



**2021**

**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

NJ New Jersey

[SET HEALTHDEPT = STATE]

**HEALTHDEPT.** Hidden Variable for Piping: Health Department Name

NJ New Jersey Department of Health

[SET DEPTPHONE = STATE]

**DEPTPHONE.** Hidden Variable for Piping: Department Phone Number

NJ 1-855-530-5785

[ASK ALL]

**ASGCNTY.** Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SAB1, SAB2, SAB3, SEX1, SEX2, ASKGENDR, RSA, MOD27\_1 AND DC2\_2.

1 Male  
2 Female

[SET LENGTH = STATE]

**LENGTH.** Hidden Variable for Piping: Interview Length

NJ 23

[ASK IF STATE=NJ]

**SPLIT.** Imported Sample Variable: Split

1 Split 1  
2 Split 2  
3 Split 3

**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
12	December

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

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

# Behavioral Risk Factor Surveillance System

## 2020 Questionnaire

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### Interviewer’s Script Landline

Form Approved  
 OMB No. 0920-1061  
 Exp. Date 03/31/2021

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

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 Carol Pierannunzi at [ivk7@cdc.gov](mailto:ivk7@cdc.gov).

**ANSWERING MACHINE MESSAGE TEXT:**

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE. IF STATE NE CO SET AM\_TEXT=1; IF STATE=CO SET AM\_TEXT=2

1 Hello, my name is \_\_\_\_\_. 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 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

[ASK IF SAMPTYPE=2 OR 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. [IF STATE=NJ INSERT: “The project is called the New Jersey Behavioral Risk Factor Survey, or NJ BRFSS.”] 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=1 INSERT “**INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.**”; IF SAMPTYPE=2 INSERT “**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**”]

- 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)]
  
- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[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]

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

**INT02.** Hello, I’m \_\_\_\_\_ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When

we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT “[RSA]”; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT “[ASKGENDR]”] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT “him”; IF HGENDER=2 INSERT “her”]?

01 Selected on the line

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]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[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.

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 land line 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 COLLEGE=1 AND HS2=2 AND ADULT=1]

**SEX1.** Are you male or female?

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

[IF SEX1=1 SET HGENDER=1 (Male); IF SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

**ADULTS.** I need to randomly select an 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?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

**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 SEX1=7,9]

**XX4.** 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]

**ONEADULT.** Are you the adult?

1 Yes  
2 No

[ASK IF ONEADULT=1]

**ASKGENDR.** Are you male or female?

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

[IF ASKGENDR=1 SET HGENDER=1 (Male); IF ASKGENDR=2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=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 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]

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

1 Continue

[ASK IF ADULTS > 1]

**MEN.** How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

**NWOMEN.** CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

**WOMEN.** So the number of women in the household is [NWOMEN].

**INTERVIEWER NOTE:** Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

//PROGRAMMER NOTE: QUESTION SHOULD BE NON-CLEANING//

[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (INT02=WR OR PW=150615))]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

[IF SAB1=1, SET RSA=21; IF SAB2=2, SET RSA=22]

**RSA.** System Generated Variable: Randomly Selected Adult

- 01 Oldest Female
- 02 2<sup>nd</sup> Oldest Female
- 03 3<sup>rd</sup> Oldest Female
- 04 4<sup>th</sup> Oldest Female
- 05 5<sup>th</sup> Oldest Female
- 06 6<sup>th</sup> Oldest Female
- 07 7<sup>th</sup> Oldest Female
- 08 8<sup>th</sup> Oldest Female
- 09 9<sup>th</sup> Oldest Female
- 11 Oldest Male
- 12 2<sup>nd</sup> Oldest Male
- 13 3<sup>rd</sup> Oldest Male
- 14 4<sup>th</sup> Oldest Male
- 15 5<sup>th</sup> Oldest Male
- 16 6<sup>th</sup> Oldest Male
- 17 7<sup>th</sup> Oldest Male
- 18 8<sup>th</sup> Oldest Male
- 19 9<sup>th</sup> Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

[IF RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**RESPSLCT.** The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

**[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 [RSA]"]

[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 [STATE] 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, male  
2 Yes, female

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 (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

**SELCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[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?

**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
- 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 cell telephones 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 or female?

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

[IF SEX2=1 SET HGENDER=1 (Male); IF SEX2=2 SET HGENDER=2 (Female)]

[ASK IF SEX2=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]

**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=7,9 OR COLLEGE2=7,9]

**X4.** Thank you very much for your 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 (STATE=NJ AND CSTATE=2 AND RSPSTATE=NJ)

**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 and Territories.

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 USED FOR BOTH BUSINESS AND PERSONAL USE.**

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

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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE].

**INTERVIEWER NOTE:** The interview takes on average 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 —

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

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]

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]

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 insurance?

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

**Interviewer:** If respondent gives 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
- 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, ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

If yes say: "Is that one person or more than one person, who you think of as your personal doctor or health care provider?"

**NOTE:** If the respondent had multiple doctor groups then it would be more than one. 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 LIST ONLY 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



8 NEVER  
7 DON'T KNOW  
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:** 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: Hypertension Awareness

---

[ASK ALL]

##### **S5Q1. Section 5: Hypertension Awareness**

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes  
2 Yes, but female told only during pregnancy

- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

**S5Q1A. INTERVIEWER:** You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

**S5Q2.** Are you currently taking prescription medicine for your high blood pressure?

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

## Section 6: Cholesterol Awareness

---

[ASK ALL]

**S6Q1. Section 6: Cholesterol Awareness**

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)

8 5 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q2.** Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q1=2,3,4,5,6,8]

**S6Q3.** Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

**INTERVIEWER:** If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with atherosclerotic cardiovascular disease risk."

1 Yes

2 No

7 DON'T KNOW

9 REFUSED

## Section 7: Chronic Health Conditions

---

[ASK ALL]

**S7Q1. Section 7: 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 had a heart attack also called a myocardial infarction?

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

[ASK ALL]

**S7Q2.** (Ever told you had) angina or coronary heart disease?

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

[ASK ALL]

**S7Q3.** (Ever told you had) a stroke?

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

[ASK ALL]

**S7Q4.** (Ever told you had) asthma?

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

[ASK IF S7Q4=1]

**S7Q5.** Do you still have asthma?

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

[ASK ALL]

**S7Q6.** (Ever told you had) skin cancer?

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

[ASK ALL]

**S7Q7.** (Ever told you had) any other types of cancer?

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

[ASK ALL]

**S7Q8.** (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]

**S7Q9.** (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]

**S7Q10.** 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]

**S7Q11.** (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 04.

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 S7Q11=2]

**S7Q11A. 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 S7Q11]

[ASK IF S7Q11=1]

**S7Q12.** How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

### NJ State Added Section 1: Diabetes (Splits 1,2,3)

[ASK IF STATE=NJ AND S7Q11=1 AND CSTATE NE 2 AND SPLIT=1,2,3]

#### **NJ1\_1.** NJ State Added Section 1: Diabetes

About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

**READ IF NECESSARY:** A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

88 None  
98 Never heard of A one C test  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=NJ AND S7Q11=1 AND CSTATE NE 2 AND SPLIT=1,2,3]

**NJ1\_2.** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK ALL]

**LANG1. INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

- 1 ENGLISH
- 2 SPANISH

Section 8: Arthritis

---

[ASK ALL]

**S8Q1. Section 8: Arthritis**

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

[ASK IF S8Q1=1]

**S8Q2.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

**INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.**

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

[ASK IF S8Q1=1]



**S8Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

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

[ASK IF S8Q1=1]

**S8Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

[ASK IF S8Q1=1]

**S8Q5.** In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

**INTERVIEWER NOTE:** If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is "yes" mark the overall response as yes.

**INTERVIEWER NOTE:** If a question arises about medications or treatment, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

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

[ASK IF S8Q1=1]

**S8Q6.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 9: Demographics

---

[ASK ALL]

**S9Q1. Section 9: Demographics**

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE  
09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]

**S9Q1CHK.** You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

[ASK ALL]

**S9Q2.** Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin  
2 Yes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S9Q2=2]

[MUL=4]

**S9Q2B.** Are you...

**INTERVIEWER NOTE:** One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
  
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

**S9Q3.** Which one or more of the following would you say is your race?

**INTERVIEWER NOTE:** Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
  
- 60 OTHER
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=40]

[MUL=9]

**S9Q3A.** Is that ...

**INTERVIEWER NOTE:** Select all that apply.

- 41 Asian Indian

- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S9Q3=50]

[MUL=5]

**S9Q3PI.** Is that...

**INTERVIEWER NOTE:** Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S9Q3)>1]

[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]

**S9Q4.** Which one of these groups would you say best represents your race?

**INTERVIEWER NOTE:** If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
  
- 60 Other

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(S9Q3A)>1 AND (NBR(S9Q3)==1 OR S9Q4=40)]  
[HIDE RESPONSES NOT SELECTED IN S9Q3A AND DISPLAY 77, 99]  
[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]  
**S9Q4A. Is that...**

41 Asian Indian  
42 Chinese  
43 Filipino  
44 Japanese  
45 Korean  
46 Vietnamese  
47 Other Asian  
  
60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(S9Q3PI)>1 AND (NBR(S9Q3)==1 OR S9Q4=50)]  
[HIDE RESPONSES NOT SELECTED IN S9Q3PI AND DISPLAY 77,99]  
[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]  
**S9Q4PI. Is that...**

51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander  
  
60 Other  
77 DON'T KNOW/ NOT SURE  
99 REFUSED

## NJ State Added Section 2: Where Born (Split 1, 2 and 3)

---

[ASK IF STATE=NJ AND CSTATE NE 2]  
**NJ2\_1. State Added Section 2: Where Born**

Where were you born?

- 1 In U.S.
- 2 Outside U.S.
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=NJ AND NJ2\_1 = 1 AND CSTATE NE 2]

**NJ2\_1A.** (Where were you born?)

#### INTERVIEWER RECORD STATE OF BIRTH

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  
99 Refused

[ASK IF STATE=NJ AND NJ2\_1 = 2 AND CSTATE NE 2]

**NJ2\_1B.** (Where were you born?)

### INTERVIEWER RECORD COUNTRY OF BIRTH

AL Albania  
AG Algeria  
AO Angola  
AC Antigua and Barbuda  
AR Argentina  
AS Australia  
AU Austria

BG	Bangladesh
BB	Barbados
BE	Belgium
BL	Bolivia
BR	Brazil
BU	Bulgaria
CA	Canada
CT	Central African Republic
CI	Chile
CH	China
CO	Colombia
CS	Costa Rica
HR	Croatia
CU	Cuba
CY	Cyprus
EZ	Czech Republic
DA	Denmark
DR	Dominican Republic
EC	Ecuador
EG	Egypt
ES	El Salvador
ER	Eritrea
ET	Ethiopia
FI	Finland
FR	France
GM	Germany
GH	Ghana
GR	Greece
GJ	Grenada
GQ	Guam
GT	Guatemala
GV	Guinea
GY	Guyana
HA	Haiti
HO	Honduras
HU	Hungary
IN	India
ID	Indonesia
IR	Iran
IZ	Iraq



EI	Ireland
IT	Italy
JM	Jamaica
JA	Japan
JO	Jordan
KZ	Kazakhstan
KE	Kenya
KG	Kyrgyzstan
LG	Latvia
LE	Lebanon
LI	Liberia
LY	Libya
LH	Lithuania
MK	Macedonia
MY	Malaysia
MX	Mexico
MO	Morocco
NL	Netherlands
NZ	New Zealand
NU	Nicaragua
NI	Nigeria
CQ	Northern Mariana Islands
NO	Norway
PK	Pakistan
PM	Panama
PA	Paraguay
PE	Peru
RP	Philippines
PL	Poland
PO	Portugal
RQ	Puerto Rico
RS	Russia
SC	Saint Kitts and Nevis
ST	Saint Lucia
SA	Saudi Arabia
SG	Senegal
SL	Sierra Leone
SN	Singapore
LO	Slovakia
SF	South Africa

KS South Korea  
SP Spain  
CE Sri Lanka  
SW Sweden  
SZ Switzerland  
TZ Tanzania  
TH Thailand  
TD Trinidad and Tobago  
TU Turkey  
UG Uganda  
UP Ukraine  
AE United Arab Emirates  
UK United Kingdom  
VQ United States Virgin Islands  
UY Uruguay  
UZ Uzbekistan  
VE Venezuela  
VM Vietnam  
ZI Zimbabwe  
88 Other  
99 Refused

[ASK IF STATE=NJ AND NJ2\_1 = 2 AND CSTATE NE 2]

**NJ2\_2.** When did you come to live in the United States?

\_\_\_\_ Year [Enter 4-digit year]

RANGE 1900-2021 [NUMBER BOX]

7777 Don't know

9999 Refused

[ASK IF STATE=NJ AND NJ2\_1=2 AND ((CYEAR-S9Q1)>NJ2\_2) AND CSTATE NE 2]

**NJ2\_2ck.** I would like to confirm some responses, you are [s9q1] years old, but you came to live in the United States in [NJ2\_2]. Is this correct??

1 Yes, Correct as is

2 No [go back to NJ2\_2]

## Module 28: Sexual Orientation and Gender Identity (SOGI) (Split 1, 2, and 3)

[ASK IF HGENDER=1 AND CSTATE NE 2]

**MOD28\_1A. Module 28: 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. If the respondent does not understand the question topic, code 7

**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]

**MOD28\_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. If the respondent does not understand the question topic, code 7.

**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]

**MOD28\_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]

**S9Q5.** Are you...?

**PLEASE READ:**

1 Married  
2 Divorced  
3 Widowed

- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple
- 8 In a registered domestic partnership [HIDE IF NOT(STATE=WA AND CSTATE NE 2)]
  
- 9 REFUSED

[ASK ALL]

**S9Q6.** What is the highest grade or year of school you completed?

**READ ONLY 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)

9 REFUSED

[ASK ALL]

**S9Q7.** Do you own or rent your home?

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

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

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

- 1 Own
- 2 Rent
- 3 Other arrangement

7 DON'T KNOW / NOT SURE

9 REFUSED

[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]

**S9Q9.** What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

[ASK IF STATE=NJ AND S9Q9 NE 07000-08999,99999,77777 AND CSTATE NE 2]

**S9Q9CHK2.** I am sorry, the zip code you have given me is not a valid New Jersey zip code. I must go back and correct this inconsistency.

1 Continue [GO BACK TO S9Q9]

### NJ State-Added Section: County

[ASK IF STATE=NJ AND CSTATE NE 2]

**NJ\_CNTY.** State-Added Section: County

In what county do you currently live?

- 001 Atlantic
- 003 Bergen
- 005 Burlington
- 007 Camden
- 009 Cape May
- 011 Cumberland
- 013 Essex

015 Gloucester  
017 Hudson  
019 Hunterdon  
021 Mercer  
023 Middlesex  
025 Monmouth  
027 Morris  
029 Ocean  
031 Passaic  
033 Salem  
035 Somerset  
037 Sussex  
039 Union  
041 Warren

777 Don't know / Not sure  
999 Refused

### NJ State-Added Section 3: City/Town (Split 1, 2 and 3)

[ASK IF STATE=NJ AND CSTATE NE 2]

**NJFILTER. State-Added Section: Town**

What city or town do you live in?

[INSERT SQL FILTER]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

88888 INTERVIEWER: If City/Town is not listed, please record their verbatim response [TEXT BOX]

//Hidden question populated with corresponding town response selected at NJFILTER//

**NJTOWN.**

What city or town do you live in?

001 Absecon / Absecon City

- 002 Absecon / Galloway Township
- 003 Atlantic City
- 004 Baststo / Hammonton Town
- 005 Brigantine / Brigantine City
- 006 Buena / Buena Borough
- 007 Buena / Buena Vista Township
- 008 Corbin City
- 009 Dorothy / Weymouth Township
- 010 Egg Harbor City / Egg Harbor Township
- 011 Egg Harbor City
- 012 Egg Harbor Township
- 013 Estell Manor
- 014 Galloway / Galloway Township
- 015 Hammonton / Folsom Borough
- 016 Hammonton / Hammonton Town
- 017 Landisville / Buena Vista Township
- 018 Linwood / Egg Harbor Township
- 019 Linwood / Linwood City
- 020 Longport / Longport Borough
- 021 Margate City
- 022 Mays Landing / Hamilton Township
- 023 McKee City / Pleasantville City
- 024 Milmay / Buena Vista Township
- 025 Minotola / Buena Borough
- 026 Newtonville / Buena Vista Township
- 027 Northfield / Northfield City
- 028 Pleasantville / Pleasantville City
- 029 Port Republic / Port Republic City
- 030 Richland / Buena Vista Township
- 031 Smithfield / Galloway Township
- 032 Somers Point / Somers Point City
- 033 Ventnor City
- 034 Allendale / Allendale Borough
- 035 Bergenfield / Bergenfield Borough
- 036 Bogota / Bogota Borough
- 037 Carlstadt / Carlstadt Borough
- 038 Cliffside Park / Cliffside Park Borough
- 039 Closter / Closter Borough
- 040 Cresskill / Cresskill Borough
- 041 Demarest / Demarest Borough



- 042 Dumont / Dumont Borough
- 043 East Rutherford / East Rutherford Borough
- 044 Edgewater / Edgewater Borough
- 045 Elmwood Park / Elmwood Park Borough
- 046 Emerson / Emerson Borough
- 047 Englewood / Englewood City
- 048 Englewood
- 049 Englewood Cliffs
- 050 Fair Lawn / Fair Lawn Borough
- 051 Fairview / Fairview Borough
- 052 Fort Lee / Fort Lee Borough
- 053 Franklin Lakes / Franklin Lakes Borough
- 054 Garfield / Garfield City
- 055 Glen Rock / Glen Rock Borough
- 056 Glen Rock / Ridgewood Village
- 057 Hackensack / Hackensack City
- 058 Harrington Park / Harrington Park Borough
- 059 Hasbrouck Heights / Hasbrouck Heights Borough
- 060 Haworth / Haworth Borough
- 061 Hillsdale / Hillsdale Brough
- 062 Ho Ho Kus / Ho Ho Kus Borough
- 063 Leonia / Leonia Borough
- 064 Little Ferry / Little Ferry Borough
- 065 Lodi / Lodi Borough
- 066 Lyndhurst / Lyndhurst Township
- 067 Mahwah / Mahwah Township
- 068 Maywood / Maywood Borough
- 069 Midland Park / Midland Park Borough
- 070 Montvale / Montvale Borough
- 071 Moonachie / Moonachie Borough
- 072 New Milford / New Milford Borough
- 073 North Arlington / North Arlington Borough
- 074 Northvale / Northvale Borough
- 075 Norwood / Norwood Borough
- 076 Oakland / Oakland Borough
- 077 Old Tappan / Old Tappan Borough
- 078 Oradell / Oradell Borough
- 079 Palisades Park / Palisades Park Borough
- 080 Paramus / Paramus Borough
- 081 Park Ridge / Park Ridge Borough

082 Ramsey / Ramsey Borough  
083 Ridgefield / Ridgefield Borough  
084 Ridgefield Park / Ridgefield Park Borough  
085 Ridgewood / Ridgewood Village  
086 River Edge / River Edge Borough  
087 River Vale / River Vale Township  
088 River Vale / Westwood Borough  
089 Rochelle Park / Rochelle Park Township  
090 Rockleigh / Rockleigh Borough  
091 Rutherford / Rutherford Borough  
092 Saddle Brook / Saddle Brook Township  
093 Saddle River / Saddle River Borough  
094 South Hackensack / South Hackensack Township  
095 Teaneck / Teaneck Township  
096 Tenafly / Tenafly Borough  
097 Teterboro / Teterboro Borough  
098 Township of Washington / Washington Township  
099 Upper Saddle River / Upper Saddle River Borough  
100 Waldwick / Waldwick Borough  
101 Wallington / Wallington Borough  
102 Westwood / Westwood Borough  
103 Wood Ridge / Wood Ridge Borough  
104 Woodcliff Lake / Woodcliff Lake Borough  
105 Wyckoff / Wyckoff Township  
106 Beverly / Beverly City  
107 Bordentown / Bordentown City  
108 Bordentown / Bordentown Township  
109 Browns Mills / Pemberton Township  
110 Burlington / Burlington Township  
111 Burlington City / Burlington City  
112 Burlington Township / Burlington Township  
113 Chatsworth / Woodland Township  
114 Chesterfield / Chesterfield Township  
115 Cinnaminson / Cinnaminson Township  
116 Cinnaminson / Riverton Borough  
117 Columbus / Mansfield Township  
118 Cookstown / New Hanover Township  
737 Cookstown/North Hanover Township  
119 Crosswicks / Chesterfield Township  
120 Delanco / Delanco Township

- 121 Delanco / Delran Township
- 122 Delran / Delran Township
- 123 Delran / Riverside Township
- 124 Eastampton/ Eastampton Township
- 125 Eastampton Township / Eastampton Township
- 126 Edgewater Park / Edgewater Park Township
- 127 Egg Harbor City / Washington Township
- 128 Evesham / Evesham Township
- 129 Fieldsboro / Fieldsboro Borough
- 130 Florence / Florence Township
- 131 Fort Dix / New Hanover Township
- 132 Hainesport / Hainesport Township
- 133 Hainesport Township / Hainesport Township
- 134 Jobstown / Springfield Township
- 135 Joint Base Mdl / New Hanover Township
- 136 Joint Base Mdl / Wrightstown Borough
- 137 Lumberton / Lumberton Township
- 138 Lumberton Township / Lumberton Township
- 139 Maple Shade / Maple Shade Township
- 140 Marlton / Evesham Township
- 141 McGuire AFB / North Hanover Township
- 142 Medford / Medford Township
- 143 Medford Lakes / Medford Lakes Borough
- 144 Moorestown / Moorestown Township
- 145 Mount Holly / Mount Holly Township
- 146 Mount Laurel / Mount Laurel Township
- 147 Palmyra / Palmyra Borough
- 148 Pemberton / Pemberton Borough
- 149 Pemberton / Pemberton Township
- 150 Riverside / Riverside Township
- 151 Riverton / Cinnaminson Township
- 152 Riverton / Riverton Borough
- 153 Roebling / Florence Township
- 154 Shamong / Shamong Township
- 155 Southampton / Southampton Township
- 156 Tabernacle / Tabernacle Township
- 157 Vincentown / Southampton Township
- 158 Westampton / Westampton Township
- 159 Willingboro / Willingboro Township
- 160 Wrightstown / North Hanover Township

- 161 Wrightstown / Wrightstown Borough
- 162 Atco / Waterford Township
- 163 Audubon / Audubon Borough
- 164 Audubon / Audubon Park Borough
- 165 Barrington / Barrington Borough
- 166 Bellmawr / Bellmawr Borough
- 167 Berlin / Berlin Borough
- 168 Berlin Township / Berlin Township
- 169 Blackwood / Gloucester Township
- 170 Brooklawn / Brooklawn Borough
- 171 Camden / Camden City
- 172 Cherry Hill / Cherry Hill Township
- 173 Cherry Hill / Haddon Township
- 174 Clementon / Clementon Borough
- 175 Collingswood / Collingswood Borough
- 176 Collingswood / Collingswood Borough
- 177 Delair / Pennsauken Township
- 178 Erial / Gloucester Township
- 179 Gibbsboro / Gibbsboro Borough
- 180 Glendora / Gloucester Township
- 181 Gloucester City / Gloucester City
- 182 Haddon Heights / Haddon Heights Borough
- 183 Haddon Township / Haddon Township
- 184 Haddonfield / Haddonfield Borough
- 185 Haddonfield / Tavistock Borough
- 186 Hi-Nella/ Hi-Nella Borough
- 187 Kirkwood - Voorhees / Voorhees Township
- 188 Laurel Springs / Laurel Springs Borough
- 189 Lawnside / Lawnside Borough
- 190 Lindenwold / Lindenwold Borough
- 191 Magnolia / Magnolia Borough
- 192 Merchantville / Merchantville Borough
- 193 Mount Ephraim / Mount Ephraim Borough
- 194 Oaklyn / Oaklyn Borough
- 195 Oaklyn / Woodlynne Borough
- 196 Pennsauken / Pennsauken Township
- 197 Pennsauken / Pennsauken Township
- 198 Pine Hill / Pine Hill Borough
- 199 Pine Valley / Pine Valley Borough
- 200 Runnemede / Runnemede Borough

- 201 Sicklerville / Winslow Township
- 202 Somerdale / Somerdale Borough
- 203 Stratford / Stratford Borough
- 204 Voorhees / Voorhees Township
- 205 Waterford Works / Waterford Township
- 206 West Berlin / Berlin Township
- 207 West Berlin / Chesilhurst Borough
- 208 West Collingswood / Haddon Township
- 209 West Collingswood Heights / Haddon Township
- 210 Westmonth / Haddon Township
- 211 Woodlynne / Woodlynne Borough
- 212 Avalon / Avalon Borough
- 213 Cape May / Cape May City
- 214 Cape May / Lower Township
- 215 Cape May Court House / Middle Township
- 216 Del Haven / Lower Township
- 217 Marmora / Upper Township
- 218 North Cape May / Lower Township
- 219 North Cape May / West Cape May Borough
- 220 North Wildwood / North Wildwood City
- 221 Ocean City / Ocean City
- 222 Ocean View / Dennis Township
- 223 Rio Grande / Middle Township
- 224 Sea Isle City / Sea Isle City
- 225 Stone Harbor / Stone Harbor Borough
- 226 Townsends inlet / Sea Isle City
- 227 Villas / Lower Township
- 228 West Cape May / West Cape May Borough
- 229 West Wildwood / West Wildwood Borough
- 230 Wildwood / Wildwood City
- 231 Wildwood Crest / Wildwood Crest Borough
- 232 Woodbine / Woodbine Borough
- 233 Bridgeton / Bridgeton City
- 234 Bridgeton / Hopewell Township
- 235 Bridgeton / Upper Deerfield Township
- 236 Cedarville / Lawrence Township
- 237 Delmont / Maurice River Township
- 238 Greenwich / Greenwich Township
- 239 Heislerville / Maurice River Township
- 240 Leesburg / Maurice River Township

241 Millville / Millville City  
242 Newport / Downe Township  
243 Port Elizabeth / Maurice River Township  
244 Port Norris / Commercial Township  
245 Stow Creek Township / Stow Creek Township  
246 Vineland / Vineland City  
247 Vineland / Vineland City  
248 Belleville / Belleville Township  
249 Bloomfield / Bloomfield Township  
250 Caldwell / Caldwell Borough  
251 Caldwell / North Caldwell Borough  
252 Caldwell / West Caldwell Township  
253 Cedar Grove / Cedar Grove Township  
254 East Orange / East Orange City  
255 Essex Fells / Essex Fells Borough  
256 Fairfield / Fairfield Township  
257 Glen Ridge / Glen Ridge Borough  
258 Irvington / Irvington Township  
259 Livingston / Livingston Township  
260 Maplewood / Maplewood Township  
261 Millburn / Millburn Township  
262 Montclair / Montclair Township  
263 Newark / Newark City  
264 North Caldwell / North Caldwell Borough  
265 Nutley / Nutley Township  
266 Orange / Orange City  
267 Roseland / Roseland Borough  
268 Short Hills / Millburn Township  
269 South Orange / South Orange Village  
270 Upper Montclair / Montclair Township  
271 Verona / Verona Township  
272 West Caldwell / West Caldwell Township  
273 West Orange / West Orange Township  
274 Blackwood / Washington Township  
275 Blackwood Terrace / Deptford Township  
276 Bridgeport / Logan Township  
277 Clarksboro / East Greenwich Township  
278 Clayton / Clayton Borough  
279 Deptford / Deptford Township  
280 Deptford / Deptford Township

- 281 Franklinville / Franklin Township
- 282 Gibbstown / Greenwich Township
- 283 Glassboro / Glassboro Borough
- 284 Grenloch / Washington Township
- 285 Logan Township / Logan Township
- 286 Malaga / Franklin Township
- 287 Mantua / Mantua Township
- 288 Mickleton / East Greenwich Township
- 289 Monroeville / Elk Township
- 290 Mount Royal / East Greenwich Township
- 291 Mullica Hill / Harrison Township
- 292 National Park / National Park Borough
- 293 Newfield / Newfield Borough
- 294 Paulsboro / Paulsboro Borough
- 295 Pitman / Pitman Borough
- 296 Sewell / Washington Township
- 297 South Harrison Township / South Harrison Township
- 298 Swedesboro / Swedesboro Borough
- 299 Thorofare / West Deptford Township
- 300 Turnersville / Washington Township
- 301 Wenonah / Wenonah Borough
- 302 West Deptford / West Deptford Township
- 303 Westville / Westville Borough
- 304 Williamstown / Mantua Township
- 305 Williamstown / Monroe Township
- 306 Woodbury / Woodbury City
- 307 Woodbury Heights / Woodbury Heights Borough
- 308 Woolwich Township / Woolwich Township
- 309 Bayonne / Bayonne City
- 310 East Newark / East Newark Borough
- 311 Guttenberg / Guttenberg Town
- 312 Harrison / Harrison Town
- 313 Hoboken / HOBOKEN CITY
- 314 Jersey City / Jersey City
- 315 Kearny / Kearny Town
- 316 North Bergen / North Bergen Township
- 317 Secaucus / Secaucus Town
- 318 Union City / Union City
- 319 Weehawken / Weehawken Township
- 320 West New York / Guttenberg Town

- 321 West New York / West New York Town
- 322 Annandale / Clinton Township
- 323 Bloomsbury / Bloomsbury Borough
- 324 Califon / Califon Borough
- 325 Calipon / Tewksbury Township
- 326 Clinton / Clinton Town
- 327 Clinton / Clinton Township
- 328 Clinton / Union Township
- 329 Flemington / Flemington Borough
- 330 Flemington / Raritan Township
- 331 Frenchtown / Frenchtown Borough
- 332 Frenchtown / Kingwood Township
- 333 Glen Gardner / Glen Gardner Borough
- 334 Glen Gardner / Lebanon Township
- 335 Hampton / Hampton Borough
- 336 High Bridge / High Bridge Borough
- 337 Lambertville / Lambertville City
- 338 Lambertville / West Amwell Township
- 339 Lebanon / Lebanon Borough
- 340 Lebanon / Lebanon Township
- 341 Milford / Holland Township
- 342 Milford / Milford Borough
- 343 Pittstown / Franklin Township
- 344 Ringoes / East Amwell Township
- 345 Rosemont / Delaware Township
- 346 Stockton / Stockton Borough
- 347 Tewksbury Township / Tewksbury Township
- 348 Three Bridges / Readington Township
- 349 Whitehouse Station / Readington Township
- 350 East Windsor / East Windsor Township
- 351 East Windsor / East Windsor Township
- 352 Ewing / Ewing Township
- 353 Ewing / Trenton City
- 354 Hamilton / Hamilton Township
- 355 Hamilton Square / Hamilton Township
- 356 Hightstown / Hightstown Borough
- 357 Hopewell / Hopewell Borough
- 358 Hopewell / Hopewell Township
- 359 Lawrence / Lawrence Township
- 360 Lawrence Township / Lawrence Township



- 361 Lawrenceville / Lawrence Township
- 362 Mercerville / Hamilton Township
- 363 Pennington / Pennington Borough
- 364 Princeton / Princeton
- 365 Princeton Junction / West Windsor Township
- 366 Robbinsville / Robbinsville Township
- 367 Titusville / Hopewell Township
- 368 Trenton / Ewing Township
- 369 Trenton / Hamilton Township
- 370 Trenton / Trenton City
- 371 West Trenton / Ewing Township
- 372 West Windsor / West Windsor Township
- 373 Avenel / Woodbridge Township
- 374 Carteret / Carteret Borough
- 375 Colonia / Woodbridge Township
- 376 Cranbury / Cranbury Township
- 377 Dayton / South Brunswick Township
- 378 Dunellen / Dunellen Borough
- 379 East Brunswick / East Brunswick Township
- 380 East Brunswick / Middlesex Borough
- 381 Edison / Edison Township
- 382 Fords / Woodbridge Township
- 383 Helmetta / Helmetta Borough
- 384 Highland Park / Highland Park Borough
- 385 Hopelawn / Woodbridge Township
- 386 Iselin / Woodbridge Township
- 387 Jamesburg / Jamesburg Borough
- 388 Keasbey / Woodbridge Township
- 389 Kendall Park / South Brunswick Township
- 390 Kingston / South Brunswick Township
- 391 Laurence Harbor / Old Bridge Township
- 392 Laurence Harbor / South Amboy City
- 393 Metuchen / Metuchen Borough
- 394 Middlesex / Middlesex Borough
- 395 Milltown / Milltown Borough
- 396 Monmouth Junction / South Brunswick Township
- 397 Monroe / Monroe Township
- 398 Monroe Township / Monroe Township
- 399 New Brunswick / New Brunswick City
- 400 New Brunswick / New Brunswick City

- 401 North Brunswick / North Brunswick Township
- 402 Old Bridge / East Brunswick Township
- 403 Old Bridge / Old Bridge Township
- 404 Parlin / Old Bridge Township
- 405 Parlin / Sayreville Borough
- 406 Perth Amboy / Perth Amboy City
- 407 Piscataway / Piscataway Township
- 408 Plainsboro / Plainsboro Township
- 409 Port Reading / Woodbridge Township
- 410 Sayreville / Sayreville Borough
- 411 Sewaren / Woodbridge Township
- 412 South Amboy / South Amboy City
- 413 South Plainfield / South Plainfield Borough
- 414 South River / South River Borough
- 415 Spotswood / Spotswood Borough
- 416 Woodbridge / Woodbridge Township
- 417 Aberdeen / Aberdeen Township
- 418 Allenhurst / Allenhurst Borough
- 419 Allentown / Allentown Borough
- 420 Asbury Park / Asbury Park City
- 421 Atlantic Highlands / Atlantic Highlands Borough
- 422 Avon By The Sea / Avon By The Sea Borough
- 423 Belford / Middletown Township
- 424 Belmar / Belmar Borough
- 425 Bradley Beach / Bradley Beach Borough
- 426 Brielle / Brielle Borough
- 427 Clarksburg / Millstone Township
- 428 Cliffwood / Aberdeen Township
- 429 Cliffwood Beach / Aberdeen Township
- 430 Colts Neck / Colts Neck Township
- 431 Cream Ridge / Upper Freehold Township
- 432 Deal / Deal Borough
- 433 Eatontown / Eatontown Borough
- 434 Eatontown / Eatontown Borough
- 435 Englishtown / Englishtown Borough
- 436 Fair Haven / Fair Haven Borough
- 437 Farmingdale / Farmingdale Borough
- 438 Farmingdale / Howell Township
- 439 Fort Monmouth / Red Bank Borough
- 440 Freehold / Freehold Borough

- 441 Freehold / Freehold Township
- 442 Hazlet / Hazlet Township
- 443 Hazlet Township / Hazlet Township
- 444 Highlands / Highlands Borough
- 445 Holmdel / Holmdel Township
- 446 Howell / Howell Township
- 447 Interlaken / Interlaken Borough
- 448 Keansburg / Keansburg Borough
- 449 Keyport / Keyport Borough
- 450 Keyport / Union Beach Borough
- 451 Lake Como / Lake Como (South Belmar Borough)
- 452 Leonardo / Middletown Township
- 453 Lincroft / Middletown Township
- 454 Little Silver / Little Silver Borough
- 455 Lock Arbour / Loch Arbour Village
- 456 Locust / Rumson Borough
- 457 Long Branch / Long Branch City
- 458 Manalapan / Manalapan Township
- 459 Manasquan / Manasquan Borough
- 460 Marlboro / Marlboro Township
- 461 Matawan / Matawan Borough
- 462 Middletown / Middletown Township
- 463 Millstone Township / Millstone Township
- 464 Monmouth Beach / Monmouth Beach Borough
- 465 Morganville / Marlboro Township
- 466 Neptune / Neptune Township
- 467 Neptune City / Neptune City Borough
- 468 New Monmouth / Middletown Township
- 469 North Middletown / Middletown Township
- 470 Oakhurst / Ocean Township
- 471 Ocean / Asbury Park City
- 472 Ocean / Interlaken Borough
- 473 Ocean Grove / Neptune Township
- 474 Oceanport / Oceanport Borough
- 475 Perrineville / Millstone Township
- 476 Port Monmouth / Middletown Township
- 477 Red Bank / Red Bank Borough
- 478 Red Bank / Shrewsbury Township
- 479 Rumson / Rumson Borough
- 480 Sandy Hook / Middletown Township

- 481 Sea Bright / Sea Bright Borough
- 482 Sea Girt / Sea Girt Borough
- 483 Shrewsbury / Shrewsbury Borough
- 484 Spring Lake / Spring Lake Borough
- 485 Spring Lake / Spring Lake Heights Borough
- 486 Tinton Falls / Tinton Falls Borough
- 487 Union Beach / Union Beach Borough
- 488 Wall / Wall Township
- 489 Wall township / Wall Township
- 490 West Allenhurst / Ocean Township
- 491 West Long Branch / West Long Branch Borough
- 492 Boonton / Boonton Town
- 493 Boonton / Boonton Township
- 494 Boonton Township / Boonton Township
- 495 Budd Lake / Mount Olive Township
- 496 Butler / Butler Borough
- 497 Cedar Knolls / Hanover Township
- 498 Chatham / Chatham Borough
- 499 Chatham / Chatham Township
- 500 Chester / Chester Borough
- 501 Chester / Chester Township
- 502 Chester Township / Chester Township
- 503 Denville / Denville Township
- 504 Dover / Dover Town
- 505 Dover / Randolph Township
- 506 Dover / Victory Gardens Borough
- 507 East Hanover / East Hanover Township
- 508 East Hanover / Hanover Township
- 509 Flanders / Mount Olive Township
- 510 Florham Park / Florham Park Borough
- 511 Gillette / Long Hill Township
- 512 Green Village / Harding Township
- 513 GREYSTONE PARK / Morris Plains Borough
- 514 Kenvil / Roxbury Township
- 515 Kinnelon / Kinnelon Borough
- 516 Lake Hiawatha / Parsippany-Troy Hills Township
- 517 Lake Hopatcong / Jefferson Township
- 518 Landing / Roxbury Township
- 519 Ledgewood / