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**2020**

**Behavioral Risk Factor Surveillance System**

**Questionnaire**

**Wyoming**

 ***English & Spanish (state-added only)***

 December 10, 2019

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OMB Header and Introductory Text

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

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 PVTRESD1 |  | 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? | PVTRESD1 | 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.NOTE: Business numbers which are also used for personal communication are eligible. |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time.TERMINATE |
| LL03. | Do you live in college housing? | 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\_\_Wyoming\_\_\_\_? | STATERE1 | 1 Yes | Go to CELPHONE |  | 66 |
| 2 No | TERMINATE | Thank you very much but we are only interviewing persons who live in Wyoming 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 Male2 Female | ONLY for respondents who are LL and COLGHOUS= 1. |  | 69 |
| 7 Don’t know/Not sure9 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? If yes: Then you are the person I need to speak with. 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 Male2 Female | GO to Transition Section 1.  |  | 72 |
| 7 Don’t know/Not sure9 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 77 Don’t know/ Not sure99 Refused |  |  | 73-74 |
| LL11. | So the number of women in the household is [X]. Is that correct? | NUMWOMEN |  |  | Do not read: Confirm the number of adult women or clarify the total number of adults in the household.Read: The persons in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. | 75-76 |
| LL12 | 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 Male2 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 sure9 Refused | TERMINATE | Thank you for your time, your number may be selected for another survey in the future.  |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138. |  | Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence “Any information you give me will not be connected to any personal information” may be replaced by “Any personal information that you provide will not be used to identify you.” If the state coordinator approves the change.  |  |

Cell Phone Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 CTELNUM1 |  | 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 Male2 Female |  |  | 82 |
| 7 Don’t Know/ Not sure9 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? | PVTRESD3 | 1 Yes | Go to CSTATE1 | Read if necessary: By private residence we mean someplace like a house or apartmentDo 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 CCLGHOUS |  |
| CP07. | Do you live in college housing? | CCLGHOUS | 1 Yes | Go to CSTATE1 | 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. | 84 |
| 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\_\_\_Wyoming\_\_\_\_? | CSTATE1 | 1 Yes | Go to LANDLINE |  | 85 |
| 2 No | Go to RSPSTAT1 |  |
| CP09. | In what state do you currently live? | RSPSTAT1 | 1 Alabama2 Alaska4 Arizona5 Arkansas6 California8 Colorado9 Connecticut10 Delaware11 District of Columbia12 Florida13 Georgia15 Hawaii16 Idaho17 Illinois18 Indiana19 Iowa20 Kansas21 Kentucky22 Louisiana23 Maine24 Maryland25 Massachusetts26 Michigan27 Minnesota28 Mississippi29 Missouri30 Montana31 Nebraska32 Nevada33 New Hampshire34 New Jersey35 New Mexico36 New York37 North Carolina38 North Dakota39 Ohio40 Oklahoma41 Oregon42 Pennsylvania44 Rhode Island45 South Carolina46 South Dakota47 Tennessee48 Texas49 Utah50 Vermont51 Virginia53 Washington54 West Virginia55 Wisconsin56 Wyoming66 Guam72 Puerto Rico78 Virgin Islands |  |  | 86-87 |
| 77 Live outside US and participating territories99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP10. | Do you also have a landline telephone in your home that is used to make and receive calls? | LANDLINE | 1 Yes2 No7 Don’t know/ Not sure9 Refused |  | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. | 88 |
| CP11. | How many members of your household, including yourself, are 18 years of age or older? | HHADULT | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CCLGHOUS = yes then number of adults is automatically set to 1 |  | 89-90 |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138. |  |  |  |

# Core Section 1: Health Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHS.01 | Would you say that in general your health is—  | GENHLTH | Read:1 Excellent2 Very Good3 Good 4 Fair5 PoorDo not read:7 Don’t know/Not sure9 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)88 None77 Don’t know/not sure99 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)88 None77 Don’t know/not sure99 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 your usual activities, such as self-care, work, or recreation? | POORHLTH | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  |  | 106-107 |

