2023 Wyoming BRFSS Questionnaire



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OMB Header and Introductory Text

|  |  |  |
| --- | --- | --- |
| Read if necessary | Read | Interviewer instructions (not read) |
| Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061). |  | Form ApprovedOMB No. 0920-1061Exp. Date 12/31/2024Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov. |
|  | HELLO, I am calling for the Wyoming Department of Health. My name is . 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. | States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.If cell phone respondent objects to being contacted by state where they have never lived, say:“This survey is conducted by all states and your information will be forwarded to the correct state of residence” |

Landline Introduction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| LL01. | Is this [PHONE NUMBER]? |  | 1 Yes | Go to LL02 |  |  |
| 2 No | TERMINATE | Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time. |
| LL02. | Is this a private residence? |  | 1 Yes | Go to LL04 | Read if necessary: By private residence we mean someplace like a house or apartment.Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to LL03 | If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.NOTE: Business numbers which are also used for personal communication are eligible. |
| 3 No, this is a business |  | Read: Thank you very much but we are only interviewing persons on residential phones at this time.TERMINATE |
| LL03. | Do you live in college housing? |  | 1 Yes | Go to LL04 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |  |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| LL04. | Do you currently live in\_\_Wyoming\_\_\_\_? |  | 1 Yes | Go to LL05 |  |  |
| 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? |  | 1 Yes, it is a cell phone  | TERMINATE | Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time. |  |
| 2 Not a cell phone | Go to LL06 | Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services). |
| LL06. | Are you 18 years of age or older? |  | 1 Yes | IF COLLEGE HOUSING (LL03) = “YES,” GO TO LL09;OTHERWISE GO TO NUMBER OF ADULTS LL07  |  |  |
| 2 No | IF COLLEGE HOUSING (LL03) = “YES,” Terminate; OTHERWISE GO TO NUMBER OF ADULTS LL07 | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| LL07. | I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? |  | 1 | Go to LL09 | Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household? |  |
| 2-6 or more | Go to LL08. | If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.  |
| LL08. | The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday? |  |  | If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL08. (See CATI programming) |  |  |
| LL09.  | Are you? |  | Read:1 Male2 Female | Go to Transition Section 1.  | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
|  |  |  | 3 Unspecified or another gender identityDo not read:7 Don’t know/Not sure9 Refused | Go to LL10 |  |  |
| LL10 | What was your sex at birth? Was it male or female? |  | 1 Male2 Female7 Don’t know/Not sure9 Refused | If ‘7’ or ‘9’ then TERMINATE“Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:“What sex were you assigned at birth on your original birth certificate?” |  |
| Transition to Section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey, please call 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? |  | 1 Yes | Go to CP02 |  |  |
| 2 No |  ([set appointment if possible]) TERMINATE] | Thank you very much. We will call you back at a more convenient time.  |
| CP02. | Is this [PHONE NUMBER]? |  | 1 Yes | Go to CP03 |  |  |
| 2 No | TERMINATE |  |
| CP03. | Is this a cell phone? |  | 1 Yes | Go to CP04 |  |  |
| 2 No | TERMINATE | If "no”: thank you very much, but we are only interviewing persons on cell telephones at this time |
| CP04. | Are you 18 years of age or older? |  | 1 Yes | Go to CP05. |  |  |
| 2 No | TERMINATE | Read: Thank you very much but we are only interviewing persons aged 18 or older at this time. |
| CP05. | Are you ? |  | Please read:1 Male2 Female | Go to CP07. |  |   |
|  |  |  | 3 Unspecified or another gender identityDo not read:7 Don’t know/Not sure9 Refused | Go to CP06 |  |  |
| CP06 | What was your sex at birth? Was it male or female? |  | 1 Male2 Female7 Don’t know/Not sure9 Refused | If ‘7’ or ‘9’ then terminate.“Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:“What sex were you assigned at birth on your original birth certificate?” |  |
| CP07. | Do you live in a private residence? |  | 1 Yes | Go to CP09 | Read if necessary: By private residence we mean someplace like a house or 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. |  |
| 2 No | Go to CP08 |  |
| CP08. | Do you live in college housing? |  | 1 Yes | Go to CP09 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |  |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP09. | Do you currently live in\_\_\_Wyoming\_\_\_\_? |  | 1 Yes | Go to CP11 |  |  |
| 2 No | Go to CP10 |  |
| CP10. | In what state do you currently live? |  | 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 |  |  |  |
| 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. |
| CP11. | Do you also have a landline telephone in your home that is used to make and receive calls? |  | 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. |  |
| CP12. | How many members of your household, including yourself, are 18 years of age or older? |  | \_ \_ Number 77 Don’t know/ Not sure99 Refused | If CP07 = yes then number of adults is automatically set to 1 |  |  |
| Transition to section 1.  |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number). |  |  |  |

