 Algún trastorno por uso de sustancias |  |  |  |
|  |  |  | 16 Su participación en la justicia penal |  |  |  |
|  |  |  | 17 Other (specify)                       |  |  |  |

Delaware State-Added 3: The Preconception Health/Family Planning (2018, 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) |
|---------------------|--|----------------|--|--|----------------------|-----------|
| <b>INTRO SCREEN</b> | <p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que todas sus</p> |                |  | <p>[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT (PREGNANT=1), Had a hysterectomy (HADHYST2=1) OR NOT A STATE RESIDENT (STATERE1=2) OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]</p> |                      |           |

|              |   |       |   |  |  |         |
|--------------|---|-------|---|--|--|---------|
|              | respuestas serán confidenciales .   |       |   |  |  |         |
| <b>DE3.1</b> | <p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p> <p>La última vez que TUVIERON RELACIONES SEXUALES, ¿usted o su esposo/pareja hicieron algo para evitar un embarazo?</p> | DE3.1 | <p>1 Yes<br/>2 No<br/>3 No partner/not sexually active<br/>4 Same sex partner<br/>5 Has had a hysterectomy<br/>7 Don't know/Not sure<br/>9 Refused</p>  | <p>If DE3.1 = 2, 7, or 9, go to DE3_3.<br/>If DE3.1 = 3, 4, or 5, go to DE3.4</p>          |  | 935     |
| <b>DE3.2</b> | <p>What did you or your partner do the last time to keep you from getting pregnant?</p> <p>La última vez que TUVIERON RELACIONES SEXUALES, ¿qué hicieron usted o su pareja para evitar un embarazo?</p>                         | DE3.2 | <p>Read only if necessary:<br/>01 Female sterilization (ex. Tubal ligation, Essure, Adiana)<br/>02 Male sterilization (vasectomy)<br/>03 Contraceptive implant (ex. Implanon)<br/>04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena)<br/>05 Copper-bearing IUD (ex. ParaGard)<br/>06 IUD, type unknown</p> | <p>If DE3.2 = 1 to 18, go to DE3.4.<br/>If DE3.2 = 77 or 99, go to next question DE3.3</p> | <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.<br/><br/>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR</p> | 936-937 |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
|  |  | <p>07 Shots (ex. Depo-Provera)</p> <p>08 Birth control pills, any kind</p> <p>09 Contraceptive patch (ex. Ortho Evra)</p> <p>10 Contraceptive ring (ex. NuvaRing)</p> <p>11 Male condoms</p> <p>12 Diaphragm, cervical cap, sponge</p> <p>13 Female condoms</p> <p>14 Not having sex at certain times (rhythm or natural family planning)</p> <p>15 Withdrawal (or pulling out)</p> <p>16 Foam, jelly, film, or cream</p> <p>17 Emergency contraception (morning after pill)</p> <p>18 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo (p. ej., Implanon)</p> <p>04 DIU de Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) u DIU hormonal (p. ej., Mirena)</p> <p>05 DIU de alambre de cobre (p. ej., ParaGard)</p> |  | <p>MALE CONDOMS.”</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”</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>06 DIU, de tipo desconocido</p> <p>07 Inyecciones (p. ej., Depo-Provera)</p> <p>08 Pastillas anticonceptivas de cualquier tipo</p> <p>09 Parche anticonceptivo (p. ej., Ortho Evra)</p> <p>10 Anillo anticonceptivo (p. ej., NuvaRing)</p> <p>11 Condones para hombres</p> <p>12 Diafragma, capuchón cervical, esponja</p> <p>13 Condones para mujeres</p> <p>14 No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)</p> <p>15 Retiro antes de la eyaculación (eyacula afuera)</p> <p>16 Espuma, gel, película o crema anticonceptiva</p> <p>17 Anticonceptivos de emergencia (pastilla de la "mañana siguiente")</p> <p>18 Otro método</p> |  |  |         |
| <b>DE3.3</b> | Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able | DE3.3 | <p>Read only 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 Don't care if you get pregnant</p> <p>04 You want a pregnancy</p>  |  | <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER</p> | 938-939 |

|  |   |   |
|--|---|---|
| <p>to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>Algunoas de las razones que pudo haber tenido para no evitar un embarazo la última vez que tuv relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptiv o o no pensar que puede quedar embarazada.</p> <p>LA ÚLTIMA VEZ QUE TUVO RELACIONES SEXUALES, ¿cuál fue la razón principal por la que usted no hizo nada</p> | <p>05 You or your partner don't want to use birth control</p> <p>06 You or your partner don't like birth control/side effects</p> <p>07 You couldn't pay for birth control</p> <p>08 You had a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 You had tubes tied (sterilization)</p> <p>13 You had a hysterectomy</p> <p>14 Your partner had a vasectomy (sterilization)</p> <p>15 You are currently breast-feeding</p> <p>16 You just had a baby/postpartum</p> <p>17 You are pregnant now</p> <p>18 Same sex partner</p> <p>19 Other reasons</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija</p> <p>02 Simplemente no lo pensó</p> <p>03 No le importaba si quedaba embarazada</p> | <p>CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p> |
|--|---|---|

|  |                          |   |  |  |  |
|--|--------------------------|---|--|--|--|
|  | para evitar un embarazo? | <p>04 Quería quedar embarazada</p> <p>05 Usted o su pareja no quieren usar métodos anticonceptivos</p> <p>06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios</p> <p>07 No tenía dinero para comprar un método anticonceptivo</p> <p>08 Tuvo un problemas para conseguir un método anticonceptivo cuando lo necesitaba</p> <p>09 Razones religiosas</p> <p>10 Interrumpió brevemente el uso de un método anticonceptivo</p> <p>11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)</p> <p>12 Tenía las trompas ligadas (esterilización)</p> <p>13 Le hicieron una histerectomía</p> <p>14 A su pareja le hicieron una vasectomía (esterilización)</p> <p>15 Está amamantando actualmente</p> <p>16 Acababa de tener un bebé/posparto</p> <p>17 Está embarazada ahora</p> <p>18 Su pareja es del mismo sexo</p> <p>19 Otra razón</p> |  |  |  |
|--|--------------------------|---|--|--|--|

|                     |  |              |   |  |                |
|---------------------|--|--------------|---|--|----------------|
| <p><b>DE3.4</b></p> | <p>How do you feel about having a child now or sometime in the future? Would you say...</p> <p>¿Cómo se siente acerca de tener un hijo ahora o en algún momento en el futuro? Diría que...</p> | <p>DE3.4</p> | <p>Please read:</p> <p>01 You don't want to have one<br/> 02 You do want to have one, less than 12 months from now<br/> 03 You do want to have one, between 12 months &amp; less than 2 years from now<br/> 04 You do want to have one, between 2 years to less than 5 years from now<br/> 05 You do want to have one, five or more years from now<br/> 06 You do want to have one, but you are not sure when<br/> 07 Unable to have children/hysterectomy<br/> Do Not Read<br/> 77 Don't Know/Not Sure<br/> 99 Refused</p> <p>01 No quieres tener uno<br/> 02 Desea tener uno, en menos de 12 meses a partir de ahora<br/> 03 Desea tener uno, entre 12 meses y menos de 2 años a partir de ahora<br/> 04 Desea tener uno, entre 2 años y menos de 5 años a partir de ahora<br/> 05 Desea tener uno, cinco o más años a partir de ahora<br/> 06 Desea tener uno, pero no está seguro de cuándo</p> |  | <p>940-941</p> |
|---------------------|--|--------------|---|--|----------------|

|  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|
|  |  |  | 07 No puede tener hijos / histerectomía |  |  |  |
|--|--|--|---|--|--|--|

