

2021 BRFSS Questionnaire

NYS version including Optional Modules and State-
Added Modules



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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>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).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>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.</p>	<p>States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample.</p> <p>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"</p>

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	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.	
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	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?	COLGHOUS	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__(state)_____?	STATERE1	1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.	

			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?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.		
				States may insert sex at birth state added question or sex at birth module here	We ask this question to determine which health related questions apply to each respondent. For	

				and substitute for response or include as module.	example, persons who report males as their sex at birth might be asked about prostate health issues.	
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to 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 LL10.		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	-- Number 77 Don't know/ Not sure 99 Refused			
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOME N			Do not read: Confirm the number of adult women or clarify	

					the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	
					If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.	
LL12	The person in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female]. Are you the [Oldest/Youngest / Middle//Male /Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)		
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
Transition to Section 1.			I will not ask for your last name, address, or other personal informatio		Do not read: Introductory text may be reread when selected respondent is reached.	

			<p>n 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).</p>		<p>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.</p>	
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Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		
			2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female			
				States may insert sex at birth state added question or sex at birth module here and substitute	We ask this question to determine which health related questions apply to each respondent.	

				for response or include as module.	For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRES D3	1 Yes	Go to CP08	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 CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	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.	
CP08.	Do you currently live in ___(state)___?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	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.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	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.	
CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ 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—	GENHLTH	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?	PHYSHLTH	__ 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?	MENTHLTH	__ 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	POORHLTH	__ 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	

	your usual activities, such as self-care, work, or recreation?				indicate that this never occurs.	
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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 primary source of your health insurance?	PRIMINSR	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>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.</p>	

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person or a group of doctors that you think of as your personal health care provider?	PERSDOC3	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?	MEDCOST1	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?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			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			
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Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

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)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	1 Yes 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	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.	
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	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)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?	CHOLCHK3	1 Never	Go to next section.		
			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		
C06.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
C06.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED3	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?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

CCHC.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	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?	CHCCOPD3	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)?	ADDEPEV3	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?	CHCKDNY2	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) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	

			<p>2 Yes, but female told only during pregnancy</p> <p>3 No</p> <p>4 No, pre-diabetes or borderline diabetes</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.</p>		
CCHC.12	How old were you when you were told you had diabetes?	DIABAGE3	<p>-- Code age in years [97 = 97 and older]</p> <p>98 Don't know / Not sure</p> <p>99 Refused</p>	<p>Go to Diabetes Module if used, otherwise go to next section.</p>		

Core Section 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
C08.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	
C08.03	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C08.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on your current experience, regardless of	

					whether you are taking any medication or treatment”	
C08.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
C08.06	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	___ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			

Core Section 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	<p>__ Code age in years</p> <p>07 Don't know / Not sure</p> <p>09 Refused</p>			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	<p>If yes, read: Are you...</p> <p>1 Mexican, Mexican American, Chicano/a</p> <p>2 Puerto Rican</p> <p>3 Cuban</p> <p>4 Another Hispanic, Latino/a, or Spanish origin</p> <p>Do not read:</p> <p>5 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		One or more categories may be selected.	
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>88 No additional choices</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>10 White</p> <p>20 Black or African American</p> <p>30 American Indian or Alaska Native</p> <p>40 Asian</p> <p>41 Asian Indian</p> <p>42 Chinese</p> <p>43 Filipino</p> <p>44 Japanese</p> <p>45 Korean</p> <p>46 Vietnamese</p> <p>47 Other Asian</p> <p>50 Pacific Islander</p> <p>51 Native Hawaiian</p> <p>52 Guamanian or Chamorro</p> <p>53 Samoan</p> <p>54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure</p> <p>99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
				<p>If using Sex at Birth Module, insert here</p> <p>If using SOGI module, insert here.</p>		
CDEM.05	Are you...	MARITAL	<p>Please read:</p> <p>1 Married</p> <p>2 Divorced</p> <p>3 Widowed</p> <p>4 Separated</p> <p>5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			

CDEM.0 6	What is the highest grade or year of school you completed ?	EDUCA	<p>Read if necessary:</p> <p>1 Never attended school or only attended kindergarten</p> <p>2 Grades 1 through 8 (Elementary)</p> <p>3 Grades 9 through 11 (Some high school)</p> <p>4 Grade 12 or GED (High school graduate)</p> <p>5 College 1 year to 3 years (Some college or technical school)</p> <p>6 College 4 years or more (College graduate)</p> <p>Do not read:</p> <p>9 Refused</p>			
CDEM.0 7	Do you own or rent your home?	RENTHOM 1	<p>1 Own</p> <p>2 Rent</p> <p>3 Other arrangement</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		<p>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.</p>	

CDEM.0 8	In what county do you currently live?	CTYCODE2	__ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.0 9	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.1 0	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 ?	NUMHHOL 3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.1 1	How many of these telephone numbers are residential numbers?	NUMPHON 3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
CDEM.1 2	How many cell phones do you have for personal use?	CPDEMO1 B	__ 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.1 3	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 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.1 4	Are you currently... ?	EMPLOY1	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.1 5	How many children less than 18 years of age live in your household ?	CHILDREN	_ _ Number of children 88 None 99 Refused			
CDEM.1 6	Is your annual household income from all sources—	INCOME3	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	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)	