Core Section 1: Health Status

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHS.01 | Would you say that in general your health is—  |  | Read:1 Excellent2 Very Good3 Good 4 Fair5 PoorDo not read:7 Don’t know/Not sure9 Refused |  |  |  |

Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHD.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?  |  | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs.  |  |
| CHD.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? |  | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
|  |  |  |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |  |  |
| CHD.03 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? |  | \_ \_ Number of days (01-30)88 None77 Don’t know/not sure99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |

Core Section 3: Health Care Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHCA.01 | What is the current source of your primary health insurance? |  | Read if necessary:01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare04 Medigap05 Medicaid06 Children's Health Insurance Program (CHIP)07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA08 Indian Health Service09 State sponsored health plan10 Other government program88 No coverage of any type77 Don’t Know/Not Sure 99 Refused  |  | If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverageask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.  |  |
|  |
| CHCA.02 | Do you have one person or a group of doctors that you think of as your personal health care provider? |  | 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?NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. |  |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? |  | Read if necessary:1 Within the past year (anytime less than 12 months ago)2 Within the past 2 years (1 year but less than 2 years ago)3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years 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.  |  |

Core Section 4: Exercise (Physical Activity)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CEXP.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?  |  | 1 Yes |  | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.Physical activity done at a work gym during the workday would count |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to CEXP.08 |
| CEXP.02 | What type of physical activity or exercise did you spend the most time doing during the past month? |  | \_\_ \_\_ Specify from Physical Activity Coding List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 77 Don’t know/ Not Sure99 Refused | Go to CEXP.08 |
| CEXP.03 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  | If respondent confused, probe by explaining ‘this is not asking for days per week or per month, but times per week or per month.” |  |
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes 777 Don’t know / Not sure999 Refused  |  |  |  |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month? |  | \_\_ \_\_ Specify from Physical Activity List |  | See Physical Activity Coding List.If the respondent’s activity is not included in the physical activity coding list, choose the option listed as “other”. |  |
| 88 No other activity77 Don’t know/ Not Sure99 Refused | Go to CEXP.08 |
| CEXP.06 | How many times per week or per month did you take part in this activity during the past month? |  | 1\_ \_ Times per week2\_ \_ Times per month777 Don’t know / Not sure 999 Refused |  |  |  |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it?  |  | \_:\_ \_ Hours and minutes 777 Don’t know / Not sure999 Refused  |  |  |  |
| CEXP.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? |  | 1\_ \_ Times per week2\_ \_Times per month888 Never777 Don’t know / Not sure 999 Refused |  | Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. |  |

Core Section 5: Hypertension Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHYPA.01 | Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? |  | 1 Yes |  | If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.  |  |
| 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive or elevated blood pressure7 Don’t know / Not sure 9 Refused | Go to next section |
| CHYPA.02 | Are you currently taking prescription medicine for your high blood pressure? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused  |  |  |  |

