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 Approved  OMB No. 0920-1061  Exp. Date 12/31/2024  Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at [grp2@cdc.gov](mailto: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 Male  2 Female | Go to Transition Section 1. | We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues. |  |
|  |  |  | 3 Unspecified or another gender identity  Do not read:  7 Don’t know/Not sure  9 Refused | Go to LL10 |  |  |
| LL10 | What was your sex at birth? Was it male or female? |  | 1 Male  2 Female  7 Don’t know/Not sure  9 Refused | If ‘7’ or ‘9’ then TERMINATE  “Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:  “What sex were you assigned at birth on your original birth certificate?” |  |
| Transition to Section 1. |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information If you have any questions about the survey, please call 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 Male  2 Female | Go to CP07. |  |  |
|  |  |  | 3 Unspecified or another gender identity  Do not read:  7 Don’t know/Not sure  9 Refused | Go to CP06 |  |  |
| CP06 | What was your sex at birth? Was it male or female? |  | 1 Male  2 Female  7 Don’t know/Not sure  9 Refused | If ‘7’ or ‘9’ then terminate.  “Thank you for your time, your number may be selected for another survey in the future.” | Read if necessary:  “What sex were you assigned at birth on your original birth certificate?” |  |
| CP07. | Do you live in a private residence? |  | 1 Yes | Go to CP09 | Read if necessary: By private residence we mean someplace like a house or apartment  Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year. |  |
| 2 No | Go to CP08 |  |
| CP08. | Do you live in college housing? |  | 1 Yes | Go to CP09 | Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university. |  |
| 2 No | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time. |
| CP09. | Do you currently live in\_\_\_Wyoming\_\_\_\_? |  | 1 Yes | Go to CP11 |  |  |
| 2 No | Go to CP10 |  |
| CP10. | In what state do you currently live? |  | 1 Alabama  2 Alaska  4 Arizona  5 Arkansas  6 California  8 Colorado  9 Connecticut  10 Delaware  11 District of Columbia  12 Florida  13 Georgia  15 Hawaii  16 Idaho  17 Illinois  18 Indiana  19 Iowa  20 Kansas  21 Kentucky  22 Louisiana  23 Maine  24 Maryland  25 Massachusetts  26 Michigan  27 Minnesota  28 Mississippi  29 Missouri  30 Montana  31 Nebraska  32 Nevada  33 New Hampshire  34 New Jersey  35 New Mexico  36 New York  37 North Carolina  38 North Dakota  39 Ohio  40 Oklahoma  41 Oregon  42 Pennsylvania  44 Rhode Island  45 South Carolina  46 South Dakota  47 Tennessee  48 Texas  49 Utah  50 Vermont  51 Virginia  53 Washington  54 West Virginia  55 Wisconsin  56 Wyoming  66 Guam  72 Puerto Rico  78 Virgin Islands |  |  |  |
| 77 Live outside US and participating territories  99 Refused | TERMINATE | Read: Thank you very much, but we are only interviewing persons who live in the US. |
| CP11. | Do you also have a landline telephone in your home that is used to make and receive calls? |  | 1 Yes  2 No  7 Don’t know/ Not sure  9 Refused |  | Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use. |  |
| CP12. | How many members of your household, including yourself, are 18 years of age or older? |  | \_ \_ Number  77 Don’t know/ Not sure  99 Refused | If CP07 = yes then number of adults is automatically set to 1 |  |  |
| Transition to section 1. |  |  | I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (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 Excellent  2 Very Good  3 Good  4 Fair  5 Poor  Do not read:  7 Don’t know/Not sure  9 Refused |  |  |  |

Core Section 2: Healthy Days

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CHD.01 | Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? |  | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
| CHD.02 | Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? |  | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |
|  |  |  |  | Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88 |  |  |
| CHD.03 | During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? |  | \_ \_ Number of days (01-30)  88 None  77 Don’t know/not sure  99 Refused |  | 88 may be coded if respondent says “never” or “none” It is not necessary to ask respondents to provide a number if they indicate that this never occurs. |  |

Core Section 3: Health Care Access

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | 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 Medicare  04 Medigap  05 Medicaid  06 Children's Health Insurance Program (CHIP)  07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA  08 Indian Health Service  09 State sponsored health plan  10 Other government program  88 No coverage of any type  77 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 coverage  ask 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 one  2 More than one  3 No  7 Don’t know / Not sure  9 Refused |  | If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?  NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one. |  |
| CHCA.03 | Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CHCA.04 | About how long has it been since you last visited a doctor for a routine checkup? |  | Read if necessary:  1 Within the past year (anytime less than 12 months ago)  2 Within the past 2 years (1 year but less than 2 years ago)  3 Within the past 5 years (2 years but less than 5 years ago)  4 5 or more years ago  Do not read:  7 Don’t know / Not sure  8 Never  9 Refused |  | Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. |  |

