



2020 Tennessee Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire

August 31, 2021

Table of Contents

Interviewer’s Script Landline.....	3
Interviewer’s Script Cell Phone.....	7
Core Sections	11
Core Section 1: Health Status.....	11
Core Section 2: Healthy Days.....	11
Core Section 3: Health Care Access.....	12
Core Section 4: Exercise.....	13
Core Section 5: Inadequate Sleep.....	13
Core Section 6: Chronic Health Conditions.....	14
Core Section 7: Oral Health.....	17
Core Section 8: Demographics.....	18
Core Section 9: Disability.....	24
Core Section 10: Tobacco Use.....	25
Core Section 11: Alcohol Consumption.....	27
Core Section 12: Immunization.....	28
Core Section 13: Falls.....	28
Core Section 14: Seat Belt Use and Drinking and Driving.....	29
Core Section 15: Breast and Cervical Cancer Screening.....	29
Core Section 16: Prostate Cancer Screening.....	31
Core Section 17: Colorectal Cancer Screening.....	33
Core Section 18: H.I.V./AIDS.....	35
Optional Modules	37
Module 1: E-Cigarettes.....	37
Module 2: Marijuana Use.....	37
Module 3: Industry and Occupation.....	38
State Added Questions	40
State Added Section 1: Health Literacy.....	40
State Added Section 2: Depression/Anxiety.....	41
State Added Section 3: Drug Abuse.....	41
Adverse Childhood Experiences	
Module 4: Adverse Childhood Experiences.....	42
Closing Statement.....	46

**Behavioral Risk Factor Surveillance System
2020 Questionnaire**

Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 3/31/2021

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).

Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

HELLO, I am calling for the [STATE OF xxx] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.01 Is this (phone number)?

1. Yes **[Go to LL.02]**
2. No

[CATI /INTERVIEWER NOTE: IF NO: 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. CATI NOTE: STOP OR REDIAL]

LL.02 Is this a private residence?

Read only if necessary: **BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.**

- 1. Yes **[GO TO STATE OF RESIDENCE]**
- 2. No **[GO TO COLLEGE HOUSING]**
- 3. No, Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.STOP]

LL.03 Do you live in college housing?

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

- 1. Yes **[GO TO STATE OF RESIDENCE]**
- 2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

LL.04 Do you currently live in _____ (state) _____ ?

- 1. Yes **[GO TO CELLULAR]**
- 2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

LL.05 Is this a cell phone?

[INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOMEBASED PHONE SERVICES)]

READ ONLY IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

LL.06 Are you 18 years of age or older?

[CATI/INTERVIEWER NOTE: ONLY for respondents who are LL and COLGHOUS= 1.]

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = YES CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

LL.07 Are you male or female?

1. Male
2. Female
7. Don't know/Not sure
9. Refused

LL.08 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?

__ Number of Adults

If 1, Read: Are you that adult? If yes, Read: Then you are the person I need to speak with.

If No: May I speak with the adult in the household?

If 2-6 or more: go to LL.10

LL.09 Are you male or female?

1. Male [GO to Transition Section 1]
2. Female [GO to Transition Section 1]

- 7. Don't know/Not sure
- 9. Refused

[INTERVIEWER NOTE: If Don't know or Refused , READ: Thank you for your time, your number may be selected for another survey in the future.]

LL.10 How many of these adults are men?

__ Number

77 Don't know/ Not sure

99 Refused

LL.11 So the number of women in the household is [X]. Is that correct?

[CATI/INTERVIEWER NOTE: Do not read: Confirm the number of adult women or clarify the total number of adults in the household]

LL.12 The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. Are you the [Oldest/Youngest/ Middle//Male /Female] in this household?

- 1. Male
- 2. Female
- 7. Don't know/Not sure
- 9. Refused

[CATI/INTERVIEWER NOTE : If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)]

[CATI/INTERVIEWER NOTE: If Don't Know or Refused: Thank you for your time, your number may be selected for another survey in the future.]

