



2024

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

CT Connecticut

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

CT Connecticut Department of Public Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

CT 1-877-364-0913

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

CT 24

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

001 001
003 003
005 005
007 007
009 009
011 011
013 013
015 015
017 017
019 019
021 021
023 023
025 025
027 027

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SAB2, SAB3, SAB4, SEX2, ASKGENDR, ASKGENDR2,MOD23_1,

- 1 male
- 2 female

[ASK ALL]

ORIG_GENDER. Hidden question for piping him/her into resume intro

IF SAB2=1 OR SAB3=1 OR SAB4=1 OR SEX2=1 OR ASKGENDR=1 OR ASKGENDR2=1 SET ORIG_GENDER=1

IF SAB2=2 OR SAB3=2 OR SAB4=2 OR SEX2=2 OR ASKGENDR=2 OR ASKGENDR2=2 SET ORIG_GENDER=2

- 1 him
- 2 her

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

- 1 Sunday
- 2 Monday
- 3 Tuesday
- 4 Wednesday
- 5 Thursday
- 6 Friday
- 7 Saturday

CMONTH. System variable - Current month

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

[ASK ALL]

BRFSS_FLAG. Imported Sample Variable for routing.

DATA PROCESSING NOTE: If BRFSS_FLAG=3, CLEAR SELFLAG BEFORE TRANSFERRING

1 BRFSS respondent

2 Asthma respondent who started Asthma survey in main BRFSS

3 Asthma respondent who did not start Asthma survey in main BRFSS

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

Behavioral Risk Factor Surveillance System

2024 Questionnaire

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Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 12/31/2024

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).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE. SET AM_TEXT=1;

1 Hello, I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:

PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF (SELFLAG NE 1 OR GETADULT=1)]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

01 Yes – Continue

02 No [HIDE IF (NOT SAMPTYPE=1)]

03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)]

[NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF SELFLAG=1 AND NOT(GETADULT=1)]

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT]. We recently spoke to an adult in your household about an important health survey.

[IF SAMPTYPE=1 INSERT: "When we called previously the person with the most recent birthday was selected to be interviewed.

May I please speak to"] [IF INT02_CB = 01 AND SAMPTYPE=1 insert "[INT02_CB]?"; IF SAMPTYPE=1 AND INT02_CB NE 01 INSERT "them"] [IF SAMPTYPE=1 insert "to finish the survey now?"]

[IF SAMPTYPE=1 INSERT: "**INTERVIEWER NOTE:** If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey."] [IF SAMPTYPE=1 INSERT: "When we last called, you were selected to complete the interview and we would like to finish the survey now."]

[IF SAMPTYPE=2 INSERT: "When we called previously we were unable to complete the interview. We would like to finish the survey with the same adult we spoke to previously. May I please speak to"] [IF SAMPTYPE=2 insert "them?"]

[IF SAMPTYPE=2 AND STATE NE NH INSERT "**INTERVIEWER NOTE:** If person on the phone is not the previously selected respondent, wait for the previous respondent to come to the phone and then proceed to ask, "Is this a safe time to talk with you?" If

respondent is the previously selected respondent then proceed to ask, “Is this a safe time to talk with you?”

If the selected respondent is on the line and says this is a safe time to talk please select option 01 “Selected on the line” to proceed further.”]

[IF SAMPTYPE=2 INSERT “Is this a safe time to talk with you?”]

01 Selected on the line
 04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]
 03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]
 10 Callback [NON-CLEANING SKIP]
 20 Refusal [NON-CLEANING SKIP]
 D3 Answering Machine [NON-CLEANING SKIP]
 B2 Busy [NON-CLEANING SKIP]
 DA Dead Air [NON-CLEANING SKIP]
 HU Hang Up [NON-CLEANING SKIP]
 NA No Answer [NON-CLEANING SKIP]
 NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02]

TERM1. 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.

1 Continue [ASSIGN DISPO U1] [NON-CLEANING SKIP]

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

INTERVIEWER NOTE: Business numbers which are also used for personal communication are eligible.

- 1 Yes
- 2 No
- 3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student, or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

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

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

1 Yes, it is a cell phone

2 Not a cell phone

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by landline telephones in private residences or college housing at this time.

1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

ADULT. Are you 18 years of age or older?

1 Yes

2 No

[ASK IF HS1=1 AND HS2=2]

ADULTS. 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?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULT=2 OR (HS1=1 AND HS2=2 AND ADULTS=0)]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

ONEADULT. Are you that adult?

1 Yes
2 No

[ASK IF ONEADULT=2]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]
2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND ADULT=1)]

YOU. Then you are the person I need to speak with.

1 Continue

[ASK IF ONEADULT=1 OR (COLLEGE=1 AND HS2=2 AND ADULT=1)]

ASKGENDR. Are you male, female, transgender, non-binary, or another gender?

Read if necessary: We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

- 1 Male
- 2 Female
- 3 Transgender, non-binary, or another gender
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF ASKGENDR=3,7,9 AND (ONEADULT=1 OR (HS2=2 AND ADULT=1))]

SAB2. What was your sex at birth? Was it male or female?

Read if necessary: What sex were you assigned at birth on your original birth certificate?

- 1 Male
- 2 Female
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF SAB2=7,9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

- 1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the adult with the most recent birthday. Are you the adult with the most recent birthday?

INTERVIEWER: If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the adult with the most recent birthday?"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of U.S. 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. This call may be monitored or recorded for quality control.]

1 Yes

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

ASKGENDR2. Are you male, female, transgender, non-binary, or another gender?

Read if necessary: We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

1 Male

2 Female

3 Transgender, non-binary, or another gender

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF ASKGENDR2=3,7,9 AND (ONEADULT=1 OR RESPSLCT=1)]

SAB4. What was your sex at birth? Was it male or female?

Read if necessary: What sex were you assigned at birth on your original birth certificate?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SAB4=7,9]

XX9. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

YOURTHE1. 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 [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

XPHONE. 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.

1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CELLFON2=2]

NOTCELL1. Thank you very much, but we are only interviewing persons on cell phones at this time.

1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes

2 No

[ASK IF CADULT=2]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male, female, transgender, non-binary, or another gender?

READ IF NECESSARY: We ask this question to determine which health related questions apply to each respondent. For example, persons who report male as their sex at birth might be asked about prostate health issues.

1 Male

2 Female

3 Transgender, non-binary, or another gender

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SEX2=3,7,9]

SAB3. What was your sex at birth? Was it male or female?

Read if necessary: What sex were you assigned at birth on your original birth certificate?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SAB3=7,9]

XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: By private residence we mean someplace like a house or apartment.

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RV'S OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

1 Yes

2 No – business

3 No – group home

4 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF COLLEGE2=2,3,7,9 OR PVTRES2=7,9]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

1 Yes

2 No

3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

AL Alabama

AK Alaska

AZ Arizona

AR Arkansas

CA California

CO Colorado

CT Connecticut

DE Delaware

DC District of Columbia

FL Florida

GA Georgia

HI Hawaii

ID Idaho

IL Illinois

IN Indiana

IO Iowa

KS Kansas

KY Kentucky

LA Louisiana

ME Maine

MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF CSTATE=2 AND (STATE=CT AND RSPSTATE=CT)]

STATEVER. I'm sorry, I previously recorded that you did not live in [STATE]. I need to go back and correct this inconsistency.

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE= 99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in. Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

READ ONLY IF NECESSARY: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. 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 [DEPTPHONE].

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

- 1 Continue
- 2 Driving / not a safe time [GO TO CALL BACK SCREEN]
- 9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

PLEASE READ:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

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?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S2Q2. 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?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

INTERVIEWER: 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.

RANGE 1-30 [NUMBER BOX] Number of days

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health care coverage?

Interviewer: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer: 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.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

DO NOT READ

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S3Q2. Do you have one person or a group of doctors that you think of as your personal health care provider?

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?"

INTERVIEWER 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.

- 1 Yes, only one
- 2 More than one
- 3 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW/ NOT SURE
8 NEVER
9 REFUSED

CT State-Added Section 1: Healthcare Access

[ASK IF STATE=CT AND CSTATE NE 2]

CT1_1. State Added Section 1: Healthcare Access

Not including over-the-counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

1 Yes
2 No

DO NOT READ

3 No medication was prescribed
7 Don't know/Not sure
9 Refused

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

INTERVIEWER NOTE DO NOT READ: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 5: Oral Health

[ASK ALL]

S5Q1. Section 5: Oral Health

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

READ IF NECESSARY:

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

DO NOT READ

- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S5Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

READ IF NECESSARY:

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

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 6: Chronic Health Conditions

[ASK ALL]

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following?
For each, tell me yes, no, or you're not sure.

(Ever told) you that you had a heart attack also called a myocardial infarction?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q2. (Ever told) (you had) angina or coronary heart disease?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q3. (Ever told) (you had) a stroke?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q4. (Ever told) (you had) asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q4=1]

S6Q5. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q6. (Ever told) (you had) skin cancer that is not melanoma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q7. (Ever told) (you had) melanoma or any other types of cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 7: Cancer Survivorship : Type of Cancer

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]

MOD7_1. Module 7: Type of Cancer

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD7_1=1,2,3]

MOD7_2. At what age were you [IF MOD7_1=1 INSERT "told that you had cancer?"; IF MOD7_1=2,3 INSERT "first diagnosed with cancer?"]

READ IF NECESSARY: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX] Age in Years

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD7_2>S7Q1 AND S7Q1>17 AND MOD7_2 NE 98,99 AND CSTATE NE 2]

MOD7_2C. You said you were [S7Q1] years of age and told that you had cancer at age [MOD7_2]. I must correct this inconsistency.

- 1 Continue [GO BACK TO MOD7_2]

[ASK IF S6Q6=1 AND MOD7_1=1 AND CSTATE NE 2]

MOD7_3A. Was it "Melanoma" or "other skin cancer"?

- 16 Melanoma
- 22 Other Skin Cancer

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD7_1=2,3 OR (MOD7_1=1 AND S6Q6 NE 1)]

MOD7_3. [IF MOD7_1=1 INSERT "What type of cancer is it?"; IF MOD7_1=2,3 INSERT "With your most recent diagnoses of cancer, what type of cancer was it?"]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

READ IF NECESSARY

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix / Cervical
- 07 Colon
- 08 Esophagus / Esophageal
- 09 Gallbladder
- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth / tongue / lip
- 18 Ovary / Ovarian
- 19 Pancreas / Pancreatic
- 20 Prostate
- 21 Rectum / Rectal
- 22 Skin (Non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis / Testicular
- 27 Throat – pharynx
- 28 Thyroid
- 29 Uterus / Uterine
- 30 Other

DO NOT READ

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 8: Cancer Survivorship: Course of Treatment

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]

MOD8_1. Module 8: Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

READ IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ IF NECESSARY

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8_1=2]

MOD8_2. What type of doctor provides the majority of your health care? Is it a ...

INTERVIEWER NOTE: 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.).

READ IF NECESSARY: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

PLEASE READ

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist

09 Urologist
10 Other

DO NOT READ

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD8_1=2]

MOD8_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ IF NECESSARY: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=2]

MOD8_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_4=1]

MOD8_5. Were these instructions written down or printed on paper for you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD8_1=2]

MOD8_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ IF NECESSARY: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD8_1=2]

MOD8_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD8_1=2]

MOD8_8. Did you participate in a clinical trial as part of your cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 9: Cancer Survivorship: Pain Management

[ASK IF (S6Q6=1 OR S6Q7=1) AND CSTATE NE 2]

MOD9_1. Module 9: Cancer Survivorship: Pain Management

Do you currently have physical pain caused by your cancer or cancer treatment?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9_1=1]

MOD9_2. Would you say your pain is currently under control ...?

PLEASE READ:

1 With medication (or treatment)

2 Without medication (or treatment)

3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q8. (Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q9. (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q11. (Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

INTERVIEWER DO NOT READ: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S6Q12. (Ever told) (you had) diabetes?

INTERVIEWER: 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.

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF HGENDER=1 AND S6Q12=2]

S6Q12A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

Module 1: Prediabetes

[ASK IF S6Q12 NE 1 AND CSTATE NE 2]

MOD1_1. Module 1: Prediabetes

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the last 2 years (1 year but less than 2 years ago)
- 3 Within the last 3 years (2 years but less than 3 years ago)
- 4 Within the last 5 years (3 to 4 years but less than 5 years ago)
- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more

8 Never

7 DON'T KNOW / NOT SURE

9 REFUSED

DATA PROCESSING NOTE: [IF S6Q12=4 AND CSTATE NE 2 THEN AUTO-FILL MOD1_2=1]

[ASK IF S6Q12 NE 1,4 AND CSTATE NE 2]

MOD1_2. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

If Yes and respondent is female, ask: **Was this only when you were pregnant?**

- 1 Yes
- 2 Yes, during pregnancy
- 3 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND MOD1_2=2]

MOD1_2A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 Go Back [GO BACK TO MOD1_2]

[ASK IF S6Q12=1]

S6Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

RANGE 1-97 [NUMBER BOX] Code age in years

- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 7: Demographics

[ASK ALL]

S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX] Code age in years

- 07 DON'T KNOW / NOT SURE

09 REFUSED

[ASK IF S6Q13>S7Q1 AND S7Q1 NE 07,09 AND S6Q13 NE 98,99]

S7Q1CHK. You said you are [S7Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK IF MOD7_2>S7Q1 AND S7Q1 NE 07,09 AND MOD7_2 NE 98,99]

S7Q1CHK2. You said you are [S7Q1] years of age and told you had cancer at age [MOD7_2]. I must correct this inconsistency.

1 GO BACK [GO TO S7Q1]

[ASK ALL]

S7Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q2=2]

[MUL=4]

S7Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

PLEASE READ

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[ASK ALL]

[MUL=6]

S7Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

- 10 [IF S7Q2=2 INSERT "Hispanic"] White
- 20 [IF S7Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S7Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S7Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S7Q2=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ

- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S7Q3=40]

[MUL=8]

S7Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

DO NOT READ

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S7Q3=50]

[MUL=4]

S7Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

DO NOT READ

- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

Module 24: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]

MOD24_1A. Module 24: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

PLEASE READ:

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

DO NOT READ:

- 7 I don't know the answer
- 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

MOD24_1B. The next two questions are about sexual orientation and gender identity.

Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

PLEASE READ:

- 1 1- Lesbian or Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

DO NOT READ:

- 7 I don't know the answer
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD24_2. Do you consider yourself to be transgender?

IF YES, ASK: "Do you consider yourself to be **1.** Male-to-female, **2.** Female-to-male, or **3.** Gender non-conforming?"

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

INTERVIEWER NOTE: 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.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 1 – Yes, Transgender, male-to-female
- 2 2 – Yes, Transgender, female to male
- 3 3 – Yes, Transgender, gender nonconforming
- 4 4 – No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q4. Are you...?

PLEASE READ

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married or
- 6 A member of an unmarried couple

DO NOT READ

9 REFUSED

[ASK ALL]

S7Q5. What is the highest grade or year of school you completed?

READ IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

DO NOT READ

9 REFUSED

[ASK ALL]

S7Q6. Do you own or rent your home?

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent.

INTERVIEWER NOTE: Home is defined as the place where you live most of the time / the majority of the year.

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State-Added Section 2: Town

[ASK IF STATE=CT AND CSTATE NE 2]

CT2_1. State-Added Section 2: Town

What town do you live in?