# 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 |  |  | 108 |
| 2 No7 Don’t know/Not Sure9 Refused |  |  |
| CHCA.02 | Do you have one person you think of as your personal doctor or health care provider? | PERSDOC2 | 1 Yes, only one2 More than one3 No 7 Don’t know / Not sure9 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 Yes2 No7 Don’t know / Not sure9 Refused | ~~.~~ |  | 110 |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? | CHECKUP1 | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years agoDo not read:7 Don’t know / Not sure 8 Never9 Refused |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.  | 111 |

# 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 Yes2 No7 Don’t know / Not sure9 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] 77 Don’t know / Not sure 99 Refused |  | Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. | 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.Ever told) you that you had a heart attack also called a myocardial infarction? | CVDINFR4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 115 |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? | CVDCRHD4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 116 |
| CCHC.03 | (Ever told) (you had) a stroke? | CVDSTRK3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 117 |
| CCHC.04 | (Ever told) (you had) asthma? | ASTHMA3 | 1 Yes |  |  | 118 |
| 2 No7 Don’t know / Not sure9 Refused | Go to ASTHNOW |  |
| CCHC.05 | Do you still have asthma? | ASTHNOW | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 119 |
| CCHC.06 | (Ever told) (you had) skin cancer? | CHCSCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 120 |
| CCHC.07 | (Ever told) (you had) any other types of cancer? | CHCOCNCR | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 121 |
| CCHC.08 | (Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? | CHCCOPD2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 122 |
| CCHC.09 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? | HAVARTH4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter’s syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa) | 123 |
| CCHC.10 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? | ADDEPEV3 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 124 |
| CCHC.11 | Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?  | CHCKDNY2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. | 125 |
| CCHC.12 | (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 only during pregnancy3 No4 No, pre-diabetes or borderline diabetes7 Don’t know / Not sure9 Refused | Go to Pre-Diabetes 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  |  |  |
| MPDB.01 | Have you had a test for high blood sugar or diabetes within the past three years? | PDIABTST | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 264 |
|  |  |  |  | Skip PREDIAB1 if DIABETE4 is coded 1; If DIABETE4 is coded 4 automatically code PREDIAB1, equal to 1 (yes); |  |  |
| MPDB.02 | Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? | PREDIAB1 | 1 Yes2 Yes, during pregnancy3 No7 Don’t know / Not sure9 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] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  | 127-128 |