Interviewer's Script Cell Phone

Form Approved
OMB No. 0920-1061
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HELLO, I am calling for the [STATE OF TENNESSEE] Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Cell Phone Introduction

CP.01 Is this a safe time to talk with you?

1. Yes [GO TO CP.02]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

CP.02 Is this (phone number)?

1. Yes [GO TO CP.03]
2. No

CP.03 Is this a cell phone?

READ ONLY IF NECESSARY: By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.

1. Yes [GO TO CP.04]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL PHONES AT THIS TIME. STOP]

CP.04 Are you 18 years of age or older?

1. Yes [GO TO CP.05]
2. No

[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP] INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

CP.05 Are you male or female?

1. Male
2. Female
7. Don't know/Not sure
9. Refused

[CATI/INTERVIEWER NOTE: IF DON'T KNOW OR REUSED, THANK YOU VERY MUCH, YOUR NUMBER MAYBE SELECTED FOR ANOTHER SURVEY IN THE FUTURE. STOP]

CP.06 Do you live in a private residence?

Read only if necessary: **By private residence, we mean someplace like a house or apartment.**

[INTERVIEWER NOTE: 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.]

- 1. Yes **[GO TO CP.08]**
- 2. No **[GO TO CP.07]**

CP.07 Do you live in college housing?

Read only if necessary: **By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.**

- 1. Yes **[GO TO CP.08]**
- 2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

CP.08 Do you currently live in ____ (state) ____?

- 1. Yes **[GO TO CP.10]**
- 2. No **[GO TO CP.09]**

CP.09 In what state do you currently live?

_____ ENTER FIPS STATE

77 Live outside US and participating territories

99 Refused

[CATI/INTERVIEWER NOTE: IF OUTSIDE US OR REFUSED, READ: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN THE US. STOP]

CP. 10 **Do you also have a landline telephone in your home that is used to make and receive calls?**

Read only 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.**

[INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES)]

1. Yes
2. No

CP.11 **How many members of your household, including yourself, are 18 years of age or older?**

- __ Number of adults
- 77 Don't Know/Not Sure
- 99 Refused

[CATI/INTERVIEWER NOTE: IF CP.07 = YES THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Core Section

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

1.1 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

2.1 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

2.2 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

If Q2.1 and Q2.2 = 88 (None), go to next section

2.3 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

Core Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: IF NO, ASK: IS THERE MORE THAN ONE, OR IS THERE NO PERSON WHO YOU THINK OF AS YOUR PERSONAL DOCTOR OR HEALTH CARE PROVIDER?

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION

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

Core Section 4: Exercise

- 4.1** 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?

INTERVIEWER INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 5: Inadequate Sleep

- 5.1** On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER INSTRUCTION: ENTER HOURS OF SLEEP IN WHOLE NUMBERS, ROUNDING 30 MINUTES (1/2 HOUR) OR MORE UP TO THE NEXT WHOLE HOUR AND DROPPING 29 OR FEWER MINUTES.

- __ Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

Core Section 6: Chronic Health Conditions

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.

- 6.1** (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

6.2 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma?

- 1 Yes
- 2 No **[Go to Q6.6]**
- 7 Don't know / Not sure **[Go to Q6.6]**
- 9 Refused **[Go to Q6.6]**

6.5 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.7 (Ever told) you had any other types of cancer?

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- **rheumatism, polymyalgia rheumatica**
- **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)**

6.10 (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?

Read if necessary: **Incontinence is not being able to control urine flow.**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes?

WHEN YOU WERE PREGNANT? IF RESPONDENT SAYS PREDIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1 Yes
- 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

INTERVIEWER/CATI NOTE: If Q6.12 = 1 (Yes), go to next question.

6.13 How old were you when you were told you have diabetes?

- Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

Core Section 7: Oral Health

7.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

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

7.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

Read if necessary:

1 1 to 5
2 6 or more but not all
3 All
8 None

Do not read:

7 Don't know / Not sure
9 Refused

Core Section 8: Demographics

8.1 What is your age?

-- Code age in years
07 Don't know / Not sure
09 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? If yes, read: Are you...

INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.

Please read:

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

8.3 Which one or more of the following would you say is your race? Please read:

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. ONE OR MORE CATEGORIES MAY BE SELECTED.

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 additional choices
- 77 Don't know / Not sure
- 99 Refused

8.4 Which one of these groups would you say best represents your race? Please read:

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE REFUSED

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
- 77 Don't know / Not sure
- 99 Refused

8.5

Are you...

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do Not Read:

- 9 Refused

8.6

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

8.7 Do you own or rent your home?

INTERVIEWER NOTE: READ IF NECESSARY: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

INTERVIEWER NOTE: 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.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

8.8 In what county do you currently live?

- _ _ _ANSI County Code
- 777 Don't know / Not sure
- 999 Refused

8.9 What is the ZIP Code where you currently live?

-
- 77777 Do not know
- 99999 Refused

8.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 1 Yes **[If cellular telephone interview skip to Q8.12]**
- 2 No **[Go to next question]**

- 7 Don't know / Not sure [Go to next question]
- 9 Refused [Go to next question]

8.11 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

8.12 How many cell phones do you have for personal use?

INTERVIEWER NOTE: READ IF NECESSARY: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.

CATI NOTE: Last question needed for partial complete.

- Enter number (1 – 5)
- 6 Six or more
- 7 Don't know/ Not sure
- 8 None
- 9 Refused

8.13 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: 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.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.14 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

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

8.15 How many children less than 18 years of age live in your household?

- __ Number of children
- 88 None
- 99 Refused

8.16 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)

Read if necessary:

- 04 Less than \$25,000; **If no, ask 05; if yes, ask 03**
(\$20,000 to less than 25,000)
- 03 Less than \$20,000 **If no, code 04; if yes, ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If no, code 03; if yes, ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If no, code 02**
- 05 Less than \$35,000 **If no, ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If no, ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If no, code 08**

(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

8.17 To your knowledge, are you now pregnant?

INTERVIEWER/CATI NOTE: Skip if MALE, (CP.05=1 or LL12=1; or LL09 = 1 or LL07 =1) or AGE is greater than 49 (8.1 = greater than 49).

1 Yes

2 No

7 Don't know / Not sure

9 Refused

8.18 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT 9 IN FIRST COLUMN. ROUND FRACTIONS UP

____ Weight (pounds/kilograms)

7777 Don't know/ Refused

9999 Refused

8.19 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT 9 IN FIRST COLUMN. ROUND FRACTIONS DOWN

__ / __ Height (ft / inches/meters/centimeters)

77/ 77 Don't know / Not sure

99/ 99 Refused

Core Section 9: Disability

9.1 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

9.2 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

9.3 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

9.4 Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.5 Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9.6 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: Tobacco Use

10.1 Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS) OR MARIJUANA.

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q10.5]
- 7 Don't know / Not sure [Go to Q10.5]
- 9 Refused [Go to Q10.5]

10.2 Do you now smoke cigarettes every day, some days, or not at all?

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q10.4]
- 7 Don't know / Not sure [Go to Q10.5]
- 9 Refused [Go to Q10.5]

10.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [Go to Q10.5]
- 2 No [Go to Q10.5]
- 7 Don't know / Not sure [Go to Q10.5]
- 9 Refused [Go to Q10.5]

10.4 How long has it been since you last smoked a cigarette, even one or two puffs?

Read if necessary:

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)

- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

10.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Core Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

INTERVIEWER NOTE: ONE DRINK IS EQUIVALENT TO A 12-OUNCE BEER, A 5-OUNCE GLASS OF WINE, OR A DRINK WITH ONE SHOT OF LIQUOR.

- 1 __ Days per week
- 2 __ Days in past 30 days
- 888 No drinks in past 30 days **[Go to next section]**
- 777 Don't know / Not sure **[Go to next section]**
- 999 Refused **[Go to next section]**

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

- __ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

11.3 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
- 88 None
- 77 Don't know / Not sure
- 99 Refused

11.4 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

Section 12: Immunization

12.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

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.