			<p>05 Less than \$35,000 If (\$25,000 to less than \$35,000)</p> <p>06 Less than \$50,000 If (\$35,000 to less than \$50,000)</p> <p>07 Less than \$75,000? (\$50,000 to less than \$75,000)</p> <p>08 Less than \$100,000? (\$75,000 to less than \$100,000)</p> <p>09 Less than \$150,000? (\$100,000 to less than \$150,000)?</p> <p>10 Less than \$200,000? (\$150,000 to less than \$200,000)</p> <p>11 \$200,000 or more</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			
				<p>Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CPO5=1 or LL12=1; or LL09 = 1 or LL07 =1). or YEARBORN < 1972 (Age >49)</p>		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	<p>___ Weight (pounds/kilograms)</p> <p>7777 Don't know / Not sure</p> <p>9999 Refused</p>		<p>If respondent answers in metrics, put 9 in first column. Round fractions up</p>	
CDEM.19	About how tall are you	HEIGHT3	<p>__ / __ Height (ft / inches/meters/centimeters)</p>		<p>If respondent answers in</p>	

	without shoes?		77/ 77 Don't know / Not sure 99/ 99 Refused		metrics, put 9 in first column. Round fractions down	
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Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?	DEAF	1 Yes 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?	BLIND	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?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty	DIFFDRES	1 Yes 2 No			

	dressing or bathing?		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?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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?	SMOKE100	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?	SMOKDAY2	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?	USENOW3	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	Do you now use e-cigarettes or other electronic vaping products every	ECIGNOW1	1 Every day 2 Some days 3 Not at all 4 Never used e-cigs 7 Don't know / Not sure		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	

	day, some days or not at all?		9 Refused		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.	
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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)
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per 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	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	AVEDRNK3	__ 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.	

	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?					
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not 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?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			

Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	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.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	___ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	At what kind of place did you get your last flu shot or vaccine?	IMFVPLA2	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store)		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	

			06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		
CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	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.

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.?	HIVTST7	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?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	

Core Section 15: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	

CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	
CFV.04	How often did you eat any kind of fried potatoes, including French	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month		Enter quantity in times per day, week, or month. If respondent gives a number without a	

	fries, home fries, or hash browns?		555 Never 777 Don't Know 999 Refused		time frame, ask "Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen"	

					vegetables. Do not include rice."	
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Closing Statement/ Transition to Modules

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

Optional Modules

Module 1AB: Prediabetes - Ask after CCHC.12 (Switched to State-added)

***This module was originally fielded on splits 1,2,3, but removed from split 3 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=13,23) to eliminate data from split 3 in your data step and use _WT2SPLITs for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip if Section CCHC.11, DIABETE4, is coded 1. To be asked following Core CCHC.12		
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	BLDSUGR_SA	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
				Skip if Section CCHC.11, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes).		
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes	PREDIAB_SA	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

	or borderline diabetes?					
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Module 12BC: Colorectal Cancer Screening (Switched to State-added)

***This module was originally fielded on splits 1,2,3, but removed from split 1 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=11,21) to eliminate data from split 1 in your data step and use _WT2SPLITs for weighting.

***Please note that CDC’s Optional Module did not include the following response categories (5 to 10 years; 10 years or more) for “How long has it been since your most recent colonoscopy?” This issue was brought to CDC’s attention. There will not be a calculated variable that represents _COL10YR or _CRCREC.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01, AGE, is less than 45 go to next module.		
M12.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM4_SA	1 Yes	Go to M12.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to M12.06		
M12.02	Have you had a colonoscopy, a sigmoidoscopy, or both?	COLNSIGM_SA	1 Colonoscopy	Go to M12.03		
			2 Sigmoidoscopy	Go to M12.04		
			3 Both 7 Don't know/Not sure	Go to M12.05		
			9 Refused	Go to M12.06		

M12.03	How long has it been since your most recent colonoscopy?	COLNTES1_SA	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 Do not read: 7 Don't know / Not sure 9 Refused	Go to M12.06		
M12.04	How long has it been since your most recent sigmoidoscopy?	SIGMTES1_SA	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 Do not read:	Go to M12.06		

			7 Don't know / Not sure 9 Refused			
M12.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG4_SA	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 Do not read: 7 Don't know / Not sure 9 Refused			
M12.06	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?	COLNCNCR_SA	1 Yes	Go to M12.07		
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		

M12.07	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?	VIRCOLO1_SA	1 Yes	Go to M12.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, 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 your stomach.
			2 No 7 Don't Know/Not sure 9 Refused	Go to M12.09	
M12.08	When was your most recent CT colonography or virtual colonoscopy?	VCLNTES1_SA	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 Do not read:		

			7 Don't know / Not sure 9 Refused			
M12.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?	SMALSTOL_SA	1 Yes	Go to M12.10	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
			2 No 7 Don't know/ not sure 9 Refused	Go to M12.11		
M12.10	How long has it been since you had this test?	STOLTEST_SA	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 Do not read:			

			7 Don't know / Not sure 9 Refused			
M12.11	Another stool 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 Cologuard test?	STOOLDN1_SA	1 Yes	Go to M12.12	Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
M12.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?	BLDSTFIT_SA	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
M12.13	How long has it been since you had this test?	SDNATES1_SA	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 Do not read: 7 Don't know / Not sure 9 Refused			
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Module 16B: Home/Self-measured Blood Pressure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?	HOMBPCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
M16.02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?	HOMRGCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next module		
M16.03	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	WHEREBP	1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it 7 Don't know / Not sure 9 Refused			
M16.04	How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as	SHAREBP	Do not read: 1 Telephone 2 Other methods such as email, internet portal, or fax, or 3 In person			

	emails, internet portal or fax, or in person?		Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused			
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Module 17B: Sodium or Salt-Related Behavior

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M17.01	Are you currently watching or reducing your sodium or salt intake?	WTCHSALT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
M17.02	Has a doctor or other health professional ever advised you to reduce sodium or salt intake?	DRADVISE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

Module 18B: 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.		
M18.01	The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.	CIMEMLOS	1 Yes	Go to M18.02		
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M18.02		
			9 Refused	Go to next module		