# 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:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago)4 5 or more years ago Do not read: 7 Don’t know / Not sure8 Never9 Refused  |  |  | 129 |
| COH.02 | 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:1 1 to 52 6 or more but not all3 All 8 NoneDo not read:7 Don’t know / Not sure 9 Refused |  | Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth. | 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) |
| CDEM.01 | What is your age? | AGE | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  | 131-132 |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? | HISPANC3 | If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a2 Puerto Rican3 Cuban4 Another Hispanic, Latino/a, or Spanish originDo not read:5 No7 Don’t know / Not sure9 Refused |  | One or more categories may be selected. | 133-136 |
| CDEM.03 | Which one or more of the following would you say is your race? | MRACE1 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other88 No additional choices77 Don’t know / Not sure99 Refused | If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05. | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected. | 137-164 |
| CDEM.04 | Which one of these groups would you say best represents your race? | ORACE3 | Please read:10 White 20 Black or African American 30 American Indian or Alaska Native40 Asian41 Asian Indian42 Chinese43 Filipino44 Japanese45 Korean46 Vietnamese47 Other Asian50 Pacific Islander51 Native Hawaiian52 Guamanian or Chamorro53 Samoan54 Other Pacific IslanderDo not read:60 Other77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.If respondent has selected multiple races in previous and refuses to select a single race, code refused | 165-166 |
|  |  |  |  | If using Sex at Birth Module, insert here |  |  |
| CDEM.05 | Are you… | MARITAL | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  | 167 |
| CDEM.06 | What is the highest grade or year of school you completed? | EDUCA | Read if necessary:1 Never attended school or only attended kindergarten2 Grades 1 through 8 (Elementary)3 Grades 9 through 11 (Some high school)4 Grade 12 or GED (High school graduate)5 College 1 year to 3 years (Some college or technical school)6 College 4 years or more (College graduate)Do not read:9 Refused |  |  | 168 |
| CDEM.07 | Do you own or rent your home? | RENTHOM1 | 1 Own2 Rent3 Other arrangement7 Don’t know / Not sure9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.  | 169 |
| CDEM.08 | In what county do you currently live? | CTYCODE2 | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused |  |  | 170-172 |
| CDEM.09 | What is the ZIP Code where you currently live? | ZIPCODE1 | \_ \_ \_ \_ \_77777 Do not know99999 Refused |  |  | 173-177 |
|  |  |  |  | If cell interview go to CDEM12 |  |  |
| CDEM.10 | 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 |  |  | 178 |
| 2 No7 Don’t know / Not sure9 Refused | Go to CDEM.12 |  |
| CDEM.11 | How many of these telephone numbers are residential numbers? | NUMPHON3 | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused |  |  | 179 |
| CDEM.12 | How many cell phones do you have for personal use? | CPDEMO1B | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused | Last question needed for partial complete. | Read if necessary: Include cell phones used for both business and personal use. | 180 |
| CDEM.13 | 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 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. | 181 |
| CDEM.14 | Are you currently…? | EMPLOY1 | Read:1 Employed for wages2 Self-employed3 Out of work for 1 year or more 4 Out of work for less than 1 year5 A Homemaker6 A Student7 RetiredOr8 Unable to workDo not read:9 Refused |  | If more than one, say “select the category which best describes you”. | 182 |
| CDEM.15 | How many children less than 18 years of age live in your household? | CHILDREN | \_ \_ Number of children88 None99 Refused |  |  | 183-184 |
| CDEM.16 | Is your annual household income from all sources— | INCOME2 | Read if necessary:04 Less than $25,000If no, ask 05; if yes, ask 03 ($20,000 to less than $25,000)03 Less than $20,000 If no, code 04; if yes, ask 02 ($15,000 to less than $20,000)02 Less than $15,000 If no, code 03; if yes, ask 01 ($10,000 to less than $15,000)01 Less than $10,000 If no, code 0205 Less than $35,000 If no, ask 06 ($25,000 to less than $35,000)06 Less than $50,000 If no, ask 07 ($35,000 to less than $50,000)07 Less than $75,000 If no, code 08($50,000 to less than $75,000)08 $75,000 or moreDo not read:77 Don’t know / Not sure99 Refused |  | If respondent refuses at ANY income level, code ‘99’ (Refused) | 185-186 |
| CDEM.17 | To your knowledge, are you now pregnant? | PREGNANT | 1 Yes2 No7 Don’t know / Not sure9 Refused | If SEX=1, go to WEIGHT2, if female respondent is 50 years old or older, go to WEIGHT2] |  | 187 |
| CDEM.18 | About how much do you weigh without shoes? | WEIGHT2 | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up | 188-191 |
| CDEM.19 | About how tall are you without shoes? | HEIGHT3 | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)77/ 77 Don’t know / Not sure99/ 99 Refused |  | 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 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 196 |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? | BLIND | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 197 |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? | DECIDE | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 198 |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? | DIFFWALK | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 199 |
| CDIS.05 | Do you have difficulty dressing or bathing? | DIFFDRES | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 200 |
| CDIS.06 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? | DIFFALON | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 201 |

# 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) |
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? | SMOKE100 | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.5 packs = 100 cigarettes | 202 |
| 2 No7 Don’t know/Not Sure9 Refused | Go to USENOW3 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all?  | SMOKDAY2 | 1 Every day2 Some days |  |  | 203 |
| 3 Not at all  | Go to LASTSMK2 |  |
| 7 Don’t know / Not sure 9 Refused | Go to USENOW3 |  |
| CTOB.03 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? | STOPSMK2 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  | 204 |
| Go to USENOW3 |
| CTOB.04 | How long has it been since you last smoked a cigarette, even one or two puffs?  | LASTSMK2 | Read if necessary:01 Within the past month (less than 1 month ago)02 Within the past 3 months (1 month but less than 3 months ago)03 Within the past 6 months (3 months but less than 6 months ago)04 Within the past year (6 months but less than 1 year ago)05 Within the past 5 years (1 year but less than 5 years ago)06 Within the past 10 years (5 years but less than 10 years ago)07 10 years or more 08 Never smoked regularly77 Don’t know / Not sure99 Refused |  |  | 205-206 |
| CTOB.05 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? | USENOW3 | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 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) |
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? | ALCDAY5 | 1 \_ \_ Days per week2 \_ \_ Days in past 30 days |  | Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. | 208-210 |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |
| CALC.02 | 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 drinks88 None77 Don’t know / Not sure99 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 |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? | DRNK3GE5 | \_ \_ Number of times 77 Don’t know / Not sure99 Refused | CATI X = 5 for men, X = 4 for women |  | 213-214 |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? | MAXDRNKS | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  | 215-216 |