Core Section 4: Exercise (Physical Activity)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CEXP.01 | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? |  | 1 Yes |  | If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.  Physical activity done at a work gym during the workday would count |  |
| 2 No  7 Don’t know/Not Sure  9 Refused | 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 Sure  99 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 week  2\_ \_ Times per month  777 Don’t know / Not sure  999 Refused |  | If respondent confused, probe by explaining ‘this is not asking for days per week or per month, but times per week or per month.” |  |
| CEXP.04 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.05 | What other type of physical activity gave you the next most exercise during the past month? |  | \_\_ \_\_ Specify from Physical Activity List |  | 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 activity  77 Don’t know/ Not Sure  99 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 week  2\_ \_ Times per month  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.07 | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |  | \_:\_ \_ Hours and minutes  777 Don’t know / Not sure  999 Refused |  |  |  |
| CEXP.08 | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? |  | 1\_ \_ Times per week  2\_ \_Times per month  888 Never  777 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 pressure  7 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 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

Core Section 6: Cholesterol Awareness

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CCHLA.01 | Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked? |  | 1 Never | CCHLA.03 | |  |  |
| 2 Within the past year (anytime less than one year ago)  3 Within the past 2 years (1 year but less than 2 years ago)  4 Within the past 3 years (2 years but less than 3 years ago)  5 Within the past 4 years (3 years but less than 4 years ago)  6 Within the past 5 years (4 years but less than 5 years ago)  8 5 or more years ago |  | |
| 7 Don’t know/ Not sure  9 Refused | Go to next section | |
| CCHLA.02 | Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high? |  | 1 Yes |  | | By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional. |  |
| 2 No  7 Don’t know / Not sure  9 Refused |  | |
| CCHLA.03 | Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused | |  | If respondent questions why they might take drugs without having high cholesterol read: Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk |  |