- 112B8 Abington
- 067B7 Amston
- 001A7 Andover
- 002A5 Ansonia
- 003A8 Ashford
- 069C8 Attawaugan
- 004A2 Avon
- 133B6 Baltic
- 074B3 Bantam

005A3 Barkhamsted
006A5 Beacon Falls
007A2 Berlin
008A5 Bethany
009A1 Bethel
010A3 Bethlehem
011A2 Bloomfield
012A7 Bolton
013A6 Bozrah
014A5 Branford
015A1 Bridgeport
016A3 Bridgewater
017A2 Bristol
047A2 Broad Brook
018A1 Brookfield
019A8 Brooklyn
020A2 Burlington
021A3 Canaan
022A8 Canterbury
023A2 Canton
050B4 Centerbrook
109B8 Central Village
024A8 Chaplin
025A5 Cheshire
026A4 Chester
027A4 Clinton
101B5 Clintonville
042B4 Cobalt
028A6 Colchester
029A3 Colebrook
023B2 Collinsville
030A7 Columbia
031A3 Cornwall
057B1 Cos Cob
032A7 Coventry
033A4 Cromwell
034A1 Danbury
069A8 Danielson
035A1 Darien
069B8 Dayville
036A4 Deep River

037A5 Derby
084B5 Devon
038A4 Durham
100B3 East Canaan
039A8 Eastford
040A2 East Granby
041A4 East Haddam
042A4 East Hampton
043A2 East Hartford
044A5 East Haven
045A6 East Lyme
046A1 Easton
047B2 East Windsor
048A7 Ellington
155B2 Elmwood
049A2 Enfield
050A4 Essex
051A1 Fairfield
093B5 Fair Haven
021B3 Falls Village
052A2 Farmington
013B6 Fitchville
053A6 Franklin
072B6 Gales Ferry
117B1 Georgetown
013C6 Gilman
054A2 Glastonbury
135C1 Glenbrook
055A3 Goshen
056A2 Granby
158B1 Greens Farms
057A1 Greenwich
058A6 Griswold
141B8 Grosvenor Dale
059A6 Groton
060A5 Guilford
061A4 Haddam
075B6 Hadlyme
062A5 Hamden
063A8 Hampton
064A2 Hartford

065A2 Hartland
066A3 Harwinton
067A7 Hebron
061B4 Higganum
126B1 Huntington
134B7 Hyde Park
050C4 Ivoryton
058B6 Jewett City
007B2 Kensington
068A3 Kent
069D8 Killingly
070A4 Killingworth
122B3 Lakeville
071A6 Lebanon
072A6 Ledyard
122C3 Lime Rock
073A6 Lisbon
074A3 Litchfield
075A6 Lyme
076A5 Madison
077A2 Manchester
078A7 Mansfield
079A2 Marlborough
080A5 Meriden
081A5 Middlebury
082A4 Middlefield
042C4 Middle Haddam
083A4 Middletown
084A5 Milford
131C2 Milldale
085A1 Monroe
086C6 Montville
041B4 Moodus
109C8 Moosup
087A3 Morris
062B5 Mt. Carmel
059B6 Mystic
088A5 Naugatuck
089A2 New Britain
090A1 New Canaan
091A1 New Fairfield

092A3 New Hartford
093A5 New Haven
094A2 Newington
095A6 New London
096A3 New Milford
150B3 New Preston
097A1 Newtown
045B6 Niantic
059C6 Noank
098A3 Norfolk
099B5 North Branford
100A3 North Canaan
101A5 North Haven
074C3 Northfield
099A5 Northford
141C8 North Grosvenor Dale
102A6 No. Stonington
103A1 Norwalk
104A6 Norwich
086A6 Oakdale
105A6 Old Lyme
137B6 Old Mystic
106A4 Old Saybrook
136B8 Oneco
107A5 Orange
108A5 Oxford
137C6 Pawcatuck
109A8 Plainfield
110A2 Plainville
131B2 Plantsville
111A3 Plymouth
112A8 Pomfret
113A4 Portland
114A6 Preston
115A5 Prospect
116A8 Putnam
152B6 Quaker Hill
141D8 Quinnebaug
117A1 Redding
118A1 Ridgefield
157B1 Riverside

082B4 Rockfall
146C7 Rockville
119A2 Rocky Hill
069E8 Rogers
103B1 Rowayton
120A3 Roxbury
121A6 Salem
122A3 Salisbury
097B1 Sandy Hook
036B4 Saybrook
049B2 Scitico
123A8 Scotland
124A5 Seymour
125A3 Sharon
126A1 Shelton
127A1 Sherman
128A2 Simsbury
129A7 Somers
130A5 Southbury
131A2 Southington
103C1 South Norwalk
051B1 Southport
132A2 South Windsor
133A6 Sprague
135A1 Springdale
134A7 Stafford
135B1 Stamford
136A8 Sterling
137A6 Stonington
014B5 Stony Creek
078B7 Storrs
138A1 Stratford
139A2 Suffield
122D3 Taconic
104B6 Taftville
146B7 Talcotville
128B2 Tarrifyville
111B3 Terryville
140A3 Thomaston
141A8 Thompson
142A7 Tolland

143A2 Torrington
144A1 Trumbull
086B6 Uncasville
145A7 Union
052B2 Unionville
146A7 Vernon
147A6 Voluntown
148A5 Wallingford
047C2 Warehouse Point
149A3 Warren
150A3 Washington
151A5 Waterbury
152A6 Waterford
153A3 Watertown
109D8 Wauregan
128C2 Weatogue
154A4 Westbrook
056B2 West Granby
155A2 West Hartford
156A5 West Haven
060B5 West Lake
157A1 Weston
158A1 Westport
159A2 Wethersfield
160A7 Willington
163A8 Willimantic
161A1 Wilton
162A3 Winchester
163B8 Windham
164A2 Windsor
165A2 Windsor Locks
162B3 Winsted
166A5 Wolcott
167A5 Woodbridge
168A3 Woodbury
169A8 Woodstock
148B5 Yalesville
77777 DON'T KNOW / NOT SURE
88888 OTHER
99999 REFUSED

[ASK IF STATE=CT AND CT2_1 NE 77777,88888,99999 AND CSTATE NE 2]

CTTOWNCK: I want to make sure that I got it right. You said you live in the town of [CT2_1]
Is that correct?

01 Yes, correct as is

02 No, re-ask question [GO BACK TO CT2_1]

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S7Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

[ASK IF S7Q8 NE 77777,99999]

S7Q8C. I just want to confirm, you said your zip code is [S7Q8]. Is that correct?

1 Yes, correct zip code

2 No, incorrect zip code [GO BACK TO S7Q8]

[ASK IF SAMPTYPE=1]

S7Q9. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q9=1]

S7Q10. How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

6 Six or more
7 DON'T KNOW / NOT SURE
8 None
9 REFUSED

[ASK ALL]

S7Q11. How many cell phones do you have for your personal use?

READ IF NECESSARY: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

6 Six or more
7 DON'T KNOW / NOT SURE
8 NONE
9 REFUSED

[ASK ALL]

S7Q12. 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?

Read if Necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q13. Are you currently...?

INTERVIEWER NOTE: If more than one, say "Select the category which best describes you".

PLEASE 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

Module 20: Industry and Occupation

[ASK IF S7Q13=1,2,4 AND CSTATE NE 2]

MOD20_1. Module 20: Industry and Occupation

What kind of work [IF S7Q13=1,2 INSERT "do"; IF S7Q13=4 INSERT "did"] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

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

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S7Q13=1,2,4 AND CSTATE NE 2]

MOD20_2. What kind of business or industry [IF S7Q13=1,2 INSERT "do"; IF S7Q13=4 INSERT "did"] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS “health care”, ASK: “What sector of health care is that? For example a hospital, health clinic, or nursing home?”

INTERVIEWER NOTE: IF RESPONSE IS “manufacturing”, ASK “What does the business manufacture?”

INTERVIEWER NOTE: Please do not include punctuation or abbreviations. If the respondent provides an abbreviation, please ask what the abbreviation stands for.

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

S7Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX] Number of children

88 NONE

99 REFUSED

[ASK IF S7Q14=1-87]

S7Q14CHK. INTERVIEWER DO NOT READ: you entered the respondent has [S7Q14] [IF S7Q14=1 INSERT “child”; IF S7Q14=2-87 INSERT “children”] under 18 living in their household. Is that correct?

1 Yes

2 No [GO BACK TO S7Q14]

9 REFUSED

[ASK ALL]

S7Q15A. Is your annual household income from all sources –

Less than \$35,000 (\$25,000 to less than \$35,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code ‘99’ (refused)

01 Yes

02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15A=01]

S7Q15B. Less than \$25,000 (\$20,000 to less than \$25,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15B=01]

S7Q15C. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15C=01]

S7Q15D. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15D=01]

S7Q15E. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15A=02]

S7Q15F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15F=02]

S7Q15G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15G=02]

S7Q15H. Less than \$100,000 (\$75,000 to less than \$100,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15H=02]

S7Q15I. Less than \$150,000 (\$100,000 to less than \$150,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15I=02]

S7Q15J. Less than \$200,000 (\$150,000 to less than \$200,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q15J=02]

S7Q15K. \$200,000 or more?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

SET S7Q15=01 IF S7Q15E=01
SET S7Q15=02 IF S7Q15E=02

SET S7Q15=03 IF S7Q15D=02
 SET S7Q15=04 IF S7Q15C=02
 SET S7Q15=05 IF S7Q15B=02
 SET S7Q15=06 IF S7Q15F=01
 SET S7Q15=07 IF S7Q15G=01
 SET S7Q15=08 IF S7Q15H=01
 SET S7Q15=09 IF S7Q15I=01
 SET S7Q15=10 IF S7Q15J=01 OR IF S7Q15K=02
 SET S7Q15=11 IF S7Q15K=01
 SET S7Q15=77 IF ANY S7Q15A-S7Q15K=77
 SET S7Q15=99 IF ANY S7Q15A-S7Q15K=99

[ASK ALL]

S7Q15. Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)
 04 Less than \$25,000 (\$20,000 to less than \$25,000)
 03 Less than \$20,000 (\$15,000 to less than \$20,000)
 02 Less than \$15,000 (\$10,000 to less than \$15,000)
 01 Less than \$10,000
 06 Less than \$50,000 (\$35,000 to less than \$50,000)
 07 Less than \$75,000 (\$50,000 to less than \$75,000)
 08 Less than \$100,000 (\$75,000 to less than \$100,000)
 09 Less than \$150,000 (\$100,000 to less than \$150,000)
 10 Less than \$200,000 (\$150,000 to less than \$200,000)
 11 \$200,000 or more

 77 DON'T KNOW / NOT SURE
 99 REFUSED

[ASK IF S7Q15 NE 77,99]

S7Q15AA. Your Annual Household Income is [S7Q15]. Is this Correct?

1 Yes, correct as is.
 2 No, re-ask question [GO BACK TO S7Q15A]

[ASK IF HGENDER=2 AND S7Q1=18-49]

S7Q16. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

PS7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds

K Kilograms

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PS7Q17=P]

S7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S7Q17=50-79 OR S7Q17=351-776]

S7Q17_A. **INTERVIEWER DO NOT READ:** You entered [S7Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S7Q17]

[ASK IF PS7Q17=K]

S7Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX] Weight

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q17M=23-352 AND PS7Q17=K]

S7Q17AM. INTERVIEWER DO NOT READ: You entered [S7Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S7Q17M]

[ASK ALL]

PS7Q18. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS7Q18=F]

S7Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18=300-407 OR S7Q18=609-711]

S7Q18A. INTERVIEWER DO NOT READ: You entered [S7Q18] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S7Q18]

[ASK IF PS7Q18=M]

S7Q18M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX] Height

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S7Q18M=90-254 AND PS7Q18=M]

S7Q18AM. **INTERVIEWER DO NOT READ:** You entered [S7Q18M] centimeters tall. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S7Q18M]

Section 8: Disability

[ASK ALL]

S8Q1. Section 8: Disability

Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone.

Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

S8Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q5. Do you have difficulty dressing or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S8Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 9: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]

S9Q1. Section 9: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S9Q1=1]

S9Q2. How long has it been since you had your last mammogram?

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=2]

S9Q3. There are two different kinds of tests to check for cervical cancer. One is a Pap smear or Pap test and the other is the HPV or Human Papillomavirus test.

Have you ever had a cervical cancer screening test?

Read if necessary: These are routine tests for women in which a doctor or other health professional takes a sample from the cervix with a swab or brush and sends it to the lab.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S9Q3=1]

S9Q4. How long has it been since you had your last cervical cancer screening test?

READ IF NECESSARY

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

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S9Q3=1]

S9Q5. At your most recent cervical cancer screening, did you have a Pap test?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S9Q3=1]

S9Q6. At your most recent cervical cancer screening, did you have an H.P.V. test?

INTERVIEWER: H.P.V. stands for Human Papillomavirus (pap-uh-loh-muh virus)

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 Refused

[ASK IF HGENDER=2 AND S7Q16 NE 1]

S9Q7. Have you had a hysterectomy?

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 10: Colorectal Cancer Screening

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S10Q1. Section 10: Colorectal Cancer Screening

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

Interviewer Note: A sigmoidoscopy checks part of the colon and you are fully awake. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S10Q1=1]

S10Q2. Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy
- 2 Sigmoidoscopy
- 3 Both

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q2=1,3]

S10Q3. How long has it been since your most recent colonoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q2=2,3]

S10Q4. How long has it been since your most recent sigmoidoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S10Q2=7]

S10Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

READ IF NECESSARY

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

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF (S7Q1=45-99 OR S7Q1=07, 09)]

S10Q6. 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?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q6=1]

S10Q7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER: 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.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q7=1]

S10Q8. When was your most recent CT colonography or virtual colonoscopy?

READ IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)

- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S10Q6=1]

S10Q9. 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?

INTERVIEWER NOTE: 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.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S10Q9=1]

S10Q10. How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S10Q6=1]

S10Q11. 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 test?

INTERVIEWER NOTE: The test that requires an entire bowel movement is also known as Cologuard, a new type of stool test for colon cancer. The Cologuard test is shipped to your home in a box that includes a container for your stool sample. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q11=1]

S10Q12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

INTERVIEWER NOTE: 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.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q11=1]

S10Q13. How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 11: Tobacco Use

[ASK ALL]

S11Q1. Section 11: Tobacco Use

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

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q1=1]

S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S11Q3. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

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.

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S11Q4. Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

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.

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: If respondent says "Not at all" ask if they mean "Never used e-cigs in your entire life"

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Used them in the past but do not currently use them at all

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 17: Other Tobacco Use

[ASK IF S11Q2=1,2 AND CSTATE NE 2]

MOD17_1. Module 17: Other Tobacco Use

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q4=2,3 AND CSTATE NE 2]

MOD17_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD17_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

CT State Added Section 3: Tobacco Use

[ASK IF STATE = CT AND CSTATE NE 2]

CT3_1. State Added Section 3: Tobacco Use

Do you now smoke cigars, cigarillos or little cigars every day, some days, or not at all?

DO NOT READ:

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]

CT3_2. Do you now smoke tobacco in a hookah, narghile or other type of water pipe every day, some days, or not at all?

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2]

CT3_3. During the past 7 days, have you breathed or smelled the smoke or aerosol from someone who was smoking or vaping tobacco, marijuana, or cannabis product?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2 AND (S11Q2=1,2 OR S11Q3=1,2 OR S11Q4=2,3 OR CT3_1=1,2 OR CT3_2=1,2)]

CT3_4. During the past 12 months, have you stopped using all tobacco products, including electronic vaping products, for one day or longer because you were trying to quit using tobacco for good?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 12: Lung Cancer Screening

[ASK IF S11Q1=1 AND S11Q2=1,2,3]

S12Q1. Section 12: Lung Cancer Screening

You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.

How old were you when you first started to smoke cigarettes regularly?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

RANGE 1-100 [NUMBER BOX] Age in Years

888 NEVER SMOKED CIGARETTES REGULARLY
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S7Q1<S12Q1 AND S7Q1 NE 07,09 AND S12Q1 NE 888,777,999]

S12Q1C. Previously you indicated you were [S7Q1] years old, but stated you were [S12Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q1]

[ASK IF S11Q1=1 AND S11Q2=2,3 AND S12Q1 NE 888]

S12Q2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX] Age in Years

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S12Q2=1-100 AND S7Q1=18-99 AND S7Q1<S12Q2 AND S7Q1 NE 07,09 AND S12Q2 NE 777,999]

S12Q2C. Previously you indicated you were [S7Q1] years old, but stated you were [S12Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q2]

[ASK IF S12Q2=1-100 AND S12Q1=1-100 AND S12Q2<S12Q1 AND S12Q1 NE 777,888,999 AND S12Q2 NE 777,999]

S12Q2_CHK. Previously you indicated you were [S12Q1] years old when you first started smoking, but stated you were [S12Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S12Q2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND S12Q1 NE 888]

S12Q3. On average, when you [IF S11Q2=1,2 INSERT “smoke”; IF S11Q2=3 INSERT “smoked”] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT “do”; IF S11Q2=3 INSERT “did”] you usually smoke each day?

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

INTERVIEWER NOTE: Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	2.5 PACKS= 50 CIGARETTES
1.25 PACK = 25 CIGARETTES	3 PACKS= 60 CIGARETTES
1.5 PACK = 30 CIGARETTES	

RANGE 1-300 [NUMBER BOX] Number of cigarettes

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK ALL]

S12Q4. The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q4=1]

S12Q5. Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S12Q5=1]

S12Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 Within the past 10 years (5 years but less than 10 years)
- 6 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 13: Alcohol Consumption

[ASK ALL]

S13Q1. Section 13: Alcohol Consumption

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

1__ Days per week (RANGE 101-107)

2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

888 No drinks in past 30 days
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S13Q1 NE 888,777,999]

S13Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

RANGE 1-76 [NUMBER BOX] Number of drinks

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q2=88]

S13Q3CHK. I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S13Q1]

[ASK IF S13Q2=12-76]

S13Q2A INTERVIEWER DO NOT READ: You entered that the respondent consumes [S13Q2] drinks per day. Is that correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S13Q2]

[ASK IF S13Q1 NE 888,777,999]

S13Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX] Number of times

88 NO DAYS

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q3=16-76]

S13Q3A. INTERVIEWER DO NOT READ: You entered that in the past month there were [S13Q3] occasions when the respondent had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S13Q3]

[ASK IF S13Q1 NE 888,777,999]

S13Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX] Number of drinks

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q4=16-76]

S13Q4A. INTERVIEWER DO NOT READ: You entered that in the past 30 days the respondent had [S13Q4] drinks on one occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S13Q4]

[ASK IF (S13Q3=88 AND HGENDER=2 AND S13Q4=4-76) OR (S13Q3=88 AND HGENDER=1 AND S13Q4=5-76)]

S13Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q4]

[ASK IF (S13Q3=1-76 AND HGENDER=2 AND S13Q4=1-3) OR (S13Q3=1-76 AND HGENDER=1 AND S13Q4=1-4)]

S13Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S13Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S13Q3]

Section 14: Immunization

[ASK ALL]

S14Q1. Section 14: Immunization

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?

READ IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S14Q1=1]

S14Q2M. 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?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May

06 June
07 July
08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=1]

S14Q2Y.

Code YEAR (RANGE 2023-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S14Q1=1 AND ((S14Q2M<CMONTH AND S14Q2Y<CYEAR) OR (CYEAR-S14Q2Y>=2))]

S14Q2CHK. Previously you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S14Q2M]
2 No

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]

S14Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

[ASK IF S14Q1=1]

S14Q3. At what kind of place did you get your last flu shot or vaccine?