	During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?					
M18.02	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M18.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M18.05		
M18.04	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure			

			9 Refused			
M18.05	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M18.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 19B: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M19.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	
			2 No 7 Don't know/Not sure	Go to M19.09		
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M19.09		
M19.02	What is his or her relationship to you?	CRGVREL4	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	
M19.03	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years			

			<p>5 More than 5 years</p> <p>Do not read:</p> <p>7 Don't Know/ Not Sure</p> <p>9 Refused</p>			
M19.04	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	<p>Read if necessary:</p> <p>1 Up to 8 hours per week</p> <p>2 9 to 19 hours per week</p> <p>3 20 to 39 hours per week</p> <p>4 40 hours or more</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			
M19.05	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	<p>01 Arthritis/ rheumatism</p> <p>02 Asthma</p> <p>03 Cancer</p> <p>04 Chronic respiratory conditions such as emphysema or COPD</p> <p>05 Alzheimer's disease, dementia or other cognitive impairment disorder</p> <p>06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida</p> <p>07 Diabetes</p> <p>08 Heart disease, hypertension, stroke</p> <p>09 Human Immunodeficiency Virus Infection (H.I.V.)</p> <p>10 Mental illnesses, such as anxiety,</p>	<p>If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue</p>		

			depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
M19.06	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
M19.07	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
M19.08	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

	preparing meals?					
				If M19.01 = 1 or 8, go to next module		
M19.09	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 20A: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This 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.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
M20.01	Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?	ACEDEPRS	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M20.02	Did you live with anyone who was a problem drinker or alcoholic?	ACEDRINK	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M20.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?	ACEDRUGS	1 Yes 2 No			

			7 Don't Know/Not Sure 9 Refused			
M20.04	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	ACEPRISN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M20.05	Were your parents separated or divorced?	ACEDIVRC	1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
M20.06	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...	ACEPUNCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M20.07	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—	ACEHURT1	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M20.08	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...	ACESWEAR	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

M20.09	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...	ACETOUCH	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M20.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...	ACETHEM	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M20.11	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...	ACEHVSEX	Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M20.12	For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	ACEADSAF	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			

M20.13	For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?	ACEADNED	1. Never 2. A little of the time 3. Some of the time 4. Most of the time 5. All of the time 7 Don't Know/Not sure 9 Refused			
	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.				If yes provide number [STATE TO INSERT NUMBER HERE]	

Module 21C: Marijuana Use – USE OM (3Q) and then ask SA_MAR (3Q) after

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M21.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days	Continue	If asked, participants should be advised NOT to include hemp-based CBD products.	
			88 None 77 Don't know/not sure 99 Refused	Go to SA_MAR.03		
M21.02	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	USEMRJN3	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 a dabbing rig, knife, or dab pen), or		Select one. If respondent provides more than one say: Which way did you use it most often? Read parentheticals only if asked for more detail.	

			<p>6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused</p>			
M21.03	When you used marijuana or cannabis during the past 30 days, was it usually:	RSNMRJN2	<p>1 For medical reasons 2 For non-medical reasons 3 For both medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused</p>			

Module 22ABC: Tobacco Cessation – Ask after CTOB.02

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
M22.01	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused	Go to next module		

				Ask if SMOKDAY2 = 1 or 2.		
M22.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 24AC: Industry and Occupation – Ask after CDEM.14

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M24.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If CDEM.14 = 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.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	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	
M24.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If Core CDEM.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."		

Module 25C: Random Child Selection - Ask after last SA module in Split 3 (C)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If CDEM.15 = 1, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from</p>			<p>If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth</p>		

	oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.			[CATI: please fill in] child.		
M25.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			
M25.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			
M25.03	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 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		If yes, ask: Are they...	
M25.04	Which one or more of the following	RCSRACE1	10 White		Select all that apply	

	would you say is the race of the child?		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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
				IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.		
M25.05	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			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			
M25.06	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read:			

			7 Don't know / Not sure 9 Refused			
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Module 26C: Childhood Asthma Prevalence - Ask after M25

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If response to CDEM.15 = 88 (None) or 99 (Refused), go to next module.		
M26.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Fill in correct [Xth] number. Go to next module		
M26.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Asthma Call-Back Permission Script C - Ask after M26

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/CATI Note	Interviewer Note (s)	Column(s)
Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected</p>					

	today. Even if you agree now, you or others may refuse to participate in the future.					
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time?	CALLBACK	1 Yes 2 No			
CB01.02	Which person in the household was selected as the focus of the asthma call-back?	ADLTCHLD	1 Adult 2 Child			
CB01.03	Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?	_____ Enter first name or initials.				

NY State-Added Modules

NY State-Added Module 1AB: Chronic Disease Self-Management – ask after CCH.12/OM1

***This module was originally fielded on splits 1,2,3, but removed from split 3 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=13,23) to eliminate data from split 3 in your data step and use _WT2SPLITS for weighting.

Question Number	Question text	Variable names	Responses	SKIP INFO/ (DO NOT READ UNLESS OTHERWISE NOTED)	Interviewer Note (s)	Column(s)
SA_CDSM.01	<p>The next question is about chronic illnesses, these are illnesses that last for more than 3 months, for example, asthma, diabetes, arthritis and heart disease.</p> <p>You said that a medical professional has told you that you have or have had</p> <p>[CATI NOTE: fill in illnesses from previous questions – heart attack,</p>	HEALTHCL1	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/not sure</p> <p>9 Refused</p>	<p>C06.01 ne</p> <p>1 AND</p> <p>C06.02 ne</p> <p>1 AND</p> <p>C06.03 ne</p> <p>1 AND</p> <p>C06.04 ne</p> <p>1 AND</p> <p>C06.07 ne</p> <p>1 AND</p> <p>C06.08 ne</p> <p>1 AND</p> <p>C06.09 ne</p> <p>1 AND</p> <p>C06.11 ne</p> <p>1 AND</p> <p>C06.12 ne</p> <p>1</p>	<p>INTERVIEWER NOTE: IF RESPONDENT SAYS "YES", ASK: "Was this course or class 6 weeks or more (in person or online)?"</p> <p>INTERVIEWER NOTE: IF COURSE OR CLASS IS LESS THAN 6 WEEKS, SELECT NO</p>	

diabetes, asthma, stroke...].							
During the last 12 months, have you taken a course or class to teach you about how to manage problems related to (this/these) chronic illness(es)?"							