Core Section 6: Cholesterol Awareness

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CCHLA.01 | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked? |  | 1 Never | CCHLA.03 |   |  |
| 2 Within the past year (anytime less than one year ago)3 Within the past 2 years (1 year but less than 2 years ago)4 Within the past 3 years (2 years but less than 3 years ago)5 Within the past 4 years (3 years but less than 4 years ago)6 Within the past 5 years (4 years but less than 5 years ago)8 5 or more years ago |  |
| 7 Don’t know/ Not sure9 Refused | Go to next section |
| CCHLA.02 | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high? |  | 1 Yes |  | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| 2 No7 Don’t know / Not sure9 Refused |  |
| CCHLA.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk |  |

Core Section 7: Chronic Health Conditions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You’re Not Sure. |  |  |  |  |  |
| CCHC.01 | Ever told you that you had a heart attack also called a myocardial infarction? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? |  | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) melanoma or any other types of cancer? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? |  | 1 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) |  |
| CCHC.12 | (Ever told) (you had) diabetes? |  | 1 Yes |  | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4. |  |
| 2 Yes, but female told only during 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. |  |
| CCHC.13 | How old were you when you were first told you had diabetes? |  | \_ \_ Code age in years [97 = 97 and older] 98 Don‘t know / Not sure 99 Refused | Go to Diabetes Module if used, otherwise go to next section.  |  |  |

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? |  | \_ \_ Code age in years07 Don’t know / Not sure09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? |  | 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. |  |
| CDEM.03 | Which one or more of the following would you say is your race? |  | Please read:10 White 20 Black or African American 30 American Indian or Alaska 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 choices77 Don’t know / Not sure99 Refused |  | If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.One or more categories may be selected.If respondent indicates that they are Hispanic for race, please read the race choices. |  |
| CDEM.04 | Are you… |  | Please read:1 Married2 Divorced3 Widowed4 Separated5 Never marriedOr6 A member of an unmarried coupleDo not read:9 Refused |  |  |  |
| CDEM.05 | What is the highest grade or year of school you completed? |  | Read if necessary:1 Never attended school or only attended 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 |  |  |  |
| CDEM.06 | Do you own or rent your home? |  | 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.  |  |
| CDEM.07 | In what county do you currently live? |  | \_ \_ \_ANSI County Code 777 Don’t know / Not sure999 Refused888 County from another state |  |  |  |
| CDEM.08 | What is the ZIP Code where you currently live? |  | \_ \_ \_ \_ \_77777 Do not know99999 Refused | If cell interview go to CDEM12 |  |  |
| CDEM.09 | Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?  |  | 1 Yes |  |  |  |
| 2 No7 Don’t know / Not sure9 Refused | Go to CDEM.12 |  |
| CDEM.10 | How many of these telephone numbers are residential numbers? |  | \_\_ Enter number (1-5)6 Six or more7 Don’t know / Not sure 8 None 9 Refused |  |  |  |
| CDEM.11 | How many cell phones do you have for personal use? |  | \_\_ 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. |  |
| CDEM.12 | Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? |  | 1 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. |  |
| CDEM.13 | Are you currently…? |  | 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”. |  |
| CDEM.14 | How many children less than 18 years of age live in your household? |  | \_ \_ Number of children88 None99 Refused |  |  |  |
| CDEM.15 | Is your annual household income from all sources— |  | Read if necessary:01 Less than $10,000?02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000)04 Less than $25,00005 Less than $35,000 If ($25,000 to less than $35,000)06 Less than $50,000 If ($35,000 to less than $50,000)07 Less than $75,000? ($50,000 to less than $75,000)08 Less than $100,000? ($75,000 to less than $100,000)09 Less than $150,000? ($100,000 to less than $150,000)?10 Less than $200,000? ($150,000 to less than $200,000)11 $200,000 or moreDo not read:77 Don’t know / Not sure99 Refused | SEE CATI information of order of coding;Start with category 05 and move up or down categories. | If respondent refuses at ANY income level, code ‘99’ (Refused) |  |
|  |  |  |  | Skip to CDEM.17 if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL09 = 1) or Age > 49 |  |  |
| CDEM.16 | To your knowledge, are you now pregnant? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDEM.17 | About how much do you weigh without shoes? |  | \_ \_ \_ \_ Weight (pounds/kilograms)7777 Don’t know / Not sure9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.18 | About how tall are you without shoes? |  | \_ \_ / \_ \_ 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 |  |