# 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) |
| CIMM.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?  | FLUSHOT7 | 1 Yes |  | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. | 217 |
| 2 No7 Don’t know / Not sure9 Refused  | Go to SHINGLE2 |
| CIMM.02 | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? | FLSHTMY3 | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  | 218-223 |
|  |  |  |  | If age <50 GOTO PNEUVAC4. |  |  |
| CIMM.03 | Have you ever had the shingles or zoster vaccine? | SHINGLE2 | 1 Yes2 No 7 Don’t know / Not sure 9 Refused  |  | Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots. | 224 |
| CIMM.04 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? | PNEUVAC4 | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: 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 |  |  |
| CFAL.01 | In the past 12 months, how many times have you fallen? | FALL12MN | \_ \_ Number of times |  | Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. | 226-227 |
| 88 None 77 Don’t know / Not sure 99 Refused  | Go to Next Section |
| CFAL.02 | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? | FALLINJ4 | \_ \_ Number of falls [76 = 76 or more] 88 None 77 Don’t know / Not sure99 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:1 Always2 Nearly always3 Sometimes4 Seldom5 NeverDo not read:7 Don’t know / Not sure |  |  | 230 |
| 8 Never drive or ride in a car | Go to next section |
| 9 Refused |  |
|  |  |  |  | If ALCDAY5 = 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 88 None 77 Don’t know / Not sure99 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 No7 Don’t know/ not sure9 Refused | Go to HADPAP2 |  |
| CBCC.02 | How long has it been since you had your last mammogram?  | HOWLONG | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago7 Don’t know / Not sure 9 Refused |  |  | 234 |
| CBCC.03 | Have you ever had a Pap test? | HADPAP2 | 1 Yes |  |  | 235 |
| 2 No 7 Don’t know / Not sure 9 Refused  | Go to HPVTEST |
| CBCC.04 | How long has it been since you had your last Pap test?  | LASTPAP2 | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago7 Don’t know / Not sure 9 Refused |  |  | 236 |
| CBCC.05 | 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 papillomarvirus (pap-uh-loh-muh virus) | 237 |
| 2 No 7 Don’t know / Not sure 9 Refused  | Go to HADHYST2 |
| CBCC.06 | How long has it been since you had your last H.P.V. test? | HPLSTTST | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago7 Don’t know / Not sure 9 Refused |  |  | 238 |
| CBCC.07 | Have you had a hysterectomy?  | HADHYST2 | 1 Yes 2 No 7 Don’t know / Not sure 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. |  |  |
| CPCS.01 | 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 Yes2 No7 Don’t know/ not sure9 Refused |  | Read if necessary: A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.  | 240 |
| CPCS.02 | Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? | PCPSADI1 | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 241 |
| CPCS.03 | Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?  | PCPSARE1 | 1 Yes2 No 7 Don’t know / Not sure 9 Refused  |  |  | 242 |
| CPCS.04 | Have you ever had a P.S.A. test?  | PSATEST1 | 1 Yes |  |  | 243 |
| 2 No 7 Don’t know / Not sure 9 Refused | Go to next section |
| CPCS.05 | How long has it been since you had your last P.S.A. test? | PSATIME | Read if necessary:1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years agoDo not read:7 Don’t know / Not sure 9 Refused |  |  | 244 |
| CPCS.06 | What was the main reason you had this P.S.A. test – was it …? | PCPSARS1 | Read:1 Part of a routine exam2 Because of a prostate problem3 Because of a family history of prostate cancer4 Because you were told you had prostate cancer5 Some other reasonDo not read:7 Don’t know / Not sure 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. |  |  |
| Prologue | The next questions are about the five different types of tests for colorectal cancer screening. |  |  |  |  |  |
| CRC.01 | 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 |  |  | 246 |
|  | 2 No 7 Don't know / Not sure 9 Refused  | Go to SIGMSCPY |  |  |
| CRC.02 | How long has it been since you had this test? | COLNTEST | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago)4 Within the past 10 years (5 years but less than 10 years ago)5 10 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  | 247 |
| CRC.03 | A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy? | SIGMSCPY | 1 Yes |  |  | 248 |
|  | 2 No 7 Don't know / Not sure 9 Refused  | Go to BLDSTOL1 |  |  |
| CRC.04 | How long has it been since you had this test? | SIGMTEST | Read if necessary:1 Within the past year (anytime less than 12 s ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago)4 Within the past 10 years (5 years but less than 10 years ago)5 10 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  | 249 |
| CRC.05 | 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 No7 Don't know / Not sure 9 Refused  | Go to STOOLDNA |  |
| CRC.06 | How long has it been since you had this test? | LSTBLDS4 | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  | 251 |
| CRC.07 | 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 7 Don't know / Not sure 9 Refused  | Go to VIRCOLON |  |
| CRC.08 | How long has it been since you had this test? | SDNATEST | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 Refused |  |  | 253 |
| CRC.09 | For a virtual colonoscopy, 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. Have you ever had a virtual colonoscopy? | VIRCOLON | 1 Yes |  | Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test. | 254 |
|  | 2 No 7 Don't know / Not sure 9 Refused  | Go to next section |  |
| CRC.10 | How long has it been since you had this test? | VCLNTEST | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 3 years (2 years but less than 3 years ago)4 Within the past 5 years (3 years but less than 5 years ago)5 5 or more years agoDo not read:7 Don't know / Not sure9 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 No7 Don’t know/ not sure9 Refused | Go to HIVRISK5 |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? | HIVTSTD3 | \_ \_ /\_ \_ \_ \_ Code month and year 77/ 7777 Don’t know / Not sure 99/ 9999 Refused  | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. | 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. **You have injected any drug other than those prescribed for you in the past year.** **You have been treated for a sexually transmitted disease or STD in the past year.** **You have given or received money or drugs in exchange for sex in the past year.****You had anal sex without a condom in the past year.** **You had four or more sex partners in the past year.** Do any of these situations apply to you? | HIVRISK5 | 1 Yes2 No 7 Don’t know / Not sure 9 Refused  |  |  | 263 |

# Closing Statement/ Transition to Modules

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

# Optional Modules

Module 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. We want to know how these difficulties impact you. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse? | 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 |
| MCD.02 | 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… | CDHOUSE | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 294 |
| MCD.03 | 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… | CDASSIST | Read: 1 Always 2 Usually 3 Sometimes  |  |  | 295 |
| 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused | Go to MCD.05 |
| MCD.04 | When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is… | CDHELP | Read: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 296 |
| 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: 1 Always 2 Usually 3 Sometimes 4 Rarely5 NeverDo not read:7 Don't know/Not sure9 Refused |  |  | 297 |
| MCD.06 | Have you or anyone else discussed your confusion or memory loss with a health care professional? | CDDISCUS | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  | 298 |

Module 9: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MMJU.01 | During the past 30 days, on how many days did you use marijuana or cannabis? | MARIJAN1 | \_ \_ 01-30 Number of days |  | Marijuana and cannabis include both CBD and THC products. | 312-313 |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| 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:1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using waxes or concentrates), or6 Use it some other way.Do not read:7 Don’t know/not sure 9 Refused |  | Select one. If respondent provides more than one say: which way did you use it most often. | 314 |
| MMJU.03 | When you used marijuana or cannabis during the past 30 days, was it usually: | RSNMRJN1 | Read: 1 For medical reasons (like to treat or decrease symptoms of a health condition); 2 For non-medical reasons (like to have fun or fit in), or 3 For both medical and non-medical reasons. Do not read:7 Don’t know/Not sure9 Refused  |  |  | 315 |

Module 8: E-Cigarettes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteAsk if 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 |  | Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu. | 310 |
| 2 No 7 Don’t know/Not sure 9 Refused | Go to next module |
| MECIG.02 | Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?  | ECIGNOW | 1 Every day2 Some days3 Not at all7 Don’t know / Not sure9 Refused |  | Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. | 311 |