NY State-Added Module 2ABC: Sex at Birth - Ask before CDEM.05

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_SAB.01	What sex were you assigned at birth?	BIRTHSEX_SA	1 Male 2 Female 3 Intersex 4 Sex assigned at birth not listed, please specify: <hr/> 7 Don't know/Not sure 9 Refused		Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.	

NY State-Added Module 3ABC: Sexual Orientation and Gender Identity (SOGI)
 - Ask before CDEM.05

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 are about sexual orientation and gender identity.					
SA_SOGI.01	How do you describe your gender?	GIDENTITY_SA	1 Male 2 Female 3 Gender queer/gender nonconforming/non-binary 4 Gender not listed, please specify: _____ 7 Don't know/Not sure 9 Refused		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.	
SA_SOGI.02	Which of the following best describes your sexual orientation?	SORIENT_SA	1 Lesbian or Gay 2 Straight, that is, not gay 3 Bisexual 4 Questioning 5 Sexual orientation not listed, please specify: _____ 7 Don't know/Not sure 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.	
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NY State-Added Module 4AC: Sugar Sweetened Beverages

***This module was originally fielded on splits 1,2,3, but removed from split 2 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=12,22) to eliminate data from split 2 in your data step and use _WT2SPLITS for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_SSB.01	<p>Now I would like to ask you some questions about sugary beverages</p> <p>During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.</p>	SSBSUGR1	<p>1 __ Times per day</p> <p>2 __ Times per week</p> <p>3 __ Times per month</p> <p>Do not read:</p> <p>888 None</p> <p>777 Don't know / Not sure</p> <p>999 Refused</p>		Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	
SA_SSB.02	<p>During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid™ and lemonade), sweet tea, and sports or energy drinks (such as Gatorade™ and Red Bull™)? Do not include 100% fruit juice, diet</p>	SSBFRUT2	<p>1 __ Times per day</p> <p>2 __ Times per week</p> <p>3 __ Times per month</p> <p>Do not read:</p> <p>888 None</p> <p>777 Don't know / Not sure</p> <p>999 Refused</p>		Please read: You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.	

	drinks, or artificially sweetened drinks.					
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NY State-Added Module 5AC: Active Transportation (Walking/Biking)

***This module was originally fielded on splits 1,2,3, but removed from split 2 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=12,22) to eliminate data from split 2 in your data step and use _WT2SPLITS for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_AT.01	Active transportation includes such activities as walking or biking for at least ten minutes to get from one place to another. In a typical month, do you walk to get from one place to another?	EVERWALK	1 Yes 2 No 7 Don't know/Not sure 9 Refused			
SA_AT.02	In a typical month, do you ride a bike to get from one place to another place?	EVERBIKE	1 Yes 2 No 7 Don't know/Not sure 9 Refused			

NY State-Added Module 6BC: Food Security

***This module was originally fielded on splits 1,2,3, but removed from split 1 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=11,21) to eliminate data from split 1 in your data step and use _WT2SPLITS for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_FS.01	How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say -	STRSMEAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 8 Not applicable 7 Don't know/Not sure 9 Refused			

NY State-Added Module 7AC: Fruits and Vegetables (Consumption)

***This module was originally fielded on splits 1,2,3, but removed from split 2 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=12,22) to eliminate data from split 2 in your data step and use _WT2SPLITs for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	Intro: Earlier in the interview we asked you about fruits and vegetables. We are going to ask you again but just focus on how often you eat them.					
SA_FVC.01	How often do you eat fruits, excluding juice?	EATFRUIT	1 Every day 2 At least once a week 3 Less than once a week 4 Never 7 Don't know/Not sure 9 Refused			
SA_FVC.02	How often do you eat vegetables or salad (excluding juices and potatoes)?	EATVEGET	1 Every day 2 At least once a week 3 Less than once a week 4 Never 7 Don't know/Not sure 9 Refused			

NY State-Added Module 8ABC: Breast Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if male		
SA_BC.01	Have you ever had a mammogram?	HADMAMM_SA	1 Yes	Continue	A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
SA_BC.02	How long has it been since you had your last mammogram?	HOWLONG_SA	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			

NY State-Added Module 9BC: Family Planning Healthy Pregnancy

***This module was originally fielded on splits 1,2,3, but removed from split 1 in early 2021 due to timing constraints. When analyzing, use QSTVER (where QSTVER=11,21) to eliminate data from split 1 in your data step and use _WT2SPLITs for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	Intro: The next question is about discussions that occurred as part of a routine health care visit. Do not include visits while pregnant, also called prenatal care visits.				If respondent is female and greater than 49 years of age (convert to year born), has had a hysterectomy, is pregnant, or if respondent is male go to the next module.	
SA_HP.01	Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?	HLTHPREG	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