Core Section 7: Chronic Health Conditions

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| Prologue | Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me Yes, No, Or You’re Not Sure. |  |  |  |  |  |
| CCHC.01 | Ever told you that you had a heart attack also called a myocardial infarction? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.02 | (Ever told) (you had) angina or coronary heart disease? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.03 | (Ever told) (you had) a stroke? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.04 | (Ever told) (you had) asthma? |  | 1 Yes |  |  |  |
| 2 No  7 Don’t know / Not sure  9 Refused | Go to CCHC.06 |  |
| CCHC.05 | Do you still have asthma? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.06 | (Ever told) (you had) skin cancer that is not melanoma? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.07 | (Ever told) (you had) melanoma or any other types of cancer? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.08 | (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.09 | (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CCHC.10 | Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Read if necessary: Incontinence is not being able to control urine flow. |  |
| CCHC.11 | (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter’s syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis, polyarteritis nodosa) |  |
| CCHC.12 | (Ever told) (you had) diabetes? |  | 1 Yes |  | If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4. |  |
| 2 Yes, but female told only during pregnancy  3 No  4 No, pre-diabetes or borderline diabetes  7 Don’t know / Not sure  9 Refused | Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section. |  |
| CCHC.13 | How old were you when you were first told 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 years  07 Don’t know / Not sure  09 Refused |  |  |  |
| CDEM.02 | Are you Hispanic, Latino/a, or Spanish origin? |  | If yes, read: Are you…  1 Mexican, Mexican American, Chicano/a  2 Puerto Rican  3 Cuban  4 Another Hispanic, Latino/a, or Spanish origin  Do not read:  5 No  7 Don’t know / Not sure  9 Refused |  | One or more categories may be selected. |  |
| CDEM.03 | Which one or more of the following would you say is your race? |  | Please read:  10 White  20 Black or African American  30 American Indian or Alaska Native  40 Asian  41 Asian Indian  42 Chinese  43 Filipino  44 Japanese  45 Korean  46 Vietnamese  47 Other Asian  50 Pacific Islander  51 Native Hawaiian  52 Guamanian or Chamorro  53 Samoan  54 Other Pacific Islander  Do not read:  60 Other  88 No choices  77 Don’t know / Not sure  99 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 Married  2 Divorced  3 Widowed  4 Separated  5 Never married  Or  6 A member of an unmarried couple  Do not read:  9 Refused |  |  |  |
| CDEM.05 | What is the highest grade or year of school you completed? |  | Read if necessary:  1 Never attended school or only attended kindergarten  2 Grades 1 through 8 (Elementary)  3 Grades 9 through 11 (Some high school)  4 Grade 12 or GED (High school graduate)  5 College 1 year to 3 years (Some college or technical school)  6 College 4 years or more (College graduate)  Do not read:  9 Refused |  |  |  |
| CDEM.06 | Do you own or rent your home? |  | 1 Own  2 Rent  3 Other arrangement  7 Don’t know / Not sure  9 Refused |  | Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year.  Read if necessary: We ask this question in order to compare health indicators among people with different housing situations. |  |
| CDEM.07 | In what county do you currently live? |  | \_ \_ \_ANSI County Code  777 Don’t know / Not sure  999 Refused  888 County from another state |  |  |  |
| CDEM.08 | What is the ZIP Code where you currently live? |  | \_ \_ \_ \_ \_  77777 Do not know  99999 Refused | If cell interview go to 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 No  7 Don’t know / Not sure  9 Refused | Go to CDEM.12 |  |
| CDEM.10 | How many of these telephone numbers are residential numbers? |  | \_\_ Enter number (1-5)  6 Six or more  7 Don’t know / Not sure  8 None  9 Refused |  |  |  |
| CDEM.11 | How many cell phones do you have for personal use? |  | \_\_ Enter number (1-5)  6 Six or more  7 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 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. |  |
| CDEM.13 | Are you currently…? |  | Read:  1 Employed for wages  2 Self-employed  3 Out of work for 1 year or more  4 Out of work for less than 1 year  5 A Homemaker  6 A Student  7 Retired  Or  8 Unable to work  Do not read:  9 Refused |  | If more than one, say “select the category which best describes you”. |  |
| CDEM.14 | How many children less than 18 years of age live in your household? |  | \_ \_ Number of children  88 None  99 Refused |  |  |  |
| CDEM.15 | Is your annual household income from all sources— |  | Read if necessary:  01 Less than $10,000?  02 Less than $15,000? ($10,000 to less than $15,000)  03 Less than $20,000? ($15,000 to less than $20,000)  04 Less than $25,000  05 Less than $35,000 If  ($25,000 to less than $35,000)  06 Less than $50,000 If  ($35,000 to less than $50,000)  07 Less than $75,000? ($50,000 to less than $75,000)  08 Less than $100,000? ($75,000 to less than $100,000)  09 Less than $150,000? ($100,000 to less than $150,000)?  10 Less than $200,000? ($150,000 to less than $200,000)  11 $200,000 or more  Do not read:  77 Don’t know / Not sure  99 Refused | 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 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDEM.17 | About how much do you weigh without shoes? |  | \_ \_ \_ \_ Weight (pounds/kilograms)  7777 Don’t know / Not sure  9999 Refused |  | If respondent answers in metrics, put 9 in first column. Round fractions up |  |
| CDEM.18 | About how tall are you without shoes? |  | \_ \_ / \_ \_ Height (ft / inches/meters/centimeters)  77/ 77 Don’t know / Not sure  99/ 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 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.02 | Are you blind or do you have serious difficulty seeing, even when wearing glasses? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.03 | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.04 | Do you have serious difficulty walking or climbing stairs? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.05 | Do you have difficulty dressing or bathing? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| CDIS.06 | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

Core Section 10: Falls

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip Section if AGE, coded 18-44 |  |  |
| CFAL.01 | In the past 12 months, how many times have you fallen? |  | \_ \_ Number of times [76 = 76 or more] |  | 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 sure  99 Refused |  | Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. |  |

Core Section 11: Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CTOB.01 | Have you smoked at least 100 cigarettes in your entire life? |  | 1 Yes |  | Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.  5 packs = 100 cigarettes. |  |
| 2 No  7 Don’t know/Not Sure  9 Refused | Go to CTOB.03 |  |
| CTOB.02 | Do you now smoke cigarettes every day, some days, or not at all? |  | 1 Every day  2 Some days  3 Not at all  7 Don’t know / Not sure  9 Refused |  |  |  |
| CTOB.03 | Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? |  | 1 Every day  2 Some days  3 Not at all  7 Don’t know / Not sure  9 Refused |  | Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. |  |
| CTOB.04 | Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all? |  | 1 Never used e-cigarettes in your entire life  2 Use them every day  3 Use them some days  4 Not at all (right now)  7 Don’t know / Not sure  9 Refused |  | Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.  Interviewer note: These questions concern electronic vaping products for nicotine use. The 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 week  2 \_ \_ 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 sure  999 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 drinks  88 None  77 Don’t know / Not sure  99 Refused |  | Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks. |  |
| CALC.03 | Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion? |  | \_ \_ Number of times  77 Don’t know / Not sure  88 no days  99 Refused | CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted) |  |  |
| CALC.04 | During the past 30 days, what is the largest number of drinks you had on any occasion? |  | \_ \_ Number of drinks  77 Don’t know / Not sure  99 Refused |  |  |  |