Core Section 9: Disability

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CDIS.01 | Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| CDIS.06 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

Core Section 10: Falls

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip Section if AGE, coded 18-44 |  |  |
| CFAL.01 | In the past 12 months, how many times have you fallen? |  | \_ \_ Number of times [76 = 76 or more] |  | Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. |  |
| 88 None 77 Don’t know / Not sure 99 Refused  | Go to Next Section |
| CFAL.02 | How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? |  | \_ \_ Number of falls [76 = 76 or more] 88 None 77 Don’t know / Not sure99 Refused |  | Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. |  |

Core Section 11: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? |  | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes. |  |
| 2 No7 Don’t know/Not Sure9 Refused | Go to CTOB.03 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all?  |  | 1 Every day2 Some days3 Not at all 7 Don’t know / Not sure 9 Refused |  |  |  |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? |  | 1 Every 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. |  |
| CTOB.04 | Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all? |  | 1 Never used e-cigarettes in your entire life2 Use them every day3 Use them some days4 Not at all (right now)7 Don’t know / Not sure9 Refused |  | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions. If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life” |  |

Core Section 12: Alcohol Consumption

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. |  |  |  |  |  |
| CALC.01 | During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? |  | 1 \_ \_ Days per 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. |  |
| 888 No drinks in past 30 days 777 Don’t know / Not sure999 Refused | Go to next section |
| CALC.02 | During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? |  | \_ \_ Number of 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. |  |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? |  | \_ \_ Number of times 77 Don’t know / Not sure88 no days99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |  |  |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? |  | \_ \_ Number of drinks77 Don’t know / Not sure99 Refused |  |  |  |

Core Section 13: Immunization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text |  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CIMM.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?  |  | 1 Yes |  | Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. |  |
| 2 No7 Don’t know / Not sure9 Refused  | Go to CIMM.03 |
| CIMM.02 | During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm? |  | \_ \_ / \_ \_ \_ \_ Month / Year77 / 7777 Don’t know / Not sure09 / 9999 Refused |  |  |  |
| CIMM.03 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? |  | 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. |  |
|  |  |  |  | If age <50 Go to next section |  |  |
| CIMM.04 | Have you ever had the shingles or zoster vaccine? |  | 1 Yes2 No7 Don’t know / Not sure9 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. |  |

Core Section 14: H.I.V./AIDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHIV.01 | Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V? |  | 1 Yes |  | Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had. |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to Next section |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? |  | \_ \_ /\_ \_ \_ \_ Code month and year 77/ 7777 Don’t know / Not sure 99/ 9999 Refused  | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. |  |

Core Section 15: Seat Belt Use / Drinking and Driving

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CSBD.01 | How often do you use seat belts when you drive or ride in a car? Would you say— |  | Read:1 Always2 Nearly always3 Sometimes4 Seldom5 NeverDo not read:7 Don’t know / Not sure |  |  |  |
| 8 Never drive or ride in a car | Go to next section |
| 9 Refused |  |
|  |  |  |  | If CALC.01 = 888 (No drinks in the past 30 days); go to next section. |  |  |
| CSBD.02 | During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink?  |  | \_ \_ Number of times 88 None 77 Don’t know / Not sure99 Refused |  |  |  |