NY State-Added Module 10A: Opioid Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	<p>[Intro] The next health topic is about the use of prescription pain medicine and drugs. We are not interested in your use of “over-the-counter” pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor’s prescription. Please keep in mind that your answers are strictly confidential, and you do not have to answer any question you do not want to.</p>					
SA_OP.01	<p>In the past 12 months, have you used prescription pain medicine without a healthcare provider's prescription or differently than how the healthcare provider told you to use it? (Count drugs such as hydrocodone (HI-</p>	USEPNMED	<p>1 Yes 2 No 7 Don’t Know/Not Sure 9 Refused</p>		<p>INTERVIEWER NOTE, IF NEEDED SAY: “morphine (MOR-FEEN), vicodin (VEYE-KAH-DIN), oxycontin (OX-E-CON-TIN), Lortab (LORE-TAB), Percocet (PERK-KAH-SET), Tramadol (TRAM-UH-DOLL), Tylenol #3, Demerol (DEM-ER-ALL), methadone (METH-UH-DOAN), buprenorphine (BYOO-PREN-NOR-FEEN) (Butrans,</p>	

	DRO-KO-DOAN), oxycodone, (OX-E-KO-DOAN) and codeine (KO-DEEN).)?				Belbuca, Buprenex) are considered prescription pain medicine.	
SA_OP.02	In the past 12 months, have you used any form of cocaine? (Different forms include powder, crack, free base, and coca paste.)	USECOCAIN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		INTERVIEWER NOTE, IF NEEDED SAY: "Coke, blow, or snow are other common names for cocaine."	
SA_OP.03	In the past 12 months, have you used heroin?	USEHROIN	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			

NY State-Added Module 11A: Suicide

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 few questions are about thoughts of suicide.					
SA_SU.01	During the past 12 months, have you thought seriously about killing yourself?	SUICTHOUGHT	1 Yes 2 No 7 Don't know/Not sure 9 Refused	If SA_SU.01 = 1 continue.		

SA_SU.02	During the past 12 months, did you make any plans to kill yourself?	SUICPLAN	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	If yes (1) to previous question (SA_SU.01)		
SA_SU.03	During the past 12 months, did you try to kill yourself?	SUICATTEMPT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	If yes (1) to previous question (SA_SU.02)		

NY State-Added Module 12A: Social Support

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_SOC.01	How often do you get the social and emotional support you need?	EMOSUPPORT	Please read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know / Not sure 9 Refused		If asked, say "please include support from <u>any</u> source."	

NY State-Added Module 13A: Mental Health Services

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	Intro: In the past 12 months, have you accessed any of the following resources to support your mental health?					
SA_MHS.01a	Outpatient mental health treatment?	MH_OUTPATIENT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01b	Inpatient mental health treatment?	MH_INPATIENT	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01c	Emergency services?	MH_EMERSERV	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01d	Telephone hotline?	MH_TELEHOTLINE	1 Yes 2 No 7 Don't know/ Not sure			

			9 Refused			
SA_MHS.01e	Texting service?	MH_TEXTSERV	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01f	Social media platform?	MH_SOCMEDIA	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01g	Support group?	MH_SUPPORTGRP	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01h	Family or friends?	MH_FAMFRIENDS	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01i	Website?	MH_WEBSITE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_MHS.01f	Employee Assistance Program?	MH_EAP	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			

NY State-Added Module 14B: Access Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_FVA.01	When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your community or neighborhood?	FRUITVEG	1 Yes, in my community or neighborhood [Go to next module] 2 No, someplace else 7 Don't know/Not sure [Go to next module] 9 Refused [Go to next module]			
SA_FVA.02	What is the main reason you or someone in your household does not buy fresh fruits and vegetables in your community or neighborhood?	NOVEGFRU	Read only if necessary: 01 No stores in my community or neighborhood 02 Stores in my community or neighborhood have poor quality fruits and vegetables 03 Stores in my community or neighborhood are too expensive 04 Stores in my community or neighborhood have poor quality service 05 I feel uncomfortable in stores in my community or neighborhood 06 Don't cook 07 Don't eat fresh fruits or vegetables 08 Other (SPECIFY) _____ 77 Don't know/Not sure 99 Refused	Skip if SA_FVA.01 ne 2		

NY State-Added Module 15B: Family Planning - Females

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 female and greater than 49 years of age (convert to year born), has had a hysterectomy, is pregnant, go to the next module. If respondent is male go to SA_FPb.01		
SA_FPa.01	The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?	BRTHCNTRLF	1 Yes	Continue		
			2 No	Go to SA_FPa.03		
			3 No partner/ not sexually active	Go to next module		
			4 Same sex partner			
			7 Don't know / Not sure			
9 Refused						

SA_FPa.02	The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?	TYPBCFEMALE	<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)</p> <p>04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)</p> <p>05 IUD, Copper-bearing (ex. ParaGard)</p> <p>06 IUD, type unknown</p> <p>07 Shots (ex. Depo-Provera or DMPA)</p> <p>08 Birth control pills, any kind</p> <p>09 Contraceptive patch (ex. Ortho Evra, Xulane)</p> <p>10 Contraceptive ring (ex. NuvaRing)</p> <p>11 Male condoms</p> <p>12 Diaphragm, cervical cap, sponge</p> <p>13 Female condoms</p> <p>14 Not having sex at certain times (rhythm or natural family planning)</p> <p>15 Withdrawal (or pulling out)</p> <p>16 Foam, jelly, film, or cream</p> <p>17 Emergency contraception(morning after pill)</p> <p>18 Other method</p> <p>Do not read:</p> <p>77 Don't know/ Not sure</p> <p>99 Refused</p>		<p>If respondent reports using more than one method, please code the method that occurs first on the list.</p> <p>If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."</p> <p>If respondent reports using an "I.U.D." probe to determine if "levonorgestrel I.U.D." or "copper-bearing I.U.D."</p> <p>If respondent reports "other method," ask respondent to "please specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
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SA_FPa.03	Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?	NOBCUSEF	<p>Read if necessary:</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 Don't care if you get pregnant</p> <p>04 You want a pregnancy</p> <p>05 You or your partner don't want to use birth control</p> <p>06 You or your partner don't like birth control/side effects</p> <p>07 You couldn't pay for birth control</p> <p>08 You had a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 You had tubes tied (sterilization)</p> <p>13 You had a hysterectomy</p> <p>14 Your partner had a vasectomy (sterilization)</p> <p>15 You are currently breast-feeding</p> <p>16 You just had a baby/postpartum</p> <p>17 You are pregnant now</p> <p>18 Same sex partner</p> <p>19 Other reasons Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>		If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.	
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NY State-Added Module 15B: Family Planning (Males only)

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 female, go to the next module.		
SA_FPb.01	The last time you had sex, did you or your partner do anything to prevent pregnancy?	BRTHCNTRLM	1 Yes	Continue		
			2 No	Go to SA_FPb.03		
			3 No partner/not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	Go to next module		

SA_FPb.02	The last time you had sex, what did you or your partner do to prevent pregnancy?	TYPBCMALE	<p>Read if necessary:</p> <p>01 Female sterilization (ex. Tubal ligation, Essure, Adiana)</p> <p>02 Male sterilization (vasectomy)</p> <p>03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)</p> <p>04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylene)</p> <p>05 IUD, Copper-bearing (ex. ParaGard)</p> <p>06 IUD, type unknown</p> <p>07 Shots (ex. Depo-Provera or DMPA)</p> <p>08 Birth control pills, any kind</p> <p>09 Contraceptive patch (ex. Ortho Evra, Xulane)</p> <p>10 Contraceptive ring (ex. NuvaRing)</p> <p>11 Male condoms</p> <p>12 Diaphragm, cervical cap, sponge</p> <p>13 Female condoms</p> <p>14 Not having sex at certain times (rhythm or natural family planning)</p> <p>15 Withdrawal (or pulling out)</p> <p>16 Foam, jelly, film, or cream</p> <p>17 Emergency contraception</p>	Go to next module	<p>If respondent reports using more than one method, please code the method that occurs first on the list.</p> <p>If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”</p> <p>If respondent reports using an “I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
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			(morning after pill) 18 Other method Do not read: 77 Don't know/ Not sure 99 Refused			
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SA_FPb.03	Some reasons for not doing anything to prevent pregnancy the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that a pregnancy could happen. What was your main reason for not using a method to prevent pregnancy the last time you had sex?	NOBCUSEM	<p>Read if necessary:</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 Don't care if pregnancy occurs</p> <p>04 You or your partner want a pregnancy</p> <p>05 You or your partner don't want to use birth control</p> <p>06 You or your partner don't like birth control/side effects</p> <p>07 Unable to pay for birth control</p> <p>08 You had a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think your partner can get pregnant (infertile or too old)</p> <p>12 Your partner had tubes tied (sterilization)</p> <p>13 Your partner had a hysterectomy</p> <p>14 You had a vasectomy (sterilization)</p> <p>15 Your partner is currently breast-feeding</p> <p>16 Your partner just had a baby/postpartum</p>		If respondent reports "other reason," ask respondent to "please specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.	
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			17 Your partner is pregnant now 18 Same sex partner 19 Other reasons Do not read: 77 Don't know/Not sure 99 Refused			
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NY State-Added Module 16B: Stroke Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
	Intro: Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."				
SA_STR.01	(Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)	STRKSYMP1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA_STR.02	(Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side (are symptoms of a stroke?)	STRKSYMP2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA_STR.03	(Do you think) sudden trouble seeing in one or both eyes (is a	STRKSYMP3	1 Yes 2 No		

	symptom of a stroke?)		7 Don't know / Not sure 9 Refused		
SA_STR.04	(Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)	STRKSYMP4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA_STR.05	(Do you think) severe headache with no known cause (is a symptom of a stroke?)	STRKSYMP5	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA_STR.06	If you thought someone was having a stroke, what is the first thing you would do?	STRKFIRST	Please read: 1 Take them to the hospital 2 Tell them to call their doctor 3 Call 911 4 Call their spouse or a family member Or 5 Do something else Do not read: 7 Don't know / Not sure 9 Refused		

NY State-Added Module 17B: Covid-19 Introduction and Diagnosis

***This module was originally fielded on splits 2 and 3 but removed from split 3 due to timing constraints. When analyzing, use QSTVER (where QSTVER=13,23) to eliminate data from split 3 in your data step and use _LCPWTV2 for weighting.

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prelude: As you may have heard on the news, there is currently an outbreak of a novel coronavirus, also called COVID-19, impacting New York. We wanted to ask some questions regarding this outbreak. For the purposes of this survey, we will reference the disease as “coronavirus (COVID-19)”.						
SA_COV.01	Have you or anyone else in your household been diagnosed as having coronavirus (COVID-19)?	COVIDDX	1 Yes, I have 2 Yes, someone else in my household 3 Yes, both myself and at least one other person in my household 4 No one in the household 7 Don't know/Not sure 9 Refused			

NY State-Added Module 18B: Covid-19 Prevention Behaviors

***Select questions were removed mid-year due to timing constraints. When analyzing, use interview month to identify variables that were collected for the full 12-month time period (these are highlighted below).