Core Section 13: Immunization

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text |  | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| CIMM.01 | During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm? |  | 1 Yes |  | 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 No  7 Don’t know / Not sure  9 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 / Year  77 / 7777 Don’t know / Not sure  09 / 9999 Refused |  |  |  |
| CIMM.03 | Have you ever had a pneumonia shot also known as a pneumococcal vaccine? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar. |  |
|  |  |  |  | If age <50 Go to next section |  |  |
| CIMM.04 | Have you ever had the shingles or zoster vaccine? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  | Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles: Zostavax, which requires 1 shot and Shingrix which requires 2 shots. |  |

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 No  7 Don’t know/ not sure  9 Refused | Go to Next section |
| CHIV.02 | Not including blood donations, in what month and year was your last H.I.V. test? |  | \_ \_ /\_ \_ \_ \_ Code month and year  77/ 7777 Don’t know / Not sure 99/ 9999 Refused | If response is before January 1985, code "777777". | INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year. |  |

Core Section 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 Always  2 Nearly always  3 Sometimes  4 Seldom  5 Never  Do not read:  7 Don’t know / Not sure |  |  |  |
| 8 Never drive or ride in a car | Go to next section |
| 9 Refused |  |
|  |  |  |  | If CALC.01 = 888 (No drinks in the past 30 days); go to next section. |  |  |
| CSBD.02 | During the past 30 days, how many times have you driven when you’ve had perhaps too much to drink? |  | \_ \_ Number of times  88 None  77 Don’t know / Not sure  99 Refused |  |  |  |

Emerging Core: Long-term COVID Effects

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names |  | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
| COVID.01 | Have you ever tested positive for 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 No  7 Don’t know / Not sure  9 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 No  7 Don’t know / Not sure  9 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 read  1 Yes, a lot  2 Yes, a little  3 Not at all |  |  |  |

# Closing Statement/ Transition to Modules

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

# Module 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 Yes  2 No  7 Don’t Know/Not Sure  9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.03 | | …eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)? |  | 1 Yes  2 No  7 Don’t Know/Not Sure  9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.04 | | …vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) |  | 1 Yes  2 No  7 Don’t Know/Not Sure  9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.05 | | …dab it (for example, using a dabbing rig, knife, or dab pen)? | \*\*\*NEW\*\*\* | 1 Yes  2 No  7 Don’t Know/Not Sure  9 Refused |  | Do not include hemp-based CBD-only products. |  |
| MMU.06 | | …use it in some other way? | \*\*\*NEW\*\*\* | 1 Yes  2 No  7 Don’t Know/Not Sure  9 Refused |  | Do not include hemp-based CBD-only products. |  |
|  | |  |  |  | If respondent answers yes to only one type of use, skip MMU.07 |  |  |
|  | |  |  |  | Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06). |  |  |
| MMU.07 | | During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually… |  | Read:  1 Smoke it (for example, in a joint, bong, pipe, or blunt).  2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol)  3 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)  4 Dab it (for example, using a dabbing rig, knife, or dab pen), or  5 Use it some other way.  Do not read:  7 Don’t know/not sure  9 Refused |  | Select one. If respondent provides more than one say: Which way did you use it most often?  Do not include hemp-based CBD-only products. |  |

# Module 28: COVID Vaccination

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | |  |  |  |
| MCOV.01 | Have you received at least one dose of a COVID-19 vaccination? |  | 1 Yes | | Go to MCOV.03 (COVIDNUM) |  |  |
| 2 No | | Go to MCOV.02 (COVACGET) |
| 7 Don’t know / Not sure  9 Refused | | 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 Four  5 Five or more | |  |  |  |
| 7 Don’t know / Not sure  9 Refused | |  |  |  |
|  |  |  |  | | Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4 or 5. |  |  |
| MCOV.04 | Which of the following best describes your Covid-19 vaccination status? |  | Please read  1 = Already received all recommended doses, including the updated bivalent booster  2 = Plan to receive all recommended doses  3 = Do not plan to receive all recommended doses  7 = Don’t know/Not sure  9 = Refused |  | | Read if Necessary:  Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022 |  |