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"

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)
- 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

[ASK ALL]

S14Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 15: H.I.V./AIDS

[ASK ALL]

S15Q1. Section 15: H.I.V./AIDS

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.?

INTERVIEWER NOTE: 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.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S15Q1=1]

S15Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

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.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S15Q1=1]

S15Q2Y.

Code YEAR (RANGE 1985-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S15Q2Y=CYEAR AND S15Q2M>CMONTH AND NOT(S15Q2M=77,99)]

S15Q2CHK. I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S15Q2M]

[ASK ALL]

S15Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.

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

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

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

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

Do any of these situations apply to you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

CT State Added Section 4: Hepatitis Treatment

[ASK IF STATE = CT AND CSTATE NE 2]

CT4_1. State Added Section 4: Hepatitis Treatment

Have you ever been told by a doctor or other health professional that you had Hepatitis C?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2 AND CT4_1=1]

CT4_2. Were you treated for Hepatitis C?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 21: Random Child Selection

[ASK IF S7Q14=1 AND CSTATE NE 2]

MOD21T1. Module 21: Random Child Selection

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.

- 1 Continue

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

[IF S7Q14=2-87, RANDOMLY SET RNDCHILD USING S7Q14 RESPONSE FOR RANDOMIZATION]

RNDCHILD. System Generated Variable: Randomly Selected Child

- 01 first
- 02 second
- 03 third
- 04 fourth
- 05 fifth
- 06 sixth
- 07 seventh

08 eighth
09 ninth
10 tenth
11 eleventh
12 twelfth
13 thirteenth
14 fourteenth
15 fifteenth
16 sixteenth
17 seventeenth
18 eighteenth
19 nineteenth
20 twentieth
21 twenty-first
22 twenty-second
23 twenty-third
24 twenty-fourth
25 twenty-fifth
26 twenty-sixth
27 twenty-seventh
28 twenty-eighth
29 twenty-ninth
30 thirtieth
31 thirty-first
32 thirty-second
33 thirty-third
34 thirty-fourth
35 thirty-fifth
36 thirty-sixth
37 thirty-seventh
38 thirty-eighth
39 thirty-ninth
40 fortieth
41 forty-first
42 forty-second
43 forty-third
44 forty-fourth
45 forty-fifth
46 forty-sixth
47 forty-seventh

48 forty-eighth
49 forty-ninth
50 fiftieth
51 fifty-first
52 fifty-second
53 fifty-third
54 fifty-fourth
55 fifty-fifth
56 fifty-sixth
57 fifty-seventh
58 fifty-eight
59 fifty-ninth
60 sixtieth
61 sixty-first
62 sixty-second
63 sixty-third
64 sixty-fourth
65 sixty-fifth
66 sixty-sixth
67 sixty-seventh
68 sixty-eighth
69 sixty-ninth
70 seventieth
71 seventy-first
72 seventy-second
73 seventy-third
74 seventy-fourth
75 seventy-fifth
76 seventy-sixth
77 seventy-seventh
78 seventy-eighth
79 seventy-ninth
80 eightieth
81 eighty-first
82 eighty-second
83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

MOD21T2. Previously, you indicated there were [S7Q14] children age 17 or younger in your household. Think about those [S7Q14] children in order of their birth, from 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.

I have some additional questions about one specific child. The child I will be referring to is the [RNDCHILD] child in your household. All following questions about children will be about the [RNDCHILD] child.

1 Continue

[PROGRAMMER: DISPLAY NEXT TWO QUESTIONS ON ONE SCREEN]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_1M. What is the birth month and year of the [RNDCHILD] child?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_1Y.

Code YEAR (RANGE 2006-[CYEAR]) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF MOD21_1M>CMONTH and MOD21_1Y=CYEAR AND MOD21_1M NE 77,99]

MOD21_1CHK. I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21_1M]

[ASK IF MOD21_1Y<=CYEAR]

CHLDAGE1. Calculate child's age in months.

[ASK IF MOD21_1Y<=CYEAR]

CHLDAGE2. Calculate child's age in years

[ASK IF CHLDAGE1>216]

MOD21_1CHK2. I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD21_1M]

[ASK IF S7Q14=1-87AND CSTATE NE 2]

MOD21_2. Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary / other

9 REFUSED

[ASK IF MOD21_2=3,9]

MOD21_3. What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

9 REFUSED

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_4. Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No
- 2 Yes

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD21_4=2]

[MUL=4]

MOD21_4B. Are they...

INTERVIEWER NOTE: One or more categories may be selected

PLEASE READ:

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ:

- 5 No [EXCLUSIVE]
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, MOD21_3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

[MUL=6]

MOD21_5. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

PLEASE READ:

10 [IF MOD21_4=2 INSERT "Hispanic"] White
 20 [IF MOD21_4=2 INSERT "Hispanic"] Black or African American
 30 [IF MOD21_4=2 INSERT "Hispanic"] American Indian or Alaska Native
 40 [IF MOD21_4=2 INSERT "Hispanic"] Asian
 50 [IF MOD21_4=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ:

60 Other
 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
 99 REFUSED [EXCLUSIVE]

[ASK IF MOD21_5=40]

[MUL=8]

MOD21_5A. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian

DO NOT READ:

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
 99 REFUSED [EXCLUSIVE]

[ASK IF MOD21_5=50]

[MUL=4]

MOD21_5P. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

51 Native Hawaiian
 52 Guamanian or Chamorro

53 Samoan
54 Other Pacific Islander

DO NOT READ:

77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD21_6. How are you related to the child? Are you a...

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

Module 22: Childhood Asthma Prevalence

[ASK IF S7Q14=1-87 AND CSTATE NE 2]

MOD22_1. Module 22: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] child.

Has a doctor, nurse or other health professional EVER said that the child has asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD22_1=1]

MOD22_2. Does the child still have asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Connecticut State Added Sections

CT State-Added Section 5: Child Health Questions

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

CT5_1. State Added Section 5: Child Health

Was this child ever breastfed or fed breast milk?

- 1 Yes
- 2 No

- DO NOT READ**
- 7 Don't know/Not sure
- 9 Refused

[ASK IF CT5_1=1 AND STATE=CT AND CSTATE NE 2]

CT5_2. For about how many months was this child breastfed or fed breast milk?

__ RANGE 1-60 [NUMBER BOX]

- DO NOT READ**
- 77 Don't know/Not sure
- 99 Refused

[ASK IF CT5_1=1 AND CSTATE NE 2]

CT5_2A. Was this child at least 6 months old before they were first fed anything other than breast milk?

1 Yes

2 No

DO NOT READ:

3 Never fed anything other than breast milk/still breastfeeding exclusively

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CT5_2A NE 1 AND CSTATE NE 2]

CT5_2B. Was this child at least 3 months old before they were first fed anything other than breast milk?

1 Yes

2 No

DO NOT READ:

3 Never fed anything other than breast milk/still breastfeeding exclusively

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

PCT5_3: About how much does this child weigh without shoes?

P Pounds

K Kilograms

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PCT5_3=P]

CT5_3. About how much does this child weigh without shoes?

RANGE 5-776 [NUMBER BOX]

[ASK IF CT5_3=5-776]

CT5_3A. Just to double-check, you indicated [CT5_3] pounds as your child's weight.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT5_3]

[ASK IF PCT5_3=K]

CT5_3M. About how much does this child weigh without shoes?

NOTE: If respondent answers in metrics, put "9" in column 407. Round fractions up

RANGE 2-352 [NUMBER BOX]

[ASK IF CT5_3M=2-352]

CT5_3AM. Just to double-check, you indicated [CT5_3M] kilograms as your child's weight.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT5_3M]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

PCT5_4: About how tall is this child without shoes?

F HEIGHT GIVEN IN FEET
M HEIGHT GIVEN IN CENTIMETERS

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PCT5_4=F]

CT5_4. About how tall is this child without shoes?

NOTE: If respondent answers in metrics, put "9" in column 411.
Round fractions down

RANGE 015-099, 100-111, 200-211, 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

[ASK IF PCT5_4=F]

CT5_4A. Just to double check, you indicated that the child is [CT5_4] feet/inches TALL.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT5_4]

[ASK IF PCT5_4=M]

CT5_4M. About how tall is this child without shoes?

NOTE: If respondent answers in metrics, put "9" in column 411.

Round fractions down

RANGE 38-254 [NUMBER BOX]

[ASK IF CT5_4M=38-254]

CT5_4AM: Just to double check, you indicated that the child is [CT5_4M] centimeters TALL.

IS THIS CORRECT?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO CT5_4M]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

[MUL=2]

CT5_5. On an average day, about how much time does this child spend in front of a television, either watching programs or movies, or playing video games? (Include activities such as Nintendo, PlayStation, Xbox, and watching DVDs or videos.)

- M Response given in Minutes
- H Response given in Hours

8 None [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF CT5_5=M]

CT5_5M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT5_5=H]

CT5_5H. Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999)
AND MOD21_6=1,2,3 AND CSTATE NE 2]

[MUL=2]

CT5_6. On an average day, about how much time does this child spend using a computer, tablet, or handheld device for playing video games or for something that is not schoolwork? (Include activities such as Nintendo, Game Boy, or other portable video games, PlayStation, Xbox, playing on-line games, watching programs or movies, using social media or browsing the Internet.)

INTERVIEWER NOTE: Enter both hours and minutes if needed

M Response given in Minutes
H Response given in Hours

8 None [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

[ASK IF CT5_6=M]

CT5_6M. Enter Minutes

RANGE 1-99 [NUMBER BOX]

[ASK IF CT5_6=H]

CT5_6H. Enter Hours

RANGE 1-24 [NUMBER BOX]

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

CT5_7: On an average day, how many glasses, bottles or cans of soda, such as Coke or Sprite, or other sweetened drinks, such as fruit punch or Sunny Delight, did this child drink. Do not include diet or sugar free drinks.

INTERVIEWER NOTE: That would be a large glass or a 12 oz. can or bottle. The average juice pack is 6 oz or ½ a can.

DO NOT READ: This also includes drinks such as, Hawaiian punch, hi-c, Snapple, Gatorade, other sports drinks with added sugar, and sugar sweetened milk – e.g. coffee milk, chocolate milk

RANGE 1-15 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=CT AND S7Q14 NE 88,99 AND (CHLDAGE2<18 OR MOD21_1Y=7777,9999) AND MOD21_6=1,2,3 AND CSTATE NE 2]

CT5_8. In the past week, how many times did the child eat fast food or pizza at school, at home, or at fast-food restaurants, carryout or drive thru?

READ ONLY IF NECESSARY: Such as food you get at McDonald's, Burger King, Taco Bell, KFC, or Pizza Hut.

1__ PER DAY (RANGE 101-115)

2__ PER WEEK (RANGE 201-284) [NUMBER BOX]

888 None

777 DON'T KNOW / NOT SURE

999 REFUSED

CT State Added Section 6: Child Oral Health

[ASK IF STATE=CT AND (0<=CHLDAGE2<18 OR MOD21_1Y in (7777,9999)) AND MOD21_6 = 1, 2, 3 AND CSTATE NE 2]

CT6_1. State-Added Section 6: Child Oral Health

In the past 12 months has the child seen a dental provider?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CT6_1=1]

CT6_2. In the past 12 months, have you been told by a dental provider that the child has dental decay (cavities)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND (5<=CHLDAGE2<18 OR MOD21_1Y in (7777,9999)) AND MOD21_6 = 1, 2, 3 AND CSTATE NE 2]

CT6_3. Has the child received dental SEALANT on at least one permanent tooth by a dentist or dental hygienist?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 15: Marijuana Use

[ASK IF CSTATE NE 2]

MOD15_1. Module 15: Marijuana Use

The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.

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

INTERVIEWER NOTE: Do not include hemp-based CBD-only products

RANGE 1-30 [NUMBER BOX] Number of days

88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_2. During the past 30 days, did you smoke it (for example, in a joint, bong, pipe or blunt)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_3. Did you eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_4. Did you vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_5. Did you dab it (for example, using a dabbing rig, knife, or dab pen)?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD15_1 =1-30]

MOD15_6. Did you use it in some other way?

INTERVIEWER NOTE: Do not include hemp-based CBD-only products.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MORE THAN 1 OF MOD15_2-MOD15_6=1]

MOD15_7. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

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

INTERVIEWER: Do not include hemp-based CBD-only products

PLEASE READ:

- 1 **Smoke it** (for example, in a joint, bong, pipe, or blunt). [HIDE IF MOD15_2 NE 1]
- 2 **Eat it or drink it** (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) [HIDE IF MOD15_3 NE 1]
- 3 **Vaporize it** (for example, in an e-cigarette-like vaporizer or another vaporizing device) [HIDE IF MOD15_4 NE 1]
- 4 **Dab it** (for example, using a dabbing rig, knife, or dab pen), or [HIDE IF MOD15_5 NE 1]
- 5 **Use it some other way.** [HIDE IF MOD15_6 NE 1]

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
9 REFUSED

CT State Added Section 7: Marijuana Use

[ASK IF STATE = CT AND CSTATE NE 2]

CT7_1. State Added Section 7: Marijuana Use

How much do you think daily or near daily use of marijuana or cannabis risks harming the average adult's health?

PLEASE READ

- 1 No risk
- 2 Slight risk
- 3 Moderate risk
- 4 Great risk

DO NOT READ

- 7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND MOD15_1=1-30 AND CSTATE NE 2]

CT7_2. During the past 30 days, on how many days did you drive a car or other vehicle within 3 hours of using marijuana or cannabis?

Range 1-30 [NUMBER BOX]

- 88 None
77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=CT AND MOD15_1=1-30 AND CSTATE NE 2]

CT7_3. When you used marijuana or cannabis during the past 30 days, was it usually:

- 1 For medical reasons
- 2 For non-medical reasons
- 3 For both medical and non-medical reasons

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND MOD15_1=1-30 AND CSTATE NE 2]

CT7_4. During the past 12 months, have you stopped using marijuana for one day or longer because you were trying to quit using marijuana for good?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND MOD15_1=1-30 AND CSTATE NE 2]

CT7_5. How do you USUALLY get the marijuana that you use?

PLEASE READ:

- 01 Buy it from a retail marijuana store
- 02 Buy it from a medical dispensary
- 03 Buy it from a grocery store, gas station, mall, or other convenience store
- 04 Buy it from a friend or someone else
- 05 Buy it from an online store
- 06 Get it for free or share someone else's
- 07 Grow it yourself at home or have someone grow it for you
- 08 Get it from somewhere else

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

CT State Added Section 8: Social Determinants of Health

[ASK IF STATE = CT AND CSTATE NE 2]

CT8_1. Social Determinants of Health

In general, how satisfied are you with your life? Are you...

PLEASE READ

- 1 Very Satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_2. How often do you get the social and emotional support that you need? Is that...

PLEASE READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_3. How often do you feel lonely? Is it...

PLEASE READ

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_4. In the past 12 months have you lost employment or had hours reduced?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_5. During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_6. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=CT AND CSTATE NE 2]

CT8_7. How safe from crime do you consider your neighborhood to be? Would you say...

PLEASE READ

1 Extremely safe

- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 9: Reaction to Race

[ASK IF STATE = CT AND CSTATE NE 2]

CT9_1. State Added Section 9: Reaction to Race

Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

READ IF NECESSARY:

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

DO NOT READ:

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 12: Caregiver

[ASK IF CSTATE NE 2]

MOD12_1. Module 12: Caregiver

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?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, say: I'm so sorry for your loss and code 8

- 1 Yes
- 2 No

8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
 7 DON'T KNOW / NOT SURE
 9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_2. What is their relationship to you?

INTERVIEWER NOTE: If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care." Read selections if necessary or unable to code.

- 01 Parent, stepparent, or parent-in-law
- 02 Grandparent, step grandparent or grandparent-in-law
- 03 Spouse or partner
- 04 Child or stepchild
- 05 Grandchild or step grandchild
- 06 Sibling, stepsibling, or sibling-in-law
- 07 Other relative
- 08 Friend or non-relative

77 DON'T KNOW / NOT SURE
 99 REFUSED

[ASK OF MOD12_1=1 AND CSTATE NE 2]

MOD12_3. What is the main health problem or disability that the person you care for has?

- 01 Alzheimer's disease, dementia, or other cognitive impairment
- 02 Heart disease, hypertension, or stroke
- 03 Cancer
- 04 Diabetes
- 05 Injuries including broken bones or traumatic brain injury
- 06 Mental illness such as depression, anxiety, or schizophrenia
- 07 Developmental disorders such as autism, Down syndrome, or spina bifida
- 08 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
- 09 Arthritis/rheumatism

- 10 Hearing or vision loss
- 11 Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy
- 12 Old age, infirmity, or frailty
- 13 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD12_1=1 AND MOD12_3 NE 01 AND CSTATE NE 2]

MOD12_4. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_8. In an average week, how many hours do you provide regular care or assistance? Would you say...

PLEASE READ

- 1 Less than 20 hours per week (19 hours or less)
- 2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3 40 hours or more per week

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD12_1=1 AND CSTATE NE 2]

MOD12_9. For how long have you provided regular care to this person?

READ IF NECESSARY:

- 1 Within the past 30 days (anytime less than 30 days ago)
- 2 Within the past 2 years (more than 30 days but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 5 years or more

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 25: Family Planning

[ASK IF HGENDER=2 AND S7Q1<50 AND S7Q16=2,7,9 AND S9Q7=2,7,9 AND CSTATE NE 2]

MOD25_1. Module 25: Family Planning

The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.

In the past 12 months, did you have sexual intercourse?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD25_1=1]

MOD25_2. Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy.

The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD25_2=1]

MOD25_3. The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

[IF STATE NE IN INSERT **INTERVIEWER NOTE:** If respondent reports using two methods, please code the method that occurs first on the list.]

INTERVIEWER NOTE: If respondent reports "other method," ask respondent to "please be specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ IF NECESSARY:

- 01 Female sterilization (Tubal ligation, Essure, or Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF MOD25_2=2]

MOD25_4. Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse?

INTERVIEWER: 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.

READ IF NECESSARY:

- 01 You didn't think you were going to have sex / no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)
- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or “pulling out”
- 10 You had your tubes tied (sterilization)

- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

DO NOT READ:

- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

CT State Added Section 10: Private Well Water

[ASK IF STATE = CT AND CSTATE NE 2]

CT10_1. State Added Section 10: Private Well Water

The next question asks about the source of the water coming into your home.

What is the main source of water that supplies your home?

Please Read

- 1 A public water system (may be run by town, city, or county water dept or private company)
- 2 A private well, serving just your household
- 3 A community well or other small water system that is serving fewer than 15 homes
- 4 Some other source

DO NOT READ

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2 AND CT10_1=2]

CT10_2. When was the last time your well water was tested?

- 1 Within the last year
- 2 More than one year ago but less than five years ago
- 3 More than 5 years ago
- 4 Never

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

CT State Added Section 11: Safe Storage of Firearms

[ASK IF STATE = CT AND CSTATE NE 2]

CT11_1. State Added Section 11: Safe Storage of Firearms

The next questions ask about safe storage of firearms because of the importance of safely securing firearms and ammunition to prevent others from hurting themselves or others.

Do you have at least one firearm kept in or around your home?

Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire.

Include those kept in a garage, outdoor storage area, or motor vehicle.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2 AND CT11_1=1]

CT11_2. If so, is the firearm secured in a location where youth, other at-risk or unauthorized persons cannot have access to it?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE = CT AND CSTATE NE 2 AND CT11_1=1]

CT11_3. Are the ammunition secured in a separate location from the firearms?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Asthma Call Back Permission

ACFLAG_SPLIT. Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S6Q5=1,2,7,9 AND MOD22_2=1,2,7,9 AND CSTATE NE 2 AND STATE=CT THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S6Q5=1,2,7,9 AND MOD22_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= CT THEN SET ACFLAG_SPLIT=1

IF S6Q5 NE 1,2,7,9 AND MOD22_2=1,2,7,9 AND CSTATE NE 2 AND STATE=CT THEN SET ACFLAG_SPLIT=2

1 adult

2 child

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

SET ACFLAG=01 IF ACFLAG_SPLIT=1 AND S6Q5=1

SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S6Q5=2,7,9

SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD22_2=1

SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD22_2=2,7,9

01 adult with asthma

02 adult had asthma

03 child with asthma

04 child had asthma

[ASK IF (ACFLAG=01,02,03,04 AND STATE= CT)]

AST1a. Asthma Call Back Permission

We would like to talk to you in more detail about [IF ACFLAG=01,02 INSERT “your”; IF ACFLAG=03,04 INSERT “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. Would it be okay to continue with those questions now?

1 Yes

2 No

[ASK IF AST1a=2]

AST1b. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

[ASK IF AST1A=1 AND ACFLAG=03,04]

MKP1. Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF (AST1=1 OR AST1B=1) AND ACFLAG=03,04]

MKP. Are you the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP1=2,7,9]

ATP1. Can I please speak to the parent or guardian in the household who knows the most about the child's asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF MKP=2,7,9 OR ATP1=2,7,9]

ATP. Can I please have the name of the parent or guardian in the household who knows the most about the child's asthma?

- 1 Gave Response [TEXT BOX]
- 7 DON'T KNOW
- 9 REFUSED

[ASK IF ACFLAG=03,04 AND (AST1=1 OR AST1A=1 OR AST1B=1) AND NOT ATP=7,9]

CNAME. Can I please have either your child's first name or initials, so we will know who to ask about during the survey?

- 1 Gave Response [TEXT BOX]
- 7 DON'T KNOW
- 9 REFUSED

ASTHMA_FLAG Hidden variable for redirecting asthma follow-up respondents. To be used after COMPLETE disposition is assigned.

SET ASTHMA_FLAG=1 IF AST1A=1 AND ACFLAG=01,02

SET ASTHMA_FLAG=2 IF AST1A = 1 and (MKP1 = 1 or ATP1 = 1 or ATP = 1)

SET ASTHMA_FLAG=3 IF ACFLAG=01,02,03,04 AND (AST1B=1 OR AST1=1) AND NOT(ATP=7,9)

- 1 continue to adult asthma
- 2 continue to child asthma
- 3 schedule callback for asthma follow-up

[ASK IF ASTHMA_FLAG NE 1,2,3]

CLOSE. 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.

- 1 Continue

PROGRAMMER:

[INT61: SET COMPLETE STATUS]

Asthma Sample Variables

[ASK ALL]

AHESHE. Hidden Variable for Piping: IF HGENDER1 set 1; IF HGENDER=2, set 2

1 he
2 she

ASM_ANAME. Hidden Variable for piping: IF AST2A_CB=01, SET ASM_ANAME=1. IF ATP=1, SET ASM_ANAME=2. IF NOT(AST2A_CB=01 OR ATP=1), SET ASM_ANAME=3

1 [AST2A_CB]
2 [ATP]
3 the [HGENDER] adult in the household

[ASK ALL]

CHESHE. Hidden Variable for Piping: IF MOD21_2=1 OR MOD21_3=1 set 1; IF MOD21_2=2 OR MOD21_3=2, set 2; IF MOD21_2=3,9, set 3

1 he
2 she
3 they

[ASK ALL]

HISHER. Hidden Variable for Piping: IF MOD21_2=1 OR MOD21_3=1 set 1; IF MOD21_2=2 OR MOD21_3=2, set 2; IF MOD21_2=3,9, set 3

1 his
2 her
3 their

ASM_CNAME. Hidden Variable for piping, transferred from core BRFSS: set asm_cname=1 if not(cname=9,7). set asm_cname=2 if (cname=9,7)

1 [CNAME]
2 the [RNDCHILD] child

CDATEM1Y. Calculated variable – Interview date minus 365 days

CDATEM1YD. Calculated variable – Set to day value of CDATEM1Y [NUMBER BOX] RANGE 1-31

CDATEM1YM. Calculated variable – Set to month value of CDATEM1Y

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

CDATEM1YY. Calculated variable – Set to year value of CDATEM1Y [NUMBER BOX] WIDTH=4

PROGRAMMER:

[IF (ASTHMA_FLAG=1 AND BRFSS_FLAG=1) OR (ASTHMA_FLAG=1,3 AND BRFSS_FLAG=2,3 AND ACFLAG=01,02) GO TO INT06 (Adult Intro)]

[IF (ASTHMA_FLAG=2 AND BRFSS_FLAG=1) OR (ASTHMA_FLAG=2,3 AND BRFSS_FLAG=2,3 AND ACFLAG=03,04) GO TO INT08 (Child Intro)]

[IF ASTHMA_FLAG=3 AND BRFSS_FLAG=1 GO TO ASTHMA_END (Did not agree to right now in main BRFSS interview.)]

[GO TO END]

Adult Asthma Call Back Survey

Section 1: Introduction

[ASK IF BRFSS_FLAG=2,3]

INT06. Hello, my name is _____. I'm calling on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview [ASM_ANAME] indicated [AHESHE] would be willing to participate in this study.

Is this \$N?

01 Yes

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT06=01 AND SAMPTYPE=2 AND BRFSS_FLAG=3]

AASAFE. Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask "When is a better time to try to call back?" and schedule an appointment.

1 Safe Time / Not Driving

2 Driving / Not a Safe Time [GO TO CALL BACK]

9 REFUSED [GO TO TERM SCREEN]

[ASK IF (SAMPTYPE=1 OR AASAFE=1) AND BRFSS_FLAG=3]

AAS1Q1. Are you [ASM_ANAME]?

1 Yes

2 No

[ASK IF AAS1Q1=2]

AAS1Q2. May I speak with [ASM_ANAME]?

1 Continue

- 2 No – requested callback [GO TO CALL BACK]
- 3 Refused to transfer [GO TO TERMINATION SCREEN]
- 4 Selected person does not live in this HH [ASSIGN DISPO M9]

[ASK IF AAS1Q2=1 OR AAS2Q0N=1]

AAS1Q4. Hello, my name is _____. I'm calling on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview, you indicated that you had asthma and would be able to complete the follow-up interview on asthma at this time.

- 1 Yes, continue
- 2 Requested call back [GO TO CALL BACK]
- 3 Refused [GO TO TERMINATION SCREEN]

Section 2: Informed Consent

[ASK ALL]

AAINFCON1. Section 2: Informed Consent

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You were selected to participate in this study about asthma because of your responses to questions in a prior survey.

- 1 Continue

[ASK IF ACFLAG=02]

AAINFCON2. Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

- 1 Yes
- 2 No

[ASK IF AAINFCON2=1]

AAINFCON3. Since you no longer have asthma, your interview will be very brief. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, the call may be monitored and recorded. I'd like to continue now unless you have any questions.

- 1 Continue
- 2 Requested Call Back [GO TO CALL BACK]

[ASK IF ACFLAG=01]

AAINFCON4. Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

- 1 Yes
- 2 No

[ASK IF AAINFCON4=1]

AAINFCON5. Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, the call may be monitored and recorded. I'd like to continue now unless you have any questions.

- 1 Continue
- 2 Requested Call Back [GO TO CALL BACK]

[ASK IF (AAINFCON2=2 OR AAINFCON4=2) AND BRFSS_FLAG=3]

AAS2Q0. Is this [ASM_ANAME] and are you [S7Q1] years old?

- 1 Yes
- 2 No

[ASK IF AAS2Q0=2]

AAS2Q0n. May I speak with [ASM_ANAME]?

- 1 Yes [GO TO AAS1Q4]
- 2 No, correct person is not available [GO TO CALL BACK]
- 3 No, refused to transfer [GO TO TERM]
- 4 No, correct person unknown

[ASK IF AAS2Q0n=4]

AATERM2. Thank you very much for your time.

- 1 Continue [ASSIGN DISPO S4]

[ASK IF AAS2Q0=1]

AAS2Q1T. I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

1 Continue

[ASK IF AAINFCON2=2 OR AAINFCON4=2]

AAS2Q1. Have you ever been told by a doctor or other health professional that you have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS2Q1=1]

AAS2Q2. Do you still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS2Q1=1]

AAS2QUAL1. You do qualify for this study, I'd like to continue unless you have any questions. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions

1 Continue

2 Requested call back [GO TO CALL BACK]

[ASK IF AAS2Q2=1]

AAS2QUAL2. Since you have asthma now, your interview will last about 15 minutes.

1 Continue

[ASK IF AAS2Q2=2]

AAS2QUAL3. Since you do not have asthma now, your interview will last about 5 minutes.

1 Continue

[ASK IF AAS2Q2=7,9]

AAS2QUAL4. Since you are not sure if you have asthma now, your interview will probably last about 10 minutes.

1 Continue

[ASK IF AAS2Q1 NE 2,7,9]

AAS2Q3. Some of the information that you shared with us previously could be useful in this study. May we combine your answers to this survey with your answers from the survey you completed recently?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS2Q1=2,7,9 OR AAS2Q3=2,7,9]

AATERM. Those are all the questions I have. I'd like to thank you on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [DEPTPHONE].

Thanks again. Goodbye

1 Continue

[PROGRAMMER: IF AAS2Q1=2 DISPO S1; IF AAS2Q1=7,9 DISPO S3; IF AAS2Q3=2,7,9 DISPO S2]

[IF AATERM=1 GO TO END]

[IF AATERM NE 1 SET SELFLAG=1]

Section 3: Recent History

[ASK ALL]

AAS3Q1. Section 3: Recent History

How old were you when a doctor or other health professional first said you had asthma?

Interviewer: ENTER AGE IN YEARS. ENTER 888 IF LESS THAN ONE YEAR OLD

RANGE 001-115 [NUMBER BOX]

888 Under one year old

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS3Q1>S7Q1 AND AAS3Q1 NE 777,888,999 AND S7Q1 NE 07,09]

AAS3Q1CK. Previously you indicated you were [S7Q1] but just told me you were [AAS3Q1] when you were first told by a doctor or other health professional that you had asthma. I must correct this inconsistency.

01 GO BACK [GO TO AAS3Q1]

[ASK ALL]

AAS3Q2. How long ago was that? Was it ..

PLEASE READ

1 Within the past 12 months

2 1-5 years ago

3 More than 5 years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS3Q3. How long has it been since you last talked to a doctor or other health professional about your asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE.

READ IF NECESSARY

88 NEVER

04 Within the past year

05 1 year to less than 3 years ago

06 3 years to 5 years ago

07 more than 5 years ago

77 DON'T KNOW

99 REFUSED

[ASK ALL]

AAS3Q4. How long has it been since you last took asthma medication?

READ IF NECESSARY

- 88 NEVER
- 01 Less than one day ago
- 02 1-6 days ago
- 03 1 week to less than 3 months ago
- 04 3 months to less than 1 year ago
- 05 1 year to less than 3 years ago
- 06 3 years to 5 years ago
- 07 More than 5 years ago

77 DON'T KNOW
99 REFUSED

[ASK ALL]

AAS3Q5. Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when **you do not** have a cold or respiratory infection. How long has it been since you last had any symptoms of asthma?

READ IF NECESSARY

- 88 NEVER
- 01 Less than one day ago
- 02 1-6 days ago
- 03 1 week to less than 3 months ago
- 04 3 months to less than 1 year ago
- 05 1 year to less than 3 years ago
- 06 3 years to 5 years ago
- 07 More than 5 years ago

77 DON'T KNOW
99 REFUSED

[ASK ALL]

AACURRASTHMA. Hidden Question. Indicates confirmation that the adult still suffers from asthma and/or has suffered symptoms of asthma within the past year.

PROGRAMMER: IF (AAINFCON4=1 OR AAS2Q2=1 OR AAS3Q3=04 OR AAS3Q4=01,02,03,04 OR AAS3Q5=01,02,03,04) SET AACURRASTHMA=1, ELSE SET AACURRASTHMA=2

- 1 Has asthma
- 2 Had asthma

Section 4: History of Asthma (Symptoms & Episodes in Past Year)

[ASK IF AAS3Q5=01,02,03,77,99]

AAS4Q1. Section 4: History of Asthma

During the past 30 days, on how many days did you have any symptoms of asthma?

INTERVIEWER: If respondent answers “every day”, code as 30.

RANGE 1-30 [NUMBER BOX]

- 88 No symptoms in the past 30 days
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF AAS4Q1=30]

AAS4Q2. Do you have symptoms all the time? “All the time” means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS4Q1=1-30,77,99]

AAS4Q3. During the past 30 days, on how many days did symptoms of asthma make it difficult for you to stay asleep?

RANGE 1-30 [NUMBER BOX]

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF AAS4Q1=1-30,77,99]

AAS4Q4. During the past two weeks, on how many days were you completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

RANGE 1-14 [NUMBER BOX]

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF AAS4Q1=1-30,77,99]

AAS4Q5. During the past three months, how many asthma episodes or attacks have you had?

RANGE 1-100 [NUMBER BOX]

INTERVIEWER NOTE: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS4Q1=1-30,77,99]

AAS4Q6. During the past 30 days, on how many days did you take quick relief medicine such as albuterol and salbutamol to relieve asthma symptoms?

INTERVIEWER: Everyday = 30

READ IF NECESSARY: This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister inhaler, a disk inhaler, or a nebulizer. Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one

or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF AAS3Q5=01,02,03,77, 99]

AAS4Q7. During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?

1 Not at all

2 A little

3 A moderate amount

4 A lot

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS3Q5=01,02,03,04,77,99 OR AAS4Q1=88]

AAS4Q8. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

INTERVIEWER: If response is "I don't work," emphasize **USUAL ACTIVITIES**.

Range 1-365 [NUMBER BOX]

888 Zero

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS4Q8=51-365]

AAS4Q8CK. I'm sorry, you said that during the past 12 months, you were unable to work or carry out your usual activities [AAS4Q8] days because of your asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO AAS4Q8]

[ASK IF AAS3Q5=01,02,03,04,77,99]

AAS4Q9. During the past 12 months, have you had an episode of asthma or an asthma attack?

INTERVIEWER NOTE: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 5: Healthcare Utilization

[ASK ALL]

AAS5Q1. Section 5: Healthcare Utilization

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS5Q1=1]

AAS5Q2. During the past 12 months was there any time that you did not have any health insurance or coverage?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AACURRASTHMA=1]

AAS5Q3. Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?

INTERVIEWER READ IF NECESSARY: By “arrange or coordinate,” I mean: Is there anyone who helps you make sure that you get all the health care and services you need, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AACURRASTHMA=1]

AAS5Q4. During the past 12 months how many times did you see a doctor or other health professional for a routine checkup for your asthma?

RANGE 1-365 [NUMBER BOX]

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS5Q4=51-365]

AAS5Q4CK. I'm sorry, you said that during the past 12 months, you saw a doctor or other health professional [AAS5Q4] times for a routine checkup for your asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO AAS5Q4]

[ASK IF (AAS2Q2=1 OR AAINFCN4=1 OR ((AAS2Q2=2,7,9 OR AAINFCN2=1) AND (AAS3Q3=04 OR AAS3Q4=01,02,03,04 OR AAS3Q5=01,02,03,04))) AND NOT(AAS3Q3=05,06,07,88)]

AAS5Q5. An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, have you had to visit an emergency room or urgent care center because of your asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS5Q5=1]

AAS5Q6. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

INTERVIEWER: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

RANGE 1-365 [NUMBER BOX]

888 NONE [GO TO AAS5Q5]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS5Q6=51-365]

AAS5Q6CK. I'm sorry, you said that during the past 12 months, you visited an emergency room or urgent care center [AAS5Q6] times because of your asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO AAS5Q6]

[ASK IF (AAS2Q2=1 OR AAINFCN4=1 OR ((AAS2Q2=2,7,9 OR AAINFCN2=1) AND (AAS3Q3=04 OR AAS3Q4=01,02,03,04 OR AAS3Q5=01,02,03,04))) AND NOT(AAS3Q3=05,06,07,88)]

AAS5Q7. [IF AAS5Q6=1-365 INSERT: "Besides those emergency room or urgent care center visits,"] During the past 12 months, how many times did you see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

INTERVIEWER: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

RANGE 1-365 [NUMBER BOX]

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS5Q7=51-365]

AAS5Q7CK. I'm sorry, you said that during the past 12 months, you saw a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack [AAS5Q7] times. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO AAS5Q7]

[ASK IF (AAS2Q2=1 OR AAINFCN4=1 OR ((AAS2Q2=2,7,9 OR AAINFCN2=1) AND (AAS3Q3=04 OR AAS3Q4=01,02,03,04 OR AAS3Q5=01,02,03,04))) AND NOT(AAS3Q3=05,06,07,88 OR AAS3Q5=05,06,07,88)]

AAS5Q8. During the past 12 months, that is since [CDATEM1YM] [CDATEM1YD], [CDATEM1YY], have you had to stay overnight in a hospital because of your asthma? Do not include an overnight stay in the emergency room.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS5Q8=1]

AAS5Q9. During the past 12 months, how many different times did you stay in any hospital overnight or longer because of your asthma?

RANGE 1-365 [NUMBER BOX]

888 NONE [GO TO AAS5Q8]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF AAS5Q9=51-365]

AAS5Q9CK. I'm sorry, you said that during the past 12 months, you stayed in any hospital overnight or longer [AAS5Q9] times because of your asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO AAS5Q9]

[ASK IF AAS5Q8=1]

AAS5Q10. The last time you left the hospital, did a health professional TALK with you about how to prevent serious attacks in the future?

INTERVIEWER NOTE: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states "talk with you".

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 6: Knowledge of Asthma / Management Plan

[ASK ALL]

AAS6Q1. Section 6: Knowledge of Asthma / Management Plan

Has a doctor or other health professional ever taught you how to recognize early signs or symptoms of an asthma episode?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS6Q2. Has a doctor or other health professional ever taught you what to do during an asthma episode or attack?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS6Q3. A peak flow meter is a hand-held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you how to use a peak flow meter to adjust your daily medications?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS6Q4. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you an asthma action plan?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS6Q5. Have you ever taken a course or class on how to manage your asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 7: Modifications to Environment

[ASK ALL]

AAS7Q1T. Section 7: Modifications to Environment

The following questions are about your household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

1 Continue

[ASK ALL]

AAS7Q1. An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside your home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q2. A dehumidifier is a small, portable appliance which removes moisture from the air.

Is a dehumidifier regularly used to reduce moisture inside your home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q3. Is an exhaust fan that vents to the outside used regularly when cooking in your kitchen?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q4. Is gas used for cooking?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q5. In the past 30 days, has anyone seen or smelled mold or a musty odor inside your home? Do not include mold on food.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q6. Does your household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS7Q6=1]

AAS7Q7. Are pets allowed in your bedroom?

1 Yes

2 No

3 Some are / some aren't

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q8. In the past 30 days, has anyone seen a cockroach inside your home?

INTERVIEWER: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q9. In the past 30 days, has anyone seen mice or rats inside your home? Do not include mice or rats kept as pets.

INTERVIEWER: Studies have shown that rodents may be a cause of asthma.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q10. Is a wood burning fireplace or wood burning stove used in your home?

INTERVIEWER: Occasional use should be coded as "Yes"

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q11. Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in your home?

INTERVIEWER: "Unvented" means no chimney or the chimney flue is kept close during operation.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q12. In the past week, has anyone smoked inside your home?

INTERVIEWER: The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS7Q13. Now, back to questions specifically about you.

Has a health professional ever advised you to change things in your home, school, or work to improve your asthma?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS7Q14. Do you use a mattress cover that is made especially for controlling dust mites?

INTERVIEWER: If needed say: "This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS7Q15. Do you use a pillow cover that is made especially for controlling dust mites?

INTERVIEWER: If needed say: "This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS7Q16. Do you have carpeting or rugs in your bedroom? This does not include throw rugs small enough to be laundered.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS7Q17. Are your sheets and pillowcases washed in cold, warm, or hot water?

- 1 Cold
- 2 Warm
- 3 Hot

DO NOT READ

- 4 Varies
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

AAS7Q18. In your bathroom, do you regularly use an exhaust fan that vents to the outside?

INTERVIEWER: If the respondent indicates they have more than one bathroom, this question refers to the bathroom they use most frequently for showering and bathing.

- 1 Yes
- 2 No or "no fan"

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

AALANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 1 ENGLISH
- 2 SPANISH

Section 8: Medications

[ASK IF AAS3Q4 NE 88]

AAS8Q1. Section 8: Medications

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to your medication use.

Over-the-counter medication can be bought without a doctor's order. Have you ever used over-the-counter medication for your asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS3Q4 NE 88]

AAS8Q2. Have you ever used a **prescription** inhaler?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q2=1]

AAS8Q3. Did a health professional show you how to use the inhaler?

INTERVIEWER NOTE: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q2=1]

AAS8Q4. Did a doctor or other health professional watch you use the inhaler?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS3Q4=01,02,03]

AAS8Q5. Now I am going to ask questions about specific prescription medications you may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often you take each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get your medicines so you can read the labels. Can you please go get the asthma medicines while I wait on the phone?

1 Yes

2 No

3 Respondent knows the meds

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q5=1]

AAS8Q7. Do you have all the medications?

READ IF NECESSARY

1 Yes, I have all the medications

2 Yes, I have some of the medications but not all

3 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q2=1,7,9 AND AAS3Q4=01,02,03]

AAS8Q8. In the past 3 months have you taken **prescription** asthma medicine using an inhaler?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q8=1]

[MUL=8]

AAS8Q9. In the past 3 months, what **prescription** asthma medications did you take by inhaler?

INTERVIEWER: Mark up to 8 responses. Probe after each response with “Any other prescription asthma inhaler medications?” If necessary, ask the respondent to spell the name of the medication

- 01 **Advair** (+ A. Diskus) (ăd-vâr or add-vair)
- 02 Aerobid (â-rō'bīd or air-row-bid)
- 03 **Albuterol** or Salbutamol (+ A. sulfate) (ăl'-bu'ter-ōl or al-BYOO-ter-ole sāl-byū'tə-mōl)
- 04 Alupent (al-u-pent)
- 43 Alvesco (+ Ciclesonide) (al-ves-co)
- 49 Anoro Ellipta (Umeclidinium and vilanterol) (a-nor' oh e-LIP-ta)
- 40 Asmanex (twisthaler) (as-muh-neks twist-hey-ler)
- 05 **Atrovent** (At-ro-vent)
- 06 **Azmacort** (az-ma-cort)
- 07 Beclomethasone dipropionate (bek"lo-meth'ah-son dī' pro'pe-o-nāt or be-kloe-meth-a-sone)
- 08 Beclovent (be' klo-vent or be-klo-vent)
- 09 Bitolterol (bi-tōl'ter-ōl or bye-tole-ter-ole)
- 45 Breo Ellipta (Fluticasone and vilanterol) (BRE-oh e-LIP-ta)
- 11 Budesonide (byoo-des-oh-nide)
- 12 **Combivent** (com-bi-vent)
- 13 Cromolyn (kro'mō-lin or KROE-moe-lin)
- 44 Dulera (do-lair-a)
- 14 **Flovent** (flow-vent)
- 15 Flovent Rotadisk (flow-vent row-ta-disk)
- 16 Flunisolide (floo-nis'o-līd or floo-NISS-oh-lide)
- 17 Fluticasone (flue-TICK-uh-zone)
- 34 Foradil (FOUR-a-dil)
- 35 Formoterol (for moh' te rol)
- 48 Incruse Ellipta (Umeclidium inhaler powder) (IN-cruise e-LIP-ta)
- 19 Ipratropium Bromide (īp-rah-tro'pe-um bro'mīd or ip-ra-TROE-pee-um)
- 37 Levalbuterol tartrate (lev-al-BYOU-ter-ohl)
- 20 Maxair (măk-sâr)
- 21 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 39 Mometasone furoate (moe-MET-a-sone)
- 22 Nedocromil (ne-DOK-roe-mil)

- 23 Pirbuterol (pēr-bu'ter-ōl or peer-BYOO-ter-ole)
- 41 Pro-Air HFA (proh-air HFA)
- 24 **Proventil** (pro"ven-til' or pro-vent-il)
- 25 **Pulmicort Flexhaler** (pul-ma-cort flex-hail-er)
- 36 **QVAR** (q -vâr or q-vair)
- 26 Salmeterol (sal-ME-te-role)
- 27 **Serevent** (Sair-a-vent)
- 46 Spiriva HandiHaler or Respimat (Tiotropium bromide) (speh REE vah - RES peh mat)
- 51 Stiolto Respimat (tiotropium bromide & olodaterol) (sti-OL-to- RES peh mat)
- 42 Symbicort (sim-buh-kohrt)
- 28 Terbutaline (+ T. sulfate) (ter-bu'tah-lên or ter-BYOO-ta-leen)
- 30 Tornalate (tor-na-late)
- 50 Trelegy Ellipta (Fluticasone furoate, umeclidinium & vilanterol) (TREL-e-gee e-LIP-ta)
- 31 Triamcinolone acetonide (tri"am-sin'o-lôn as"ě-tō-nīd' or trye-am-SIN-oh-lone)
- 47 Tudorza Pressair (TU-door-za PRESS-air)
- 32 Vanceril (van-sir-il)
- 33 Ventolin (vent-o-lin)
- 38 Xopenex HFA (ZOH-pen-ecks)
- 66 Other Specify [TEXT BOX]

- 88 No Prescription Inhalers [EXCLUSIVE]
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[START LOOP1; REPEAT AAS8Q13-AAS8Q19 FOR EACH RESPONSE TO AAS8Q9]

[ASK IF AAS8Q8=1 AND AAS8Q9 NE 01,15,39,40,34,20,25,27,42,66,77,88,99]

AAS8Q13. A spacer is a small attachment for an inhaler that makes it easier to use. Do you use a spacer with [AAS8Q9]?

INTERVIEWER: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.

INTERVIEWER: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.

- 1 Yes
- 2 No
- 3 Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- 4 Medication has a built-in spacer/does not need a spacer

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q8=1 AND AAS8Q9 NE 66,77,88,99]

AAS8Q14. In the past 3 months, did you take [AAS8Q9] when you had an asthma episode or attack?

- 1 Yes
- 2 No
- 3 No attack in the past 3 months

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q8=1 AND AAS8Q9 NE 66,77,88,99]

AAS8Q15. In the past 3 months, did you take [AAS8Q9] before exercising?

- 1 Yes
- 2 No
- 3 Didn't exercise in the past 3 months

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q8=1 AND AAS8Q9 NE 66,77,88,99]

AAS8Q16. In the past 3 months, did you take [AAS8Q9] on a regular schedule everyday?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q8=1 AND AAS8Q9 NE 66,77,88,99]

AAS8Q18. How many times per day or per week do you use [AAS8Q9]?

3__ Times Per Day (RANGE 301-310) [NUMBER BOX]
 4__ Times Per Week (RANGE 401-475) [NUMBER BOX]

555 Never
 666 Less often than once a week

 777 DON'T KNOW / NOT SURE
 999 REFUSED

[ASK IF AAS8Q9=03,04,09,20,21,23,24,28,30,33,37,38,41]

AAS8Q19. How many canisters of [AAS8Q9] have you used in the past 3 months?

INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88'

INTERVIEWER: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERENT INHALERS.

RANGE 01-76 [NUMBER BOX]

88 NONE

 77 DON'T KNOW / NOT SURE
 99 REFUSED

[END LOOP1]

[ASK IF AAS3Q4=01,02,03]

AAS8Q20. In the past 3 months, have you taken any **prescription** medicine in pill form for your asthma?

1 Yes
 2 No

 7 DON'T KNOW / NOT SURE
 9 REFUSED

[ASK IF AAS8Q20=1]

[MUL=5]

AAS8Q21. What **prescription** asthma medication do you take in pill form?

INTERVIEWER: Mark up to 5 responses. Probe after each response with “Any other **prescription** asthma medications in pill form?” If necessary, ask the respondent to spell the name of the medication.

- 01 **Accolate** (ac-o-late)
- 02 Aerolate (air-o-late)
- 03 **Albuterol** (ăl'-bu'ter-ōl or al-BYOO-ter-all)
- 04 Alupent (al-u-pent)
- 49 Brethine (breth-een)
- 05 Choledyl (oxtriphylline) (ko-led-il)
- 07 Deltasone (del-ta-sone)
- 08 Elixophyllin (e-licks-o-fil-in)
- 11 Medrol (Med-rol)
- 12 Metaprel (Met-a-prell)
- 13 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 14 Methylprednisolone (meth-ill-pred-niss-oh-lone or meth-il-pred-NIS-oh-lone)
- 15 **Montelukast** (mont-e-lu-cast)
- 17 Pediapred (Pee-dee-a-pred)
- 18 **Prednisolone** (pred-NISS-oh-lone)
- 19 **Prednisone** (PRED-ni-sone)
- 21 Proventil (pro-ven-til)
- 23 Respid (res-pid)
- 24 **Singulair** (sing-u-lair)
- 25 Slo-phyllin (slow- fil-in)
- 26 Slo-bid (slow-bid)
- 48 Terbutaline (+ T. sulfate) (ter byoo' ta leen)
- 28 Theo-24 (thee-o-24)
- 30 Theochron (thee -o-kron)
- 31 Theoclear (thee-o-clear)
- 32 **Theodur or Theo-Dur** (thee-o-dur)
- 35 **Theophylline** (thee-OFF-i-lin)
- 37 Theospan (thee-o-span)
- 40 T-Phyl (t-fil)
- 42 **Uniphyll** (u-ni-fil)
- 43 Ventolin (vent-o-lin)

44 Volmax (vole-max)
 45 Zafirlukast (za-FIR-loo-kast)
 46 Zileuton (zye-loo-ton)
 47 Zflo Filmstab (zye-flow film tab)
 66 Other Specify [TEXT BOX]

88 No pills [EXCLUSIVE]
 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
 99 REFUSED [EXCLUSIVE]

[START LOOP2; REPEAT AAS8Q22 FOR EACH RESPONSE TO AAS8Q21]

[ASK IF AAS8Q20=1 AND AAS8Q21 NE 66,77,88,99]

AAS8Q22. In the past 3 months, did you take [AAS8Q21] on a regular schedule every day?

1 Yes
 2 No

 7 DON'T KNOW / NOT SURE
 9 REFUSED

[END LOOP2]

[ASK IF AAS3Q4=01,02,03]

AAS8Q23. In the past 3 months, have you taken any **prescription** asthma medication in syrup form?

1 Yes
 2 No

 7 DON'T KNOW / NOT SURE
 9 REFUSED

[ASK IF AAS8Q23=1]

[MUL=4]

AAS8Q24. What **prescription** asthma medications have you taken as a syrup?

INTERVIEWER: Mark up to 4 responses. Probe after each response with "Any other **prescription** asthma medications in syrup form?" If necessary, ask the respondent to spell the name of the medication.

- 01 Aerolate (air-o-late)
- 02 Albuterol (ăl'-bu'ter-ōl or al-BYOO-ter-ole)
- 03 Alupent (al-u-pent)
- 04 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 05 Prednisolone (pred-NISS-oh-lone)
- 06 Prelone (pre-loan)
- 07 Proventil (Pro-ven-til)
- 08 Slo-Phyllin (slow-fil-in)
- 09 Theophyllin (thee-OFF-i-lin)
- 10 Ventolin (vent-o-lin)
- 66 Other Specify: [TEXT BOX]

88 NO SYRUPS [EXCLUSIVE]

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF AAS3Q4=01,02,03]

AAS8Q25. A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of your prescription asthma medicines used with a nebulizer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

AAS8Q26. I am going to read a list of places where you might have used a nebulizer. Please answer yes if you have used a nebulizer in the place I mention, otherwise answer no.

1 Continue

[ASK IF AAS8Q25=1]

AAS8Q26A. In the past 3 months did you use a nebulizer...

At home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

AAS8Q26B. In the past 3 months did you use a nebulizer...

At a doctor's office?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

AAS8Q26C. In the past 3 months did you use a nebulizer...

In an emergency room?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

AAS8Q26D. In the past 3 months did you use a nebulizer...

At work or at school?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

AAS8Q26E. In the past 3 months did you use a nebulizer...

At any other place?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS8Q25=1]

[MUL=5]

AAS8Q27. In the past 3 months. What **prescription** asthma medications have you taken using a nebulizer?

INTERVIEWER: Mark up to 5 responses. Probe after each response with "Any other **prescription** asthma medications using a nebulizer?" If necessary, ask the respondent to spell the name of the medication.

- | | | |
|----|-------------------------------|--|
| 01 | Albuterol | (ăl'-bu'ter-ōl or al-BYOO-ter-ole) |
| 02 | Alupent | (al-u-pent) |
| 03 | Atrovent | (at-ro-vent) |
| 04 | Bitolterol | (bi-tōl'ter-ōl or bye-tole-ter-ole) |
| 19 | Brovana | (brō vă nah) |
| 05 | Budesonide | (byoo-des-oh-nide) |
| 17 | Combivent Inhalation solution | (com-bi-vent) |
| 06 | Cromolyn | (kro'mō-lin or KROE-moe-lin) |
| 07 | DuoNeb | (DUE-ow-neb) |
| 08 | Intal | (in-tel) |
| 09 | Ipratropium bromide | (ĭp-rah-tro'pe-um bro'mīd or ip-ra-TROE-pee-um) |
| 10 | Levalbuterol | (lev al byoo' ter ol) |
| 11 | Metaproteronol | (met''ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole) |
| 18 | Perforomist (Formoterol) | (per-form-ist) |
| 12 | Proventil | (pro-ven-til) |
| 13 | Pulmicort | (pul-ma-cort) |

- 14 Tonalate (tor-na-late)
- 15 Ventolin (vent-o-lin)
- 16 Xopenex (ZOH-pen-ecks)
- 66 Other Specify: [TEXT BOX]

88 No Nebulizers [EXCLUSIVE]
 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
 99 REFUSED [EXCLUSIVE]

[START LOOP3; REPEAT AAS8Q28-AAS8Q30 FOR EACH RESPONSE TO AAS8Q27]

[ASK IF AAS8Q25=1 AND AAS8Q27 NE 66,77,88,99]

AAS8Q28. In the past 3 months, did you take [AAS8Q27] when you had an asthma episode or attack?

- 1 Yes
- 2 No
- 3 No attack in past 3 months
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q25=1 AND AAS8Q27 NE 66,77,88,99]

AAS8Q29. In the past 3 months, did you take [AAS8Q27] on a regular schedule everyday?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF AAS8Q25=1 AND AAS8Q27 NE 66,77,88,99]

AAS8Q30. How many times per day or per week do you use [AAS8Q27]?

- 3__ Times Per Day (RANGE 301-310) [NUMBER BOX]
- 4__ Times Per Week (RANGE 401-475) [NUMBER BOX]

555 Never
666 Less often than once a week

777 DON'T KNOW / NOT SURE
999 REFUSED

[END LOOP3]

Section 9: Cost of Care

[ASK IF AACURRASTHMA=1]

AAS9Q1. Section 9: Cost of Care

Was there a time in the past 12 months when you needed to see your primary care doctor for your asthma but could not because of the cost?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF AACURRASTHMA=1]

AAS9Q2. Was there a time in the past 12 months when you were referred to a specialist for asthma care but could not go because of the cost?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF AACURRASTHMA=1]

AAS9Q3. Was there a time in the past 12 months when you needed to buy medication for your asthma but could not because of the cost?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 10: Work Related Asthma

[ASK ALL]

AAS10Q1. Section 10: Work Related Asthma

Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say...

INTERVIEWER: Include self-employed as employed. Full time is 35+ hours per week.

PLEASE READ

1 Employed Full Time

2 Employed part-time

3 Not employed

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS10Q1=3]

AAS10Q2. What is the main reason you are not now employed?

01 Keeping house

02 Going to school

03 Retired

04 Disabled

05 Unable to work for other health reasons

06 Looking for work

07 Laid off

08 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF AAS10Q1=3,7,9]

AAS10Q3. Have you ever been employed?

INTERVIEWER: Code self-employed as "Yes"

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AACURRASTHMA=1 AND AAS10Q1=1,2]

AAS10Q4. Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

INTERVIEWER: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS10Q1=1,2]

AAS10Q5. Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

INTERVIEWER: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF (AAS10Q1=1,2 AND AAS10Q5=2,7,9) OR AAS10Q3=1]

AAS10Q6. [IF AAS10Q3=1 INSERT "Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before."]

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

INTERVIEWER: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF (AAS10Q1=1,2 AND AAS10Q5=2,7,9) OR AAS10Q3=1]

AAS10Q7. Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

INTERVIEWER: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF AAS10Q6=1 OR AAS10Q7=1]

AAS10Q8. Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?

INTERVIEWER: Respondents who were fired because things in the workplace affected their asthma should be coded as “yes”.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS10Q1=1,2 OR AAS10Q3=1]

AAS10Q9. Did you and a doctor or other health professional ever discuss whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS10Q1=1,2 OR AAS10Q3=1]

AAS10Q10. Have you ever been told by a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AAS10Q1=1,2 OR AAS10Q3=1]

AAS10Q11. Have you ever told a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 11: Asthma and Allergy

[ASK ALL]

AAS11Q1. Section 11: Asthma and Allergy

Including living and deceased, were any of your close biological that is, blood relatives including father, mother, sisters, or brothers, ever told by a health professional that they had asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS11Q2. The next set of questions are about different types of allergies.

Do you get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies?

INTERVIEWER NOTE

READ IF NECESSARY: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS11Q3. Have you ever been told by a doctor or other health professional that you had hay fever, seasonal or year-round allergies?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS11Q4. The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food.

Do you have an allergy to one or more foods?

INTERVIEWER NOTE

READ IF NECESSARY: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS11Q5. Have you ever been told by a doctor or other health professional that you had an allergy to one or more foods?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

AAS11Q6. The next question is about an allergic skin condition.

Do you get an itchy rash due to eczema or atopic dermatitis?

INTERVIEWER NOTE

READ IF NECESSARY: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AAS11Q7. Have you ever been told by a doctor or other health professional that you had eczema or atopic dermatitis?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

AACLOSE. Those are all the questions I have. I'd like to thank you on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [DEPTPHONE]. If you have questions about your rights as a survey participant, you may call the CDC Human Research Protection Office at (404) 639-4721. Thanks again.

1 Continue [GO TO INT61]

Child Asthma Call Back Survey

Section 1: Introduction

[ASK IF NOT(ALTNAME=1) AND BRFSS_FLAG=2,3]

INT08 Hello, my name is _____. I'm calling on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview [ASM_ANAME] indicated [AHESHE] would be willing to participate in this study about [ASM_CNAME]'s asthma.

Is this \$N?

01 Yes

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT08=01 AND SAMPTYPE=2 AND BRFSS_FLAG=3]

CASAFE. Is this a safe time to talk with you now or are you driving?

INTERVIEWER NOTE: If respondent indicates it is not safe to talk now, ask "When is a better time to try to call back?" and schedule an appointment.

1 Safe Time / Not Driving

2 Driving / Not a Safe Time [GO TO CALL BACK]

9 REFUSED [GO TO TERM SCREEN]

[ASK IF (SAMPTYPE=1 OR CASAFE=1) AND ALTNAME NE 1 AND BRFSS_FLAG=3]

CAS1Q1. Are you [ASM_ANAME]?

1 Yes

2 No

[ASK IF CAS1Q1=2 AND ALTNAME NE 1]

CAS1Q2. May I speak with [ASM_ANAME]?

1 Continue

2 No – requested callback [GO TO CALL BACK]

3 Refused to transfer [GO TO TERMINATION SCREEN]

4 Selected person does not live in this HH [ASSIGN DISPO M9]

[ASK IF CAS1Q2=1 AND ALTNAME NE 1]

CAS1Q4. Hello, my name is _____. I'm calling on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention about an asthma study we are doing in

your state. During a recent phone interview, you gave us permission to call again to ask some questions about [ASM_CNAME]'s asthma.

- 1 Yes, continue
- 2 Requested call back [GO TO CALL BACK]
- 3 Refused [GO TO TERMINATION SCREEN]

[ASK IF (CAS1Q1=1 OR CAS1Q4=1) AND ALTNAME NE 1]

KNOWMOST. Are you the parent or guardian in the household who knows the most about [ASM_CNAME]'s asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF KNOWMOST=2,7,9 AND ALTNAME NE 1]

ALTPRESENT. If the parent or guardian who knows the most about [ASM_CNAME]'s asthma is present, may I speak with that person now?

- 1 Yes
- 2 Person not available
- 7 DON'T KNOW / NOT SURE [GO TO TERMINATION SCREEN]
- 9 REFUSED [GO TO TERMINATION SCREEN]

[ASK IF ALTPRESENT=2 AND ALTNAME NE 1]

ALTNAME. Can I please have the first name, initials, or nickname of the person so we can call back and ask for them by name?

INTERVIEWER: If the respondent states that they do not need to give us their name, let the respondent know this is only used to know who to ask for when we callback.

- 1 Yes [TEXT BOX] [GO TO CALL BACK]
- 9 REFUSED [GO TO TERMINATION SCREEN]

[ASK IF ALTPRESENT=1,2]

ALTADULT. Hello, my name is _____. I'm calling on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention about an asthma study we are doing in your state. During a recent phone interview [ASM_ANAME] indicated [AHESHE]

would be willing to participate in this study about [ASM_CNAME]'s asthma. [ASM_ANAME] has now indicated that you are more knowledgeable about [ASM_CNAME]'s asthma. It would be better if you would complete this interview.

I will not ask for your name, address, or other personal information that can identify you or [ASM_CNAME]. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

- 1 Continue
- 2 Requested Call back [GO TO TERMINATION SCREEN]
- 9 REFUSED [GO TO TERMINATION SCREEN]

Section 2: Informed Consent

[ASK ALL]

CAINFCON1. Section 2: Informed Consent

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions

[ASM_CNAME] was selected to participate in this study about asthma because of responses to questions about his or her asthma in a prior survey.

- 1 Continue

[ASK IF ACFLAG=04]

CAINFCON2. The answers to the asthma questions during the earlier survey indicated that a doctor or other health professional said that [ASM_CNAME] had asthma sometime in [HISHER] life, but does not have it now. Is that correct?

- 1 Yes
- 2 No

[ASK IF CAINFCON2=1]

CAINFCON3. Since [ASM_CNAME] no longer has asthma, your interview will be very brief.

- 1 Continue
- 2 Requested Call Back [GO TO CALL BACK]

[ASK IF ACFLAG=03]

CAINFCON4. Answers to the asthma questions in the earlier survey indicated that a doctor or other health professional said that [ASM_CNAME] had asthma sometime in his or her life, and that [CHESHE] still has asthma. Is that correct?

- 1 Yes
- 2 No

[ASK IF CAINFCON4=1]

CAINFCON5. Since [ASM_CNAME] has asthma now, your interview will last about 15 minutes.

- 1 Continue
- 2 Requested Call Back [GO TO CALL BACK]

[ASK IF CAINFCON2=2 OR CAINFCON4=2]

CAS2Q0T. I would like to repeat the questions from the previous survey now to make sure [ASM_CNAME] qualifies for this study.

- 1 Continue

[ASK IF CAS2Q0T=1]

CAS2Q1. Have you ever been told by a doctor or other health professional that [ASM_CNAME] had asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS2Q1= 2,7,9]

CAINF_CLOSE. Thanks for your time, those are all the questions I have for you today.

- 1 Continue [ASSIGN DISPO S1]

[ASK IF CAS2Q1=1]

CAS2Q2. Does [ASM_CNAME] still have asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

CAS2Q3. What is your relationship to [ASM_CNAME]?

- 1 Mother (Birth / Adoptive / Step)
- 2 Father (Birth / Adoptive / Step)
- 3 Brother / Sister (Step / Foster / Half / Adoptive)
- 4 Grandparent (Father / Mother)
- 5 Other Relative
- 6 Unrelated
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS2Q3=3,4,5,6,7,9]

CAS2Q4. Are you the legal guardian for [ASM_CNAME]?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS2Q4=2,7,9]

CALGTERM. Those are all the questions I have. Thank you for you time.

- 1 Continue [DISPO AS S3]

[ASK IF ASK IF (CAS2Q2=1 AND CAS2Q3=1,2) OR (CAS2Q2=1 AND CAS2Q4=1)]

CAS2QUAL2. Since [ASM_CNAME] does have asthma now, your interview will last about 15 minutes.

- 1 Continue

[ASK IF ASK IF (CAS2Q2=2 AND CAS2Q3=1,2) OR (CAS2Q2=2 AND CAS2Q4=1)]

CAS2QUAL3. Since [ASM_CNAME] does not have asthma now, your interview will last about 5 minutes.

1 Continue

[ASK IF (CAS2Q2=7,9 AND CAS2Q3=1,2) OR (CAS2Q2=7,9 AND CAS2Q4=1)]

CAS2QUAL4. Since you are not sure if [ASM_CNAME] has asthma now, your interview will probably last about 10 minutes.

1 Continue

[ASK ALL]

CAPERMISS. Some of the information that you shared with us previously could be useful in this study. May we combine your answers to this survey with your answers from the survey you completed recently?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAPERMISS= 2,7,9]

CATERM. Those are all the questions I have. I'd like to thank you on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [DEPTPHONE].

Thanks again. Goodbye

1 Continue [DISPO AS S2]

Section 3: Recent History

[ASK ALL]

CAS3Q1. Section 3: Recent History

How old was [ASM_CNAME] when a doctor or other health professional first said [CHESHE] had asthma?

Interviewer: ENTER AGE IN YEARS. ENTER 888 IF LESS THAN ONE YEAR OLD

RANGE 1-18 [NUMBER BOX]

888 Under one year old

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF (CAS3Q1>CHLDAGE2 AND CAS3Q1 NE 777, 888, 999 AND MOD21_1Y NE 7777, 9999)]

CAS3Q1CK. Previously you indicated [ASM_CNAME] was [CHLDAGE2] but just told me [ASM_CNAME] is [CAS3Q1] when [ASM_CNAME] was first told by a doctor or other health professional that they had asthma. I must correct this inconsistency.

01 GO BACK [GO TO CAS3Q1]

[ASK ALL]

CAS3Q2. How long ago was that? Was it ..

PLEASE READ

1 Within the past 12 months

2 1-5 years ago

3 More than 5 years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS3Q3. How long has it been since you last talked to a doctor or other health professional about [ASM_CNAME]'s asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE.

READ IF NECESSARY

88 NEVER

04 Within the past year

05 1 year to less than 3 years ago

06 3 years to 5 years ago

07 more than 5 years ago

77 DON'T KNOW
99 REFUSED

[ASK ALL]

CAS3Q4. How long has it been since [CHESHE] last took asthma medication?

READ IF NECESSARY

- 88 NEVER
- 01 Less than one day ago
- 02 1-6 days ago
- 03 1 week to less than 3 months ago
- 04 3 months to less than 1 year ago
- 05 1 year to less than 3 years ago
- 06 3 years to 5 years ago
- 07 More than 5 years ago

77 DON'T KNOW
99 REFUSED

[ASK ALL]

CAS3Q5. Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when [ASM_CNAME] **did not** have a cold or respiratory infection. How long has it been since [CHESHE] last had any symptoms of asthma?

READ IF NECESSARY

- 88 NEVER
- 01 Less than one day ago
- 02 1-6 days ago
- 03 1 week to less than 3 months ago
- 04 3 months to less than 1 year ago
- 05 1 year to less than 3 years ago
- 06 3 years to 5 years ago
- 07 More than 5 years ago

77 DON'T KNOW
99 REFUSED

[ASK ALL]

CACURRASTHMA. Hidden Question. Indicates confirmation that the child still suffers from asthma and/or has suffered symptoms of asthma within the past year.

PROGRAMMER: IF (CAINFCON4=1 OR CAS2Q2=1 OR CAS3Q3=04 OR CAS3Q4=01,02,03,04 OR CAS3Q5=01,02,03,04) SET CACURRASTHMA=1, ELSE SET CACURRASTHMA=2

- 1 Has asthma
- 2 Had asthma

Section 4: History of Asthma (Symptoms & Episodes in Past Year)

[ASK IF CAS3Q5=01,02,03,77,99]

CAS4Q1. Section 4: History of Asthma

During the past 30 days, on how many days did [ASM_CNAME] have any symptoms of asthma?

INTERVIEWER: If respondent answers “every day”, code as 30.

RANGE 1-30 [NUMBER BOX]

- 88 No symptoms in the past 30 days
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CAS4Q1=30]

CAS4Q2. Does [ASM_CNAME] have symptoms all the time? “All the time” means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS4Q1=1-30,77,99]

CAS4Q3. During the past 30 days, on how many days did symptoms of asthma make it difficult for [ASM_CNAME] to stay asleep?

RANGE 1-30 [NUMBER BOX]

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CAS4Q1=1-30,77,99]

CAS4Q4. During the past two weeks, on how many days was [ASM_CNAME] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

RANGE 1-14 [NUMBER BOX]

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CAS4Q1=1-30,77,99]

CAS4Q5. During the past three months, how many asthma episodes or attacks has [ASM_CNAME] had?

RANGE 1-100 [NUMBER BOX]

READ IF NECESSARY: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF CAS4Q1=1-30,77,99]

CAS4Q6. Now I'm going to ask you about asthma medicine for quick relief of symptoms during an asthma attack or episode. This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister inhaler, a disk inhaler, or a nebulizer. Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.

During the past 30 days, on how many days did [ASM_CNAME] take quick relief medicine such as albuterol and salbutamol to relieve asthma symptoms?

INTERVIEWER: Everyday = 30

READ IF NECESSARY: This quick relief medicine such as albuterol and salbutamol are breathed in through your mouth using a canister inhaler, a disk inhaler, or a nebulizer. Both an inhaler or a disk inhaler are very portable canisters or devices used to inhale medication in one or two breaths. A nebulizer is a machine that turns liquid medication into a mist that you inhale into the lungs over a few minutes.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CAS3Q5=01,02,03,77, 99]

CAS4Q7. During just the past 30 days, would you say [ASM_CNAME] limited [HISHER] usual activities due to asthma not at all, a little, a moderate amount, or a lot?

1 Not at all

2 A little

3 A moderate amount

4 A lot

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS3Q5=01,02,03,04,77,99 OR CAS4Q1=88]

CAS4Q8. During the past 12 months, has [ASM_CNAME] had an episode of asthma or an asthma attack?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 5: Healthcare Utilization

[ASK ALL]

CAS5Q1. Section 5: Healthcare Utilization

Does [ASM_CNAME] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS5Q1=1]

CAS5Q2. What kind of health care coverage does [ASM_CNAME] have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

1 Parent's Employer

2 Medicaid/Medicare

3 CHIP

4 Other

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS5Q1=1]

CAS5Q3. During the past 12 months was there any time that [ASM_CNAME] did not have any health insurance or coverage?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS5Q4. During the past 12 months, did [ASM_CNAME] have a flu shot or a flu vaccine that is sprayed in the nose?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CACURRASTHMA=1]

CAS5Q5. Does anyone help you arrange or coordinate [ASM_CNAME]'s asthma care among the different doctors or services that [CHESHE] uses?

READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that [ASM_CNAME] gets all the health care and services [CHESHE] needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CACURRASTHMA=1 AND CAS3Q3=04,77,99]

CAS5Q6. During the past 12 months how many times did [CHESHE] see a doctor or other health professional for a routine checkup for [HISHER] asthma?

RANGE 1-365 [NUMBER BOX]

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF CAS5Q6=51-365]

CAS5Q6CK. I'm sorry, you said that during the past 12 months, [ASM_CNAME] saw a doctor or other health professional [CAS5Q6] times for a routine checkup for [HISHER] asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO CAS5Q6]

[ASK IF CACURRASTHMA=1 AND CAS3Q3=04,77,99]

CAS5Q7. An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment. During the past 12 months, has [ASM_CNAME] had to visit an emergency room or urgent care center because of [HISHER] asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS5Q7=1]

CAS5Q8. During the past 12 months, how many times did [CHESHE] visit an emergency room or urgent care center because of [HISHER] asthma?

INTERVIEWER: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

RANGE 1-365 [NUMBER BOX]

888 NONE

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF CAS5Q8=51-365]

CAS5Q8CK. I'm sorry, you said that during the past 12 months, [ASM_CNAME] visited an emergency room or urgent care center [CAS5Q8] times because of [HISHER] asthma. Is this correct?

1 Yes, correct as is

2 No, incorrect [GO TO CAS5Q8]

[ASK IF CACURRASTHMA=1 AND CAS3Q3=04,77,99]

CAS5Q9. [IF CAS5Q8=1-365 INSERT: "Besides those emergency room or urgent care center visits,"] During the past 12 months, how many times did [ASM_CNAME] see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

INTERVIEWER: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.

RANGE 1-365 [NUMBER BOX]

888 NONE

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CAS5Q9=51-365]

CAS5Q9CK. I'm sorry, you said that during the past 12 months, [ASM_CNAME] saw a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack [CAS5Q9] times. Is this correct?

- 1 Yes, correct as is
- 2 No, incorrect [GO TO CAS5Q9]

[ASK IF CACURRASTHMA=1 AND NOT CAS3Q5=05,06,07,88]

CAS5Q10. During the past 12 months, that is since [CDATEM1YM] [CDATEM1YD], [CDATEM1YY], has [ASM_CNAME] had to stay overnight in a hospital because of [HISHER] asthma? Do not include an overnight stay in the emergency room.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS5Q10=1]

CAS5Q11. During the past 12 months, how many different times did [ASM_CNAME] stay in any hospital overnight or longer because of [HISHER] asthma?

RANGE 1-365 [NUMBER BOX]

- 888 NONE [GO TO CAS5Q11]
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF CAS5Q11=51-365]

CAS5Q11CK. I'm sorry, you said that during the past 12 months, [ASM_CNAME] stayed in any hospital overnight or longer [CAS5Q11] times because of [HISHER] asthma. Is this correct?

- 1 Yes, correct as is
- 2 No, incorrect [GO TO CAS5Q11]

[ASK IF CAS5Q10=1]

CAS5Q12. The last time [CHESHE] left the hospital, did a health professional TALK with you or [ASM_CNAME] about how to prevent serious attacks in the future?

INTERVIEWER NOTE: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes if the respondent only received a pamphlet or instructions to view a website or video since the question clearly states “talk with you”.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 6: Knowledge of Asthma / Management Plan

[ASK ALL]

CAS6Q1. Section 6: Knowledge of Asthma / Management Plan

Has a doctor or other health professional ever taught you or [ASM_CNAME]:

How to recognize early signs or symptoms of an asthma episode?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS6Q2. Has a doctor or other health professional ever taught you or [ASM_CNAME]:

What to do during an asthma episode or attack?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS6Q3. A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs. Has a doctor or other health professional ever taught you or [ASM_CNAME]:

How to use a peak flow meter to adjust [HISHER] daily medications?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS6Q4. An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you or [ASM_CNAME] an asthma action plan?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS6Q5. Have you or [ASM_CNAME] ever taken a course or class on how to manage [HISHER] asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 7: Modifications to Environment

[ASK ALL]

CAS7Q1T. Section 7: Modifications to Environment

The following questions are about [ASM_CNAME]'s household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

1 Continue

[ASK ALL]

CAS7Q1. An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside [ASM_CNAME]'s home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q2. A dehumidifier is a small, portable appliance which removes moisture from the air.

Is a dehumidifier regularly used to reduce moisture inside [HISHER] home?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q3. Is an exhaust fan that vents to the outside used regularly when cooking in [HISHER] kitchen?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q4. Is gas used for cooking in [HISHER] home?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q5. In the past 30 days, has anyone seen or smelled mold or a musty odor inside [HISHER] home? Do not include mold on food.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q6. Does [ASM_CNAME]'s home have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS7Q6=1]

CAS7Q7. Is the pet allowed in [HISHER] bedroom?

1 Yes
2 No
3 Some are / some aren't

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q8. In the past 30 days, has anyone seen a cockroach inside [ASM_CNAME]'s home?

INTERVIEWER: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q9. In the past 30 days, has anyone seen mice or rats inside [HISHER] home? Do not include mice or rats kept as pets.

INTERVIEWER: Studies have shown that rodents may be a cause of asthma.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS7Q10. Is a wood burning fireplace or wood burning stove used in [ASM_CNAME]'s home?

INTERVIEWER: Occasional use should be coded as "Yes"

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q11. Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [HISHER] home?

INTERVIEWER: "Unvented" means no chimney or the chimney flue is kept close during operation.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q12. In the past week, has anyone smoked inside [HISHER] home?

INTERVIEWER: The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q13. Now, back to questions specifically about [ASM_CNAME].

Has a health professional ever advised you to change things in [ASM_CNAME]'s home, school, or work to improve [HISHER] asthma?

INTERVIEWER: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q14. Does [ASM_CNAME] use a mattress cover that is made especially for controlling dust mites?

INTERVIEWER: If needed say: "This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q15. Does [ASM_CNAME] use a pillow cover that is made especially for controlling dust mites?

INTERVIEWER: If needed say: "This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are made of special fabric, entirely enclose the pillow, and have zippers."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q16. Does [ASM_CNAME] have carpeting or rugs in [HISHER] bedroom? This does not include throw rugs small enough to be laundered.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q17. Are [HISHER] sheets and pillowcases washed in cold, warm, or hot water?

1 Cold

2 Warm

3 Hot

DO NOT READ

4 Varies

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS7Q18. In [ASM_CNAME]'s bathroom, does [ASM_CNAME] regularly use an exhaust fan that vents to the outside?

INTERVIEWER: If the respondent indicates they have more than one bathroom, this question refers to the bathroom they use most frequently for showering and bathing.

1 Yes

2 No or "no fan"

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CALANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

1 ENGLISH
2 SPANISH

Section 8: Medications

[ASK IF CAS3Q4 NE 88]

CAS8Q1. Section 8: Medications

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to [ASM_CNAME]'s medication use.

Over-the-counter medication can be bought without a doctor's order. Has [ASM_CNAME] ever used over-the-counter medication for [HISHER] asthma?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS3Q4 NE 88]

CAS8Q2. Has [ASM_CNAME] ever used a **prescription inhaler?**

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS8Q2=1]

CAS8Q3. Did a health professional show [ASM_CNAME] how to use the inhaler?

INTERVIEWER NOTE: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q2=1]

CAS8Q4. Did a doctor or other health professional watch [ASM_CNAME] use the inhaler?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS3Q4=01,02,03]

CAS8Q5. Now I am going to ask questions about specific prescription medications [ASM_CNAME] may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [ASM_CNAME] takes each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [ASM_CNAME]'s medicines so you can read the labels. Can you please go get the asthma medicines while I wait on the phone?

1 Yes

2 No

3 Respondent knows the meds

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q5=1]

CAS8Q7. Do you have all the medications?

READ IF NECESSARY

- 1 Yes, I have all the medications
- 2 Yes, I have some of the medications but not all
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q2=1,7,9 AND CAS3Q4=01,02,03]

CAS8Q8. In the past 3 months has [ASM_CNAME] taken **prescription** asthma medicine using an inhaler?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q8=1]

[MUL=8]

CAS8Q9. In the past 3 months, what **prescription** asthma medications did [CHESHE] take by inhaler?

INTERVIEWER: Mark up to 8 responses. Probe after each response with "Any other prescription asthma inhaler medications?" If necessary, ask the respondent to spell the name of the medication

- 01 **Advair** (+ A. Diskus) (ăd-vâr or add-vair)
- 02 Aerobid (â-rō'bīd or air-row-bid)
- 03 **Albuterol** or Salbutamol (+ A. sulfate) (ăl'-bu'ter-ōl or al-BYOO-ter-ole săl-byū'tə-môl)
- 04 Alupent (al-u-pent)
- 43 Alvesco (+ Ciclesonide) (al-ves-co)
- 49 Anoro Ellipta (Umeclidinium and vilanterol) (a-nor' oh e-LIP-ta)
- 40 Asmanex (twisthaler) (as-muh-neks twist-hey-ler)
- 05 **Atrovent** (At-ro-vent)
- 06 **Azmacort** (az-ma-cort)
- 07 Beclomethasone dipropionate (bek"lo-meth'ah-son dī' pro'pe-o-nāt or be-kloe-meth-a-sone)
- 08 Beclovent (be' klo-vent or be-klo-vent)
- 09 Bitolterol (bi-tōl'ter-ōl or bye-tole-ter-ole)

- 45 Breo Ellipta (Fluticasone and vilanterol) (BRE-oh e-LIP-ta)
- 11 Budesonide (byoo-des-oh-nide)
- 12 **Combivent** (com-bi-vent)
- 13 Cromolyn (kro'mō-lin or KROE-moe-lin)
- 44 Dulera (do-lair-a)
- 14 **Flovent** (flow-vent)
- 15 Flovent Rotadisk (flow-vent row-ta-disk)
- 16 Flunisolide (floo-nis'o-līd or floo-NISS-oh-lide)
- 17 Fluticasone (flue-TICK-uh-zone)
- 34 Foradil (FOUR-a-dil)
- 35 Formoterol (for moh' te rol)
- 48 Incruse Ellipta (Umeclidium inhaler powder) (IN-cruise e-LIP-ta)
- 19 Ipratropium Bromide (īp-rah-tro'pe-um bro'mīd or ip-ra-TROE-pee-um)
- 37 Levalbuterol tartrate (lev-al-BYOU-ter-ohl)
- 20 Maxair (māk-sār)
- 21 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 39 Mometasone furoate (moe-MET-a-sone)
- 22 Nedocromil (ne-DOK-roe-mil)
- 23 Pirbuterol (pēr-bu'ter-ōl or peer-BYOO-ter-ole)
- 41 Pro-Air HFA (proh-air HFA)
- 24 **Proventil** (pro"ven-til' or pro-vent-il)
- 25 **Pulmicort Flexhaler** (pul-ma-cort flex-hail-er)
- 36 **QVAR** (q -vâr or q-vair)
- 26 Salmeterol (sal-ME-te-role)
- 27 **Serevent** (Sair-a-vent)
- 46 Spiriva HandiHaler or Respimat (Tiotropium bromide) (speh REE vah - RES peh mat)
- 51 Stiolto Respimat (tiotropium bromide & olodaterol) (sti-OL-to- RES peh mat)
- 42 Symbicort (sim-buh-kohrt)
- 28 Terbutaline (+ T. sulfate) (ter-bu'tah-lēn or ter-BYOO-ta-leen)
- 30 Tornalate (tor-na-late)
- 50 Trelegy Ellipta (Fluticasone furoate, umeclidinium & vilanterol) (TREL-e-gee e-LIP-ta)
- 31 Triamcinolone acetonide (tri"am-sin'o-lōn as"ě-tō-nīd' or trye-am-SIN-oh-lone)
- 47 Tudorza Pressair (TU-door-za PRESS-air)
- 32 Vanceril (van-sir-il)
- 33 Ventolin (vent-o-lin)
- 38 Xopenex HFA (ZOH-pen-ecks)
- 66 Other Specify [TEXT BOX]
- 88 No Prescription Inhalers [EXCLUSIVE]
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[START LOOP1; REPEAT AAS8Q13-AAS8Q19 FOR EACH RESPONSE TO AAS8Q9]

[ASK IF CAS8Q8=1 AND CAS8Q9 NE 01,15,39,40,34,20,25,27,42,66,77,88,99]

CAS8Q13. A spacer is a small attachment for an inhaler that makes it easier to use. Does [ASM_CNAME] use a spacer with [CAS8Q9]?

INTERVIEWER: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.

INTERVIEWER: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.

- 1 Yes
- 2 No
- 3 Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
- 4 Medication has a built-in spacer/does not need a spacer
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q8=1 AND CAS8Q9 NE 66,77,88,99]

CAS8Q14. In the past 3 months, did [ASM_CNAME] take [CAS8Q9] when [CHESHE] had an asthma episode or attack?

- 1 Yes
- 2 No
- 3 No attack in the past 3 months
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q8=1 AND CAS8Q9 NE 66,77,88,99]

CAS8Q15. In the past 3 months, did [CHESHE] take [CAS8Q9] before exercising?

- 1 Yes
- 2 No
- 3 Didn't exercise in the past 3 months
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q8=1 AND CAS8Q9 NE 66,77,88,99]

CAS8Q16. In the past 3 months, did [CHESHE] take [CAS8Q9] on a regular schedule everyday?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CAS8Q8=1 AND CAS8Q9 NE 66,77,88,99]

CAS8Q18. How many times per day or per week does [ASM_CNAME] use [CAS8Q9]?

- 3__ Times Per Day (RANGE 301-310) [NUMBER BOX]
- 4__ Times Per Week (RANGE 401-475) [NUMBER BOX]

- 555 Never
- 666 Less often than once a week
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF CAS8Q9=03,04,09,20,21,23,24,28,30,33,37,38,41]

CAS8Q19. How many canisters of [CAS8Q9] has [ASM_CNAME] used in the past 3 months?

INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88'

INTERVIEWER: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERENT INHALERS.

RANGE 01-76 [NUMBER BOX]

88 NONE

77 DON'T KNOW / NOT SURE

99 REFUSED

[END LOOP1]

[ASK IF CAS3Q4=01,02,03]

CAS8Q20. In the past 3 months, has [ASM_CNAME] taken any **prescription** medicine in pill form for [HISHER] asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q20=1]

[MUL=5]

CAS8Q21. What **prescription** asthma medication does [ASM_CNAME] take in pill form?

INTERVIEWER: Mark up to 5 responses. Probe after each response with "Any other **prescription** asthma medications in pill form?" If necessary, ask the respondent to spell the name of the medication.

- 01 **Accolate** (ac-o-late)
- 02 **Aerolate** (air-o-late)
- 03 **Albuterol** (ăl'-bu'ter-ōl or al-BYOO-ter-all)
- 04 **Alupent** (al-u-pent)
- 49 **Brethine** (breth-een)
- 05 **Choleryl** (oxtriphylline) (ko-led-il)
- 07 **Deltasone** (del-ta-sone)
- 08 **Elixophyllin** (e-licks-o-fil-in)
- 11 **Medrol** (Med-rol)
- 12 **Metaprel** (Met-a-prell)
- 13 **Metaproteronol** (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 14 **Methylprednisolone** (meth-ill-pred-niss-oh-lone or meth-il-pred-NIS-oh-lone)

15 **Montelukast** (mont-e-lu-cast)
 17 Pediapred (Pee-dee-a-pred)
 18 **Prednisolone** (pred-NISS-oh-lone)
 19 **Prednisone** (PRED-ni-sone)
 21 Proventil (pro-ven-til)
 23 Respid (res-pid)
 24 **Singulair** (sing-u-lair)
 25 Slo-phyllin (slow- fil-in)
 26 Slo-bid (slow-bid)
 48 Terbutaline (+ T. sulfate) (ter byoo' ta leen)
 28 Theo-24 (thee-o-24)
 30 Theochron (thee -o-kron)
 31 Theoclear (thee-o-clear)
 32 **Theodur or Theo-Dur** (thee-o-dur)
 35 **Theophylline** (thee-OFF-i-lin)
 37 Theospan (thee-o-span)
 40 T-Phyl (t-fil)
 42 **Uniphyl** (u-ni-fil)
 43 Ventolin (vent-o-lin)
 44 Volmax (vole-max)
 45 Zafirlukast (za-FIR-loo-kast)
 46 Zileuton (zye-loo-ton)
 47 Zflo Filmstab (zye-flow film tab)
 66 Other Specify [TEXT BOX]

88 No pills [EXCLUSIVE]

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[START LOOP2; REPEAT AAS8Q22 FOR EACH RESPONSE TO AAS8Q21]

[ASK IF CAS8Q20=1 AND CAS8Q21 NE 66,77,88,99]

CAS8Q22. In the past 3 months, did [ASM_CNAME] take [CAS8Q21] on a regular schedule every day?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[END LOOP2]

[ASK IF CAS3Q4=01,02,03]

CAS8Q23. In the past 3 months, has [ASM_CNAME] taken any **prescription** asthma medication in syrup form?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q23=1]

[MUL=4]

CAS8Q24. What **prescription** asthma medications has [ASM_CNAME] taken as a syrup?

INTERVIEWER: Mark up to 4 responses. Probe after each response with "Any other **prescription** asthma medications in syrup form?" If necessary, ask the respondent to spell the name of the medication.

- 01 Aerolate (air-o-late)
- 02 Albuterol (ăl'-bu'ter-ōl or al-BYOO-ter-ole)
- 03 Alupent (al-u-pent)
- 04 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 05 Prednisolone (pred-NISS-oh-lone)
- 06 Prelone (pre-loan)
- 07 Proventil (Pro-ven-til)
- 08 Slo-Phyllin (slow-fil-in)
- 09 Theophyllin (thee-OFF-i-lin)
- 10 Ventolin (vent-o-lin)
- 66 Other Specify: [TEXT BOX]

88 NO SYRUPS [EXCLUSIVE]

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF CAS3Q4=01,02,03]

CAS8Q25. A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [ASM_CNAME]'s prescription asthma medicines used with a nebulizer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

CAS8Q26t. I am going to read a list of places where your child might have used a nebulizer. Please answer yes if your child has used a nebulizer in the place I mention, otherwise answer no.

1 Continue

[ASK IF CAS8Q25=1]

CAS8Q26A. In the past 3 months did [ASM_CNAME] use a nebulizer...

At home?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

CAS8Q26B. In the past 3 months did [ASM_CNAME] use a nebulizer...

At a doctor's office?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

CAS8Q26C. In the past 3 months did [ASM_CNAME] use a nebulizer...

In an emergency room?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

CAS8Q26D. In the past 3 months did [ASM_CNAME] use a nebulizer...

At work or at school?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

CAS8Q26E. In the past 3 months did [ASM_CNAME] use a nebulizer...

At any other place?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CAS8Q25=1]

[MUL=5]

CAS8Q27. In the past 3 months. What **prescription** asthma medications has [ASM_CNAME] taken using a nebulizer?

INTERVIEWER: Mark up to 5 responses. Probe after each response with “Any other **prescription** asthma medications using a nebulizer?” If necessary, ask the respondent to spell the name of the medication.

- 01 Albuterol (ăl'-bu'ter-ōl or al-BYOO-ter-ole)
- 02 Alupent (al-u-pent)
- 03 Atrovent (at-ro-vent)
- 04 Bitolterol (bi-tōl'ter-ōl or bye-tole-ter-ole)
- 19 Brovana (brō vā nah)
- 05 Budesonide (byoo-des-oh-nide)
- 17 Combivent Inhalation solution (com-bi-vent)
- 06 Cromolyn (kro'mō-lin or KROE-moe-lin)
- 07 DuoNeb (DUE-ow-neb)
- 08 Intal (in-tel)
- 09 Ipratropium bromide (īp-rah-tro'pe-um bro'mīd or ip-ra-TROE-pee-um)
- 10 Levalbuterol (lev al byoo' ter ol)
- 11 Metaproteronol (met"ah-pro-ter'ě-nōl or met-a-proe-TER-e-nole)
- 18 Perforomist (Formoterol) (per-form-ist)
- 12 Proventil (pro-ven-til)
- 13 Pulmicort (pul-ma-cort)
- 14 Tornalate (tor-na-late)
- 15 Ventolin (vent-o-lin)
- 16 Xopenex (ZOH-pen-ecks)
- 66 Other Specify: [TEXT BOX]

88 No Nebulizers [EXCLUSIVE]

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[START LOOP3; REPEAT AAS8Q28-AAS8Q30 FOR EACH RESPONSE TO AAS8Q27]

[ASK IF CAS8Q25=1 AND CAS8Q27 NE 66,77,88,99]

CAS8Q28. In the past 3 months, did [ASM_CNAME] take [CAS8Q27] when [CHESHE] had an asthma episode or attack?

1 Yes

2 No

3 No attack in past 3 months

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS8Q25=1 AND CAS8Q27 NE 66,77,88,99]

CAS8Q29. In the past 3 months, did [CHESHE] take [CAS8Q27] on a regular schedule everyday?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS8Q25=1 AND CAS8Q27 NE 66,77,88,99]

CAS8Q30. How many times per day or per week does [ASM_CNAME] use [CAS8Q27]?

3__ Times Per Day (RANGE 301-310) [NUMBER BOX]
4__ Times Per Week (RANGE 401-475) [NUMBER BOX]

555 Never
666 Less often than once a week

777 DON'T KNOW / NOT SURE
999 REFUSED

[END LOOP3]

Section 9: Cost of Care

[ASK IF CACURRASTHMA=1]

CAS9Q1. Section 9: Cost of Care

Was there a time in the past 12 months when [ASM_CNAME] needed to see [HISHER] primary care doctor for asthma but could not because of the cost?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CACURRASTHMA=1]

CAS9Q2. Was there a time in the past 12 months when you were referred to a specialist for [ASM_CNAME]'s asthma care but could not go because of the cost?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CACURRASTHMA=1]

CAS9Q3. Was there a time in the past 12 months when [CHESHE] needed medication for [HISHER] asthma but you could not buy it because of the cost?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 10: School/Daycare Related Asthma

[ASK ALL]

CAS10Q1. Section 10: School/Daycare Related Asthma

Next, we are interested in things that might affect [ASM_CNAME]'s asthma when [ASM_CNAME] is not at home.

Does [ASM_CNAME] currently go to school or pre-school or day care outside the home?

1 Yes

2 No

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS10Q1=2]

CAS10Q2. What is the main reason [ASM_CNAME] is not now in school or day care?

PLEASE READ

- 1 Not old enough
- 2 Home Schooled
- 3 Unable to attend for health reasons
- 4 On vacation or break
- 5 Other

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CAS10Q1=1,7,9 OR CAS10Q2=2,3,4,5,7,9]

CAS10Q3. [IF CAS10Q2=1 OR CAS10Q1=7,9 INSERT "What grade was [ASM_CNAME] in the last time [ASM_CNAME] was in school or daycare?"] [IF CAS10Q1=1 OR CAS10Q2=2 INSERT "What grade is [ASM_CNAME] in?"]

RANGE 1-12 [NUMBER BOX]

- 88 Pre-school
- 66 Kindergarten
- 55 Daycare

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CACURRASTHMA=1 AND (CAS10Q1=1 OR CAS10Q2=2 OR CAS10Q3=1-12, 88,66)]

CAS10Q4. During the past 12 months, about how many days of school did [CHESHE] miss because of [HISHER] asthma?

Number of Days [RANGE =001-365]

- 888 Zero
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF CAS10Q4=51-365]

CAS10Q4c. I am sorry, you said that in the past 12 months [ASM_CNAME] missed [CAS10Q4] days of school because of [HISHER] asthma. Is this correct?

- 1 Correct as is
- 2 No [GO TO CAS10Q4]

[ASK IF CACURRASTHMA=1 AND (CAS10Q1=1 OR CAS10Q3=1-12, 88,66,55)]

CAS10Q5. Does the school [ASM_CNAME] goes to allow children with asthma to carry their medication with them while at school or daycare?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF CACURRASTHMA=1 AND (CAS10Q1=1 OR CAS10Q3=1-12, 88,66,55)]

CAS10Q6. Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.

Does [ASM_CNAME] have a written asthma action plan or asthma management plan on file at school or daycare?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (CAS10Q1=1 OR CAS10Q3=1-12, 88,66,55)]

CAS10Q7. Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in [HISHER] CLASSROOM?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF (CAS10Q1=1 OR CAS10Q3=1-12, 88,66,55)]

CAS10Q8. Are you aware of any mold problems in [ASM_CNAME]'s school or daycare?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 11: Additional Child Demographics

[ASK ALL]

PCAS11Q1. Section 11: Additional Child Demographics

How much did [ASM_CNAME] weigh at birth?

P Pounds

K Kilograms

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PCAS11Q1=P]

CAS11Q1P. How much did [ASM_CNAME] weigh at birth? (pounds)

INTERVIEWER: If needed, ask the respondent to give their best guess. Round fractions down

Enter Pounds [Range=0-30]

[ASK IF PCAS11Q1=P]

CAS11Q1O How much did [ASM_CNAME] weigh at birth? (ounces)

INTERVIEWER: If needed, ask the respondent to give their best guess. Round fractions down

Enter Ounces [Range=0-15]

[ASK IF PCAS11Q1=K]

CAS11Q1K. How much did [ASM_CNAME] weigh at birth? (kilograms)

INTERVIEWER: If needed, ask the respondent to give their best guess. Round fractions down

Enter Kilograms [Range=1-30]

[ASK IF PCAS11Q1=K]

CAS11Q1G. How much did [ASM_CNAME] weigh at birth? (grams)

INTERVIEWER: If needed, ask the respondent to give their best guess. Round fractions down

Enter Grams [Range=0-999]

[ASK IF PCAS11Q1=P AND (CAS11Q1P<4 OR CAS11Q1P>12)]

CAS11Q1P_A. DO NOT READ: Interviewer, you entered [CAS11Q1P] pounds and [CAS11Q1O] ounces as [ASM_CNAME]'s weight at birth. Please confirm you entered the correct value.

DO NOT READ:

1 Yes

2 No [GO BACK TO CAS11Q1P]

[ASK IF PCAS11Q1=K AND (CAS11Q1K<2 OR CAS11Q1K>5)]

CAS11Q1K_A. DO NOT READ: Interviewer, you entered [CAS11Q1K] kilograms and [CAS11Q1G] grams as [ASM_CNAME]'s weight at birth. Please confirm you entered the correct value.

DO NOT READ:

1 Yes

2 No [GO BACK TO CAS11Q1K]

[ASK IF PCAS11Q1=7,9]

CAS11Q2. At birth, did [ASM_CNAME] weight less than 5 ½ pounds?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 12: Family History of Asthma and Allergy

[ASK ALL]

CAS12Q1. Section 12: Family History of Asthma and Allergy

Including living and deceased, were any of [ASM_CNAME]'s close biological that is, blood relatives including father, mother, sisters, or brothers, ever told by a health professional that they had asthma?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

CAS12Q2. The next set of questions are about different types of allergies.

Does [ASM_CNAME] get symptoms such as sneezing, runny nose, or itchy or watery eyes due to hay fever, seasonal or year-round allergies?

INTERVIEWER NOTE

READ IF NECESSARY: Hay fever, seasonal or year-round allergies may also be known as environmental allergies, allergic rhinitis or allergic conjunctivitis.

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

CAS12Q3. Has [ASM_CNAME] ever been told by a doctor or other health professional that [ASM_CNAME] had hay fever, seasonal or year-round allergies?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK ALL]

CAS12Q4. The next question is about food allergies. People with food allergies have reactions such as hives, vomiting, trouble breathing, or throat tightening that occur within two hours of eating a specific food.

Does [ASM_CNAME] have an allergy to one or more foods?

INTERVIEWER NOTE

READ IF NECESSARY: Food allergies are different from food intolerances, such as lactose and gluten intolerance, and other digestive disorders, including irritable bowel syndrome.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS12Q5. Has [ASM_CNAME] ever been told by a doctor or other health professional that [ASM_CNAME] had an allergy to one or more foods?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

CAS12Q6. The next question is about an allergic skin condition.

Does [ASM_CNAME] get an itchy rash due to eczema or atopic dermatitis?

INTERVIEWER NOTE

READ IF NECESSARY: The rash can be dry, scaly, bumpy, or crusty and lasts for several days or longer without treatment. Eczema is different from hives which come and go in a few hours.

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CAS12Q7. Has [ASM_CNAME] ever been told by a doctor or other health professional that [ASM_CNAME] had eczema or atopic dermatitis?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

CACLOSE. Those are all the questions I have. I'd like to thank you on behalf of the [HEALTHDEPT] and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at [DEPTPHONE]. If you have questions about your rights as a survey participant, you may call the CDC Human Research Protection Office at (404) 639-4721. Thanks again.

1 Continue [GO TO INT61]

Asthma Suspends in Main BRFSS

[ASK IF ASTHMA_FLAG=1,2,3 AND BRFSS_FLAG=1]

ASTHMA_END. INTERVIEWER: Enter the reason for ending the call.

INTERVIEWER: If no specific call back date and time are given, schedule a call back two weeks from today.

1 Callback
2 Refusal

[ASK IF ASTHMA_END=1 AND ((MKP1=1 OR MKP=1) OR (ACFLAG=01,02 AND (AST1B=1 OR AST1=1 OR AST1A=1)))]

AST2A_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW

99 REFUSED

[ASK IF ASTHMA_END=1 AND ATP1=2,7,9]

ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Continue

7 DON'T KNOW

9 REFUSED

[ASK IF ASTHMA_END=1]

ASTHMA_CB. Interviewer: Enter time to call back.

[ASK IF ASTHMA_END=1,2]

ASTHMA_CLOSE. Thank you very much for your time and cooperation, [IF ASTHMA_END=1 INSERT: "we will callback at the previous stated time to continue with the Asthma survey."] [IF ASTHMA_END=2 INSERT: "we will callback at a later time."]

1 Continue

Cell Suspends in Main BRFSS

[PROGRAMMER: PUT ALL THESE QUESTIONS ON 1 SCREEN: CBTIME, INT02_CB, TEXTCB, TEXTTY, CB]

[ASK IF BRFSS_FLAG=1]

CBTIME: Would you like to schedule a call back for today or at a later time?

1 Today

2 Later time

[ASK IF CBTIME = 1,2 AND SAMPTYPE=1 AND (YOU=1 OR RESPSLCT=1)]

INT02_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW

99 REFUSED

[ASK IF SAMPTYPE=2 AND CBTIME = 2]

TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?

1 Yes

2 No

3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

01 Continue

CB: INTERVIEWER PROBE FOR A CALLBACK TIME.

Thank you very much we will call back at a more convenient time.

LANG. INTERVIEWER: Select Language

EN ENGLISH

ES SPANISH [HIDE IF STATE NE AR, CT, FL, GA, IN, KY, MA, MD, NJ, NY, RI, SC, WA]

MK SPANISH [HIDE IF STATE NE TX]

[Routing Notes](#)

Initial Sample Variables	
GOTOASTHMA_	IF ASTHMASTART_ =1, GO TO ASTHMASTART_ (routes past main BRFSS if already completed, non-cleaning response)
Intros	
Core and SAQs	
CLOSE	CLOSE skips to INT61 (Both logic and response are non-cleaning)
Modules	
INT61	INT61=61 (complete)
GOTOEND_	CONTINUE IF ASTHMA_FLAG=1,2,3 AND NOT(AACLOSE=1) AND NOT(CACLOSE=1), ELSE GO TO END (non-cleaning)
ASTHMASTART_	ASTHMASTART_ =1 if Qualified for Asthma Follow-Up Survey <u>after</u> completing the initial BRFSS interview and prior to Asthma survey.)
Asthma Sample Variables	
AHESHE	
ASM_ANAME	All Asthma Sample vars are populated <u>after</u> initial BRFSS interview, then re-evaluated on a callback.
CHESHE	
HISHER	
ASM_CNAME	
CDATEM1Y	
CDATEM1YM	
CDATEM1YD	
CDATEM1YY	
AAASKASTHMA_	IF (ASTHMA_FLAG=1 AND BRFSS_FLAG=1) OR (ASTHMA_FLAG=1,3 AND BRFSS_FLAG=2,3 AND ACFLAG=01,02) GO TO INT06 (Adult Intro)
CAASKASTHMA_	IF (ASTHMA_FLAG=2 AND BRFSS_FLAG=1) OR (ASTHMA_FLAG=2,3 AND BRFSS_FLAG=2,3 AND ACFLAG=03,04) GO TO INT08 (Child Intro)
ASTHMA_END_	IF ASTHMA_FLAG=3 AND BRFSS_FLAG=1 GO TO ASTHMA_END (Did not agree to right now in main BRFSS interview.)
GOTO_END_	ALL GO TO END (if not already redirected to an asthma survey, non-cleaning logic)
Adult Asthma	AACLOSE skips to INT61 (non-cleaning response skip)
Child Asthma	CACLOSE skips to INT61 (non-cleaning response skip)
INT	Nobody sees INT, but when suspending, this is the spot they will hit first and will then be asked the first question where base logic is met
Asthma Suspends in Main BRFSS	
ASTHMA_END	
AST2A_CB	
ATP2	
ASTHMA_CB	
ASTHMA_CLOSE	
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