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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	<p>Prologue: Since the coronavirus pandemic began people have been taking steps to protect themselves from getting infected and slowing the spread of the coronavirus in their communities.</p> <p>In the past 30 days how often are you doing the following?</p>				
SA_PRE.01	Washing my hands for at least 20 seconds after being in public	COV_HANDS	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused		Read response options once, repeating only if necessary
SA_PRE.02	Wearing a mask in public places	COV_MASK	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused		
SA_PRE.03	Using more disinfectants, such as hand sanitizers and cloth wipes	COV_DISINF	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused		
SA_PRE.04	Social distancing, which means staying 6 feet away from people outside my household	COV_SOCIAL	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused		
SA_PRE.05	Avoid shaking hands with others	COV_SHAKE	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused		

SA_PRE.06	Avoid touching your face	COV_FACE	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused			
SA_PRE.07	Avoid bars and restaurants	COV_BARSR	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused			
SA_PRE.08	Avoid most retail stores	COV_RETAIL	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused			
SA_PRE.09	Avoid public transportation	COV_PUBLIC	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused			
SA_PRE.10	Avoid friends and neighbors	COV_FRIENDS	1 Always 2 Sometimes 3 Rarely 4 Never 7 Don't know/Not sure 9 Refused			

NY State-Added Module 19C: Covid-19 Vaccine Beliefs

***Please note, a programming error preventing the open-ended text responses from being recorded from approximately January 2021-June 2021.

Question Number	Question text	Variable names	Responses (DON'T READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
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SA_VAC.01	When a vaccine against COVID19 becomes available to the general public in your area, how likely or unlikely is it that you will get the vaccine for yourself?	VAXHESIT	PLEASE READ Would you say it's ... 1 Certain you will get the vaccine, 2 Very likely 3 Somewhat likely 4 Equally likely and unlikely 5 Somewhat unlikely 6 Very unlikely, or 7 Certain you will not get the vaccine Don't read 8 Don't Know/Not Sure 9 Refused	Response 1-3 go to SA_VAC.04 if have children Response 4-7 go to SA-VAC.02 Response 8 go to SA_VAC.03		
SA_VAC.02	Why would you not get the vaccine?	VAXHREASON	Read only if necessary: 1 Never get vaccines/don't believe in vaccines 2 Worried about safety of the vaccine 3 Don't think coronavirus (COVID-19) is that bad 4 I'm not at high risk 5 Very little coronavirus (COVID-19) in my area 6 Worried about the speed at which the coronavirus (COVID-19) vaccines are being developed	(IF SA_VAC.01 = 4-7) Then to go SA_VAC.04 if they have children		

			<p>7 Don't want to be the first /waiting to see how it works for other people before I get it</p> <p>8 Don't trust the government</p> <p>9 Don't trust vaccine manufacturer s</p> <p>10 Some other reason (please record)</p> <p>99 Refused/Pref er not to answer (don't read)</p>			
SA_VAC.03	What would help you decide whether to get a coronavirus (COVID-19) vaccine?	VAXHDECIDE	<p>PLEASE READ</p> <p>1 More information about the vaccine effectiveness</p> <p>2 More information about the vaccine safety</p> <p>3 Number of COVID19 cases in my local area</p> <p>4 If my healthcare provider recommends it</p> <p>5 If my family or friends get it</p> <p>6 Other (please record)</p> <p>DON'T READ</p> <p>7 Don't Know/Not Sure</p> <p>9 Refused</p>	(IF SA_VAC.01=8)		

SA_VAC.04	When a vaccine against COVID19 becomes available to the general public in your area, how likely or unlikely is it that you will get the vaccine your child or children?	VAXHESITCH	PLEASE READ Would you say it's ... 1 Certain that your child or children will get it 2 Very likely 3 Somewhat likely 4 Equally likely and unlikely 5 Somewhat unlikely 6 Very unlikely, or 7 Certain that your child or children will not get it DON'T READ 8 Don't Know/Not Sure 9 Refused	If the respondent reports having a child under 18 in the household [If CDEM.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.]		
SA_VAC.05	Why would you not have your child get the vaccine?	VAXHREASONCH	Read only if necessary: 1 I don't vaccinate my children/don't believe in vaccines 2 Worried about safety of the vaccine 3 Don't think coronavirus (COVID-19) is that bad 4 My child/children are not at high risk 5 Very little coronavirus (COVID-19) in my area 6 Worried about the speed at which the coronavirus (COVID-19)	IF SA_VAC.04= 4-7		

			vaccines are being developed 7 Don't want to be the first /waiting to see how it works for other children before they get it 8 Don't trust the government 9 Don't trust vaccine manufacturers 10 Other, please record 99 Refused/Prefer not to answer (don't read)			
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NY State-Added Module 20C: Hepatitis C

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	Intro: Now I would like to ask you some questions about hepatitis C. Hepatitis C is an infectious disease affecting the liver, caused by the hepatitis C virus (HCV). It is spread by blood-to-blood contact. It should not be confused with hepatitis A or hepatitis B, both of which you can be vaccinated for. My questions will only be about hepatitis C.					

SA_HEP.01	Have you ever been tested for hepatitis C (HCV). Do not count tests you may have had as part of a blood donation.	HEPCTEST	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
SA_HEP.02	Has a doctor, nurse, or other health professional ever told you that you had hepatitis C?	HEPCTOLD	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If 1 (Yes) go to SA_HEP.03		
SA_HEP.03	Were you ever treated for hepatitis C?	HEPCTRET	1 Yes 2 No 7 Don't know/Not sure 9 Refused	If 1 (Yes) go to SA_HEP.04	READ IF RESPONDENT IS NOT SURE: Many different types of medicine have been used to treat hepatitis C including injections and oral medicine. Most hepatitis C treatments offered prior to 2015 were injections (interferon) or shots and pills given weekly or more often over many months. Most hepatitis C treatments offered in 2015 or after were oral medicines or pills, including Harvoni, Viekira, Zepatier, Eplclusa, and others.	
SA_HEP.04	Were you told you were cured and no longer have hepatitis C?	HEPCCURE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

NY State-Added Module 21C: Water Supply

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_WS.01	What is your home water source?	WTRSOURCE	Read: 1 Public Water Supply 2 Private Well Do not read: 7 Don't know/Not sure 9 Refused	Skip to next module if CDEM.08 = 061 Manhattan 047 Brooklyn 005 Bronx 085 Richmond 081 Queens		
SA_WS.02	If private well, has your well water been tested for coliform bacteria in the last two years	WELLTEST	Read: 1 Yes 2 No Do not read: 7 Don't know/Not sure 9 Refused			

NY State-Added Module 22C: Sexual Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_SH.01	In the past 12 months, other than HIV, have you been tested for an STD, such as chlamydia, gonorrhea, or syphilis?	STDTESTING	1 Yes 2 No 7 Don't know/Not sure 9 Refused			
SA_SH.02	Now thinking back about the last time you had sex, did you or your partner use a condom?	SEXUSECO1	1 Yes 2 No 7 Don't know/Not sure 9 Refused	If = 2 go to SA_SH.03		
SA_SH.03	Which statement best describes the reason you did not use a condom the last time you had sex?	SEXNOCON	01 My partner and I only have sex with each other 02 I do not like to use condoms 03 No condom was available 04 My partner and I had oral sex only 05 My partner and I were using another form of birth control 06 My partner and I were trying to get pregnant 07 My partner and I never discussed using condoms 08 I was drunk or high 10 Some other reason 77 Don't Know / Not Sure 99 Refused	For those who said no to SA_SH.02		

NY State-Added Module 23C: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes); else go to next module.		
SA_TRE.01	Are you currently receiving treatment for cancer?	CSRVRT2_SA	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
SA_TRE.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1_SA	Read only if necessary: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).	

			07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
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NY State-Added Module 24C: Marijuana Use - After OM21

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA_MAR.01	During the past 30 days, did you use medical marijuana as recommended by a doctor or other health care provider for treatment of a medical condition?	MJHCPREC	1Yes 2No 7 Don't know/Not sure 9 Refused	Skip if OM21.01 in (77,88,99)	
SA_MAR.02	During the past 30 days, how did you use marijuana? Please tell me <u>all that apply</u> . Did you	MJHOWUSEALL	1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it or drink it (for example, in brownies, cookies, candy, tea, cola, or alcohol) 3.Vaporize it (for example, in an e-cigarette-like vaporizer or another	Skip if OM21.01 in (77,88,99)	[INTERVIEWER NOTE: Use clarification in parentheses only if needed. Please slowly read all modes in succession]

			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		
SA_MAR.03	Do you participate in the New York State medical marijuana program?	MJNYSMMP	1 Yes 2 No 7 Don't know/Not sure 9 Refused		

NY State-Added Module 25C: UV Exposure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
SA_UV.01	During the past 12 months, how many times have you had a sunburn?	NUMBURN3	____ Number (0-365) 777 Don't know/Not sure 999 Refused			
SA_UV.02	When you go outside on a warm sunny day for more than an hour, how often do you protect yourself from the sun? Is that.....	SUNPRCT	1 Always 2 Most of the time 3 Sometimes 4 Rarely 5 Never Do not read: 6 Don't stay outside for more than one hour on warm sunny days 8 Don't go outside at all on warm sunny days 7 Don't know/ Not sure 9 Refused		Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt	

NY State-Added Module 26C: Worker's Compensation Coverage

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				<p>If CDEM.14 = 3 (Out of work for 1 year or more) or 9 (Refused), then go to the next module.</p> <p>If CDEM.14 = 5 (A Homemaker), 6 (A Student), 7 (Retired), or 8 (Unable to work), then go to SA_WOR.01.</p> <p>If CDEM.14=1 (Employed for wages), 2 (Self-employed), or 4 (Out of work for less than 1 year), then go to SA_WOR.02</p>		
SA_WOR.01	During the past twelve months, have you been employed for any period of time, either part time, full time or self-employed?	WORKCOMP1	1 Yes, employed full time or part time. 2 Yes, self-employed.	Continue to SA_WOR.02		
			3 No 7 Don't know/Not sure. 9 Refused.	Go to next module		
SA_WOR.02	The next question is about whether you	WORKCOMP2	1 Yes	Continue to SA_WOR.03		

	<p>have had a work-related injury. As a reminder, your responses are strictly confidential.</p> <p>During the past 12 months, were you injured seriously enough at your job that you received medical treatment from a doctor, nurse or other health care professional?</p>		<p>2 No 7 Don't know/Not sure 9 Refused</p>	Go to next module		
SA_WOR.03	<p>How many days after your work-related injury were you able to return to work? Include weekends and scheduled days off or vacation.</p>	WORKCOMP3	<p>Read only if necessary:</p> <p>1 Next day 2 One or two 3 Three or four 4 Five 5 Six 6 Seven or more 7 Don't know/Not sure 9 Refused</p>			

SA_WOR.04	For your most recent work-related injury, who paid for your medical treatment? Choose all that apply.	WORKCOMP4	<p>Select all that apply (read the responses):</p> <ol style="list-style-type: none"> 1 Workers' compensation or the State Insurance Fund 2 Worker's compensation claim was filed, but it's still pending 3 Your own health insurance or health coverage plan 4 You or your family; out of pocket – excluding co-pays 5 Your employer WITHOUT a workers' compensation claim 6 Other source (SPECIFY) _____ <p>Do not read:</p> <ol style="list-style-type: none"> 8 No one paid; no treatment 7 Don't know/Not sure 9 Refused 		<p>Interviewer NOTE: Select all that apply. Read the responses.</p>	
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SA_WOR.05	Was your employer aware of the work-related injury??	WORKCOMP5	1 Yes 2 No Do not read: 7 Don't know/Not sure 9 Refused			
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Closing Statement

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.