- 1 Yes
- 2 No [Go to Q12.3]
- 7 Don't know / Not sure [Go to Q12.3]
- 9 Refused [Go to Q12.3]

12.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- __ / ____ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

INTERVIEWER NOTE: If age <50 GO TO 12.4

12.3 Have you ever had the shingles or zoster vaccine?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.4 Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 13: Falls

INTERVIEWER NOTE: Skip Section if AGE, coded 18-44

13.1 In the past 12 months, how many times have you fallen?

Read if necessary: **By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.**

- __ Number of times
- 88 None [Go to next section]
- 77 Don't know / Not sure [Go to next section]
- 99 Refused [Go to next section]

13.2 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?

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.**

- __ Number of falls [76 = 76 or more]
- 88 None

- 77 Don't know / Not sure
- 99 Refused

Core Section 14: Seat Belt Use and Drinking and Driving

14.1 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

14.2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

INTERVIEWER NOTE: If 11.1= 888 (No drinks in the past 30 days); go to next section.

__ Number of times

88 None

77 Don't know / Not sure

99 Refused

Core Section 15: Breast and Cervical Cancer Screening

15.1 The next questions are about breast and cervical cancer. Have you ever had a mammogram?

INTERVIEWER NOTE: Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1).

Read if necessary: **A mammogram is an x-ray of each breast to look for breast cancer.**

- 1 Yes

- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure
- 9 Refused

15.2 How long has it been since you had your last mammogram?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.3 Have you ever had a Pap test?

Read if necessary: **A Pap test is a test for cancer of the cervix.**

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure
- 9 Refused

15.4 How long has it been since you had your last Pap test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

Read if necessary: **Human papilloma virus (pap-uh-loh-muh virus)**

- 1 Yes
- 2 No **[Go to Q15.7]**

- 7 Don't know / Not sure
- 9 Refused

15.6 How long has it been since you had your last H.P.V. test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

INTERVIEWER NOTE: If response to Core Q8.17 = 1 (is pregnant); then go to next section.

15.7 Have you ever had a Hysterectomy?

Read if necessary: **A hysterectomy is an operation to remove the uterus (womb).**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Core Section 16: Prostate Cancer Screening

INTERVIEWER NOTE: If respondent is ≤ 39 years of age, or Skip if female (MSAB.01, BIRTHSEX, is coded 2). If MSAB.01=missing and (CP05=2 or LL12=2; or LL09 = 2 or LL07 =2), go to next section.

16.1 Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

Read if necessary: **A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.**

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

16.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

- 1 Yes

- 2 No
- 7 Don't know/ not sure
- 9 Refused

16.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

- 1 Yes
- 2 No
- 7 Don't know/ not sure
- 9 Refused

16.4 Have you ever had a P.S.A. test?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know/ not sure
- 9 Refused

16.5 How long has it been since you had your last P.S.A. test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

16.6 What was the main reason you had this P.S.A. test – was it ...?

Read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Core Section 17: Colorectal Cancer Screening

INTERVIEWER/CATI NOTE: If respondent is < 45 years of age, go to next section.

Introduction: The next questions are about the five different types of tests for colorectal cancer screening.

17.1 A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know/ not sure
- 9 Refused

17.2 How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

17.3 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No **[Go to Q17.5]**
- 7 Don't know/ not sure
- 9 Refused

17.4 How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

7 Don't know / Not sure

17.5 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

Read if necessary: **This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.**

- 1 Yes
- 2 No **[Go to Q17.9]**
- 7 Don't know/ not sure
- 9 Refused

17.6 How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

17.7 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

Read if necessary: **This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.**

- 1 Yes
- 2 No **[Go to Q17.9]**
- 7 Don't know/ not sure
- 9 Refused

17.8 How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

17.9 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

Read if necessary: **Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.**

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know/ not sure
- 9 Refused

17.10 How long has it been since you had this test?

Read if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure

Core Section 18: HIV/AIDS

Introduction: The next few questions are about the national health problem of HIV, the virus that causes AIDS. 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.