Module 2: Diabetes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  |  | Skip if CCHC.12 is not equal to 1. |  |  |
| MDIAB.01 | According to your doctor or other health professional, what type of diabetes do you have? |  | 1 Type 1  2 Type 2  7 Don’t know/ Not sure  9 Refused |  |  |  |
| MDIAB.02 | Insulin can be taken by shot or pump. Are you now taking insulin? |  | 1 Yes  2 No  7 Don’t know/ not sure  9 Refused |  |  |  |
| MDIAB.03 | About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C? |  | \_ \_ Number of times [76 = 76 or more]  88 None  98 Never heard of A-one-C test  77 Don’t know / Not sure  99 Refused |  | Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months. |  |
| MDIAB.04 | When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light? |  | Read if necessary:  1 Within the past month (anytime less than 1 month ago)  2 Within the past year (1 month but less than 12 months ago)  3 Within the past 2 years (1 year but less than 2 years ago)  4 2 or more years ago  Do not read:  7 Don’t know / Not sure  8 Never  9 Refused |  |  |  |
| MDIAB.05 | When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera? |  | Read if necessary:  1 Within the past month (anytime less than 1 month ago)  2 Within the past year (1 month but less than 12 months ago)  3 Within the past 2 years (1 year but less than 2 years ago)  4 2 or more years ago  Do not read:  7 Don’t know / Not sure  8 Never  9 Refused |  |  |  |
| MDIAB.06 | When was the last time you took a course or class in how to manage your diabetes yourself? |  | 1 Within the past year (anytime less than 12 months ago)  2 Within the last 2 years (1 year but less than 2 years ago)  3 Within the last 3 years (2 years but less than 3 years ago)  4 Within the last 5 years (3 to 4 years but less than 5 years ago)  5 Within the last 10 years (5 to 9 years but less than 10 years ago)  6 10 years ago or more  8 Never  7 Don’t know / Not sure  9 Refused |  |  |  |
| MDIAB.07 | Have you ever had any sores or irritations on your feet that took more than four weeks to heal? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

Module 16: Other Tobacco Use

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question text | Variable names | Responses  (DO NOT READ UNLESS OTHERWISE NOTED) | SKIP INFO/ CATI Note | Interviewer Note (s) | Column(s) |
|  |  |  | ASK  IF CTOB.02 = 1,2 |  |  |  |
| MOTU.01 | Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
|  |  |  | ASK IF CTOB.04 = 2, 3 |  |  |  |
| MOTU.02 | Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |
| Prologue |  | | | | |  | Prologue: The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include iQOS [eye-kos], Glo, and Eclipse. |
| MOTU.03 | Before today, have you heard of heated tobacco products? |  | 1 Yes  2 No  7 Don’t know / Not sure  9 Refused |  |  |  |

# 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 No  7 Don’t know/ not sure  9 Refused | Go to next module |
| MCOG.02 | Are you worried about these difficulties with thinking or memory? |  | 1 Yes  2 No  7 Don’t know/ not sure  9 Refused |  |  |  |
| MCOG.03 | Have you or anyone else discussed your difficulties with thinking or memory with a health care provider? |  | 1 Yes  2 No  7 Don’t know/ not sure  9 Refused |  |  |  |
| MCOG.04 | During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments? |  | 1 Yes  2 No  7 Don’t know/ not sure  9 Refused |  |  |  |
| MCOG.05 | During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer? |  | 1 Yes  2 No  7 Don’t know/ not sure  9 Refused |  | Question should be asked to all respondents regardless of work status. If the respondent indicates they neither work nor volunteer, clarify with respondent whether difficulties with thinking or memory prevented them from working or volunteering … if yes, then code as Yes. If no, then code as No. If reasons for not working and/or volunteering are not related to difficulties with thinking or memory, code as No. |  |

# Module 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 answer  99 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 answer  99 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)

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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 | 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 = Gay  2 = Straight, that is, not gay  3 = Bisexual  4 = Something else  7 = I don't know the answer  9 = Refused |  | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
|  |  |  |  | If sex= female (using 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 Gay  2 = Straight, that is, not gay  3 = Bisexual  4 = Something else  7 = I don't know the answer  9 = Refused | . | Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.  Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |
| MSOGI.03 | Do you consider yourself to be transgender? |  | 1 Yes, Transgender, male-to-female  2 Yes, Transgender, female to male  3 Yes, Transgender, gender nonconforming  4 No  7 Don’t know/not sure  9 Refused |  | Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.  If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.  If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?  Please say the number before the text response. Respondent can answer with either the number or the text/word. |  |

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 Note  ASK 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 Yes  2 No  7 Don’t Know/Not Sure  9 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 Guard  2 Air National Guard  3 Wyoming Veterans Commission  DO NOT READ:  6 Other  7 Don’t know / Not sure  9 Refused  1 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 Note  ASK 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 sure  9 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. |