Module 21: Adverse Childhood Experiences

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| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.  |  |  | ASK IF STATERE1=1  | Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan. |  |
|  MACE.01 | Now, looking back before you were 18 years of age---. Did you live with anyone who was depressed, mentally ill, or suicidal?  | ACEDEPRS | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 554 |
|  MACE.02 | Did you live with anyone who was a problem drinker or alcoholic? | ACEDRINK | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 555 |
|  MACE.03 | Did you live with anyone who used illegal street drugs or who abused prescription medications?  | ACEDRUGS | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 556 |
|  MACE.04 | Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?  | ACEPRISN | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 557 |
|  MACE.05 | Were your parents separated or divorced? | ACEDIVRC | 1 Yes2 No8 Parents not married7 Don’t Know/Not Sure9 Refused |  |  | 558 |
|  MACE.06 | How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?Was it…  | ACEPUNCH | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 559 |
|  MACE.07 | Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—  | ACEHURT1 | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 560 |
|  MACE.08 | How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it… | ACESWEAR | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 561 |
|  MACE.09 | How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it… | ACETOUCH | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 562 |
|  MACE.10 | How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it… | ACETTHEM | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 563 |
|  MACE.11 | How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it… | ACEHVSEX | Read:1 Never 2 Once 3 More than once Don’t Read:7 Don’t know/Not Sure 9 Refused |  |  | 564 |
| Epilogue | Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions. |  |  |  | If yes provide the number: 1-800-4-A-CHILD (1-800-422-4453) |  |

Wyoming State-Added 1: Air Quality (2019, WY State-Added 4)

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| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| INTRO SCREEN | The next couple of questions are about the outdoor air quality where you live. In these questions, air quality refers to how clean the air is, or how polluted the air is.El siguiente par de preguntas son sobre la calidad del aire exterior donde vive. En estas preguntas, la calidad del aire se refiere a qué tan limpio está el aire, o qué tan contaminado está el aire. |  |  | ASK IF STATERE1=1 |  |  |
| WY1.1 | Please think of the past 12 months. How many times did you reduce or changeyour outdoor activity level because you thought the air quality was bad or wasaffecting how well you felt? For example, avoiding outdoor exercise or strenuousoutdoor activity. Please do not include times when you made changes because ofhigh pollen levels.Por favor, piense en los últimos 12 meses. ¿Cuántas veces redujo o cambió su nivel de actividad al aire libre porque pensó que la calidad del aire era mala o que estaba afectando su bienestar? Por ejemplo, evitar el hacer ejercicio al aire libre o la actividad extenuante al aire libre. Por favor, no incluya las veces en que hizo cambios debido a los altos niveles de polen. | WY1.1 | Please read:1 None2 1 to 3 times3 4 to 6 times4 More than 6 times Do not read:7 Don’t know / Not sure9 Refused1 Ninguno2 1 a 3 veces3 4 a 6 veces 4 Más de 6 veces |  |  | 901 |
| WY1.2 | Has a doctor, nurse, or other health professional ever told you to reduce your outdoor activity level when the air quality is bad?¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que redujera su nivel de actividad al aire libre cuando la calidad del aire es mala? | WY1.2 | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 902 |
| WY1.3 | In the past 12 months, have you had an illness or symptom that you think was caused by bad air quality?En los últimos 12 meses, ¿ha tenido una enfermedad o síntoma que cree que fue causado por la mala calidad del aire? | WY1.3 | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  |  | 903 |

Wyoming State-Added 2: Military (2019, WY State-Added 5)

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| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI NoteASK IF STATERE1=1 | Interviewer Note (s) | Column(s) |
| WY2.1 | Are you a member of the Wyoming Military Department?¿Es usted miembro del Departamento Militar de Wyoming? | WY2.1 | 1 Yes2 No7 Don’t Know/Not Sure9 Refused | If WY2.1 = 2, 7, or 9, go to closing statement |  | 904 |
| WY2.2 | Which branch of the Wyoming Military Department are you a member of?¿De qué rama del Departamento Militar de Wyoming es miembro? | WY2.2 | Read if necessary:1 Army National Guard2 Air National Guard3 Wyoming Veterans CommissionDO NOT READ:6 Other7 Don’t know / Not sure9 Refused1 Guardia Nacional del Ejército (Army National Guard)2 Guardia Nacional Aérea (Air National Guard)3 Comisión de Veteranos de Wyoming (Wyoming Veterans Commission) |  |  | 905 |