Emerging Core: Long-term COVID Effects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names |  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| COVID.01 | Have you ever tested positive for COVID-19 using a rapid point-of-care test, self-test, or laboratory test or been told by a doctor or other health care provider that you have or had COVID-19? |  |  | 1 Yes |  | Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests. |  |
|  | 2 No7 Don’t know / Not sure9 Refused | Go to next section |
| COVID.02 | Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19? |  |  | 1 Yes |  | Long term conditions may be an indirect effect of COVID 19. Read if necessary:- Tiredness or fatigue - Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as “brain fog”)- Difficulty breathing or shortness of breath- Joint or muscle pain- Fast-beating or pounding heart (also known as heart palpitations) or chest pain- Dizziness on standing-menstrual changes- Symptoms that get worse after physical or mental activities-Loss of taste or smell |  |
|  | 2 No7 Don’t know / Not sure9 Refused | Go to closing statement or module section |
| COVID.03 | Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you COVID-19? |  |  | Please read1 Yes, a lot2 Yes, a little3 Not at all |  |  |  |

# Closing Statement/ Transition to Modules

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

# Module 23: Marijuana Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses. |  |
| MMU.01 | During the past 30 days, on how many days did you use marijuana or cannabis? |  | \_ \_ 01-30 Number of days |  | Do not include hemp-based CBD-only products. |  |
| 88 None 77 Don’t know/not sure 99 Refused | Go to next module |
| MMU.02 | During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.03 | …eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)? |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.04 | …vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) |  | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.05 | …dab it (for example, using a dabbing rig, knife, or dab pen)? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.06 | …use it in some other way? | \*\*\*NEW\*\*\* | 1 Yes2 No7 Don’t Know/Not Sure9 Refused |  | Do not include hemp-based CBD-only products. |  |
|  |  |  |  | If respondent answers yes to only one type of use, skip MMU.07 |  |  |
|  |  |  |  | Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).  |  |  |
| MMU.07 | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually… |  | Read:1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) 3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or5 Use it some other way.Do not read:7 Don’t know/not sure 9 Refused |  | Select one. If respondent provides more than one say: Which way did you use it most often?Do not include hemp-based CBD-only products. |  |

# Module 28: COVID Vaccination

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  |  |  |  |
| MCOV.01 | Have you received at least one dose of a COVID-19 vaccination? |  | 1 Yes | Go to MCOV.03 (COVIDNUM) |  |  |
| 2 No  | Go to MCOV.02 (COVACGET) |
| 7 Don’t know / Not sure9 Refused | GO TO Next module |
| MCOV.02 | Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? |  | 1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don’t know/Not sure 9 = Refused  | Go to next MODULE |  |  |
| MCOV.03 | How many COVID-19 vaccinations have you received? |  | 1 One |  |  |  |
| 2 Two 3 Three 4 Four5 Five or more |  |  |  |
| 7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  |  | Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4 or 5. |  |  |
| MCOV.04 | Which of the following best describes your Covid-19 vaccination status? |  | Please read1 = Already received all recommended doses, including the updated bivalent booster2 = Plan to receive all recommended doses3 = Do not plan to receive all recommended doses7 = Don’t know/Not sure9 = Refused |  | Read if Necessary:Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022 |  |

Module 2: Diabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip if CCHC.12 is not equal to 1. |  |  |
| MDIAB.01 | According to your doctor or other health professional, what type of diabetes do you have? |  | 1 Type 12 Type 27 Don’t know/ Not sure9 Refused |  |  |  |
| MDIAB.02 | Insulin can be taken by shot or pump. Are you now taking insulin? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MDIAB.03 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?  |  | \_ \_ Number of times [76 = 76 or more]88 None98 Never heard of A-one-C test77 Don’t know / Not sure99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.  |  |
| MDIAB.04 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?  |  | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| MDIAB.05 | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? |  | Read if necessary:1 Within the past month (anytime less than 1 month ago)2 Within the past year (1 month but less than 12 months ago)3 Within the past 2 years (1 year but less than 2 years ago)4 2 or more years agoDo not read: 7 Don’t know / Not sure8 Never9 Refused |  |  |  |
| MDIAB.06 | When was the last time you took a course or class in how to manage your diabetes yourself?  |  | 1 Within the past year (anytime less than 12 months ago)2 Within the last 2 years (1 year but less than 2 years ago)3 Within the last 3 years (2 years but less than 3 years ago)4 Within the last 5 years (3 to 4 years but less than 5 years ago)5 Within the last 10 years (5 to 9 years but less than 10 years ago)6 10 years ago or more8 Never7 Don’t know / Not sure9 Refused |  |  |  |
| MDIAB.07 | Have you ever had any sores or irritations on your feet that took more than four weeks to heal?  |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