18.1 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
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

18.2 Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE DON'T KNOW. 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.

__/____ Code month and year
77/ 7777 Don't know / Not sure
99/ 9999 Refused

18.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one:

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Optional Modules

Module 1: E-Cigarettes

M1.1 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Read if necessary: **Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.**

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS. E-CIGARETTES MAY ALSO BE KNOWN AS JUUL, VUSE, SUORIN, MARKTEN, AND BLU.

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know / Not sure
- 9 Refused

M1.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

INTERVIEWER NOTE: DO NOT READ ANSWER OPTIONS

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

Module 2: Marijuana Use

M2.1 During the past 30 days, on how many days did you use marijuana or cannabis?

Read if necessary: **Marijuana and cannabis include both CBD and THC products.**

- 01-30 Number of days
- 88 None **[Go to next module]**
- 77 Don't know/not sure **[Go to next module]**

M2.2 During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

INTERVIEWER NOTE: Select one. If respondent provides more than one say: which way did you use it most often.

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

Do not read:

- 7 Don't know/not sure
- 9 Refused

M2.3 When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Module 3: Industry and Occupation

M3.1 What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER/CATI NOTE: If Q8.14 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. If Q8.14 = 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.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?

_____ Record answer

99 Refused

M3.2

What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER/CATI NOTE: If Q8.14 = 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.”

_____ Record answer

99 Refused

State Added Questions

State Added Section 1: Health Literacy

SA1.1 How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is...

INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information
- 7 Don't know/not sure
- 9 Refused

SA1.2 How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is...

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information
- 7 Don't know/not sure
- 9 Refused

SA1.3 You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is...

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information
- 7 Don't know/not sure
- 9 Refused

State Added Section 2: Depression/Anxiety

SA2.1 Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...

- 1 Never
- 2 For several days
- 3 For more than half the days
- 4 Nearly every day
- 7 Don't know/Not sure
- 9 Refused

SA2.2 Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...

- 1 Never
- 2 For several days
- 3 For more than half the days
- 4 Nearly every day
- 7 Don't know/Not sure
- 9 Refused

SA2.3 Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...

- 1 Never
- 2 For several days
- 3 For more than half the days
- 4 Nearly every day
- 7 Don't know/Not sure
- 9 Refused

State Added Section 3: Drug Abuse

Introduction: The next health topic is about the use of prescription pain relievers and drugs. Please keep in mind that you can ask me to skip this question if you do not want to answer.

SA3.1 In the last 12 months, have you taken any prescription pain relievers or tranquilizers including (Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin) when it was NOT prescribed to you by a doctor, dentist, nurse practitioner, or other

healthcare provider? We only want to know about prescription medication NOT medication that is available over the counter.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Adverse Childhood Experiences

INTERVIEWER NOTE: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

Now, looking back before you were 18 years of age---

SA4.1 Did you live with anyone who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SA4.2 Did you live with anyone who was a problem drinker or alcoholic?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SA4.3 Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SA4.4 Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

SA4.5 Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't Know/Not Sure
- 9 Refused

SA4.6 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

Read:

- 1 Never
- 2 Once
- 3 More than once

Do not Read:

- 7 Don't know/Not Sure
- 9 Refused

SA4.7 Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—

Read:

- 1 Never
- 2 Once
- 3 More than once

Do not Read:

- 7 Don't know/Not Sure
- 9 Refused

SA4.8

How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Do not Read:

- 7 Don't know/Not Sure
- 9 Refused

SA4.9

How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Do not Read:

- 7 Don't know/Not Sure
- 9 Refused

SA4.10

How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...

Read:

- 1 Never
- 2 Once
- 3 More than once

Do not Read:

7 Don't know/Not Sure

9 Refused

SA4.11 How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...

Read:

1 Never

2 Once

3 More than once

Do not Read:

7 Don't know/Not Sure

9 Refused

Closing Statement

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.