Module 16: Other Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  | ASK  IF CTOB.02 = 1,2 |  |  |  |
| MOTU.01 | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
|  |  |  | ASK IF CTOB.04 = 2, 3 |  |  |  |
| MOTU.02 | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |
| Prologue |  |  | Prologue: The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. |
| MOTU.03 | Before today, have you heard of heated tobacco products? |  | 1 Yes2 No7 Don’t know / Not sure9 Refused |  |  |  |

# Module 13: Cognitive Decline

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | If respondent is 45 years of age or older continue, else go to next module. |  |  |
| MCOG.01 | The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you. During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?? |  | 1 Yes |  |  |  |
| 2 No7 Don’t know/ not sure9 Refused | Go to next module |
| MCOG.02 | Are you worried about these difficulties with thinking or memory? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MCOG.03 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MCOG.04 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused |  |  |  |
| MCOG.05 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? |  | 1 Yes2 No7 Don’t know/ not sure9 Refused  |  | Question should be asked to all respondents regardless of work status. If the respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering … if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No. |  |

# Module 18: Industry and Occupation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names  | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| MIO.01 | What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.  |  |  \_\_\_\_\_\_\_Record answer99 Refused | If CDEM.13 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section.If CDEM.13 = 4 (Out of work for less than 1 year) ask, “What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.”Else go to next module  | If respondent is unclear, ask: What is your job title?If respondent has more than one job ask: What is your main job? |  |
| MIO.02 | What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant |  | \_\_\_\_\_\_\_Record answer99 Refused | If Core CDEM.13 = 4 (Out of work for less than 1 year) ask, “What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.”  |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | The next two questions are about sexual orientation and gender identity. |  |  |  |  |  |
|  |  |  |  | If sex= male (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.01b. |  |  |
| MSOGI.01 | Which of the following best represents how you think of yourself?  |  | 1 = Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused |  | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
|  |  |  |  | If sex= female (using BIRTHSEX, CELLSEX, LANDSEX ) continue, otherwise go to MSOGI.02. |  |  |
| MSOGI.02 | Which of the following best represents how you think of yourself? |  | 1 = Lesbian or Gay2 = Straight, that is, not gay3 = Bisexual4 = Something else7 = I don't know the answer9 = Refused | . | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
| MSOGI.03 | Do you consider yourself to be transgender?  |  | 1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male3 Yes, Transgender, gender nonconforming4 No7 Don’t know/not sure9 Refused |  | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual. If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |

Wyoming State-Added 1: Military (2022, WY State-Added 1)

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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) |
| WY1.1 | Are you a member of the Wyoming Military Department?¿Es usted miembro del Departamento Militar de Wyoming? | WY1.1 | 1 Yes2 No7 Don’t Know/Not Sure9 Refused | If WY1.1 = 2, 7, or 9, go to next module. |  | 901 |
| WY1.2 | Which branch of the Wyoming Military Department are you a member of?¿De qué rama del Departamento Militar de Wyoming es miembro? | WY1.2 | 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) |  |  | 902 |

Wyoming State-Added 2: Tobacco Cessation (2022, WY State-added 2)

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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 | During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar? | WY2.1 | 1 Yes 2 No 7 Don’t know / Not sure9 Refused | If SMOKDAY2=1 OR 2, CONTINUE. If not, go to closing statement. |  | 903 |

# Closing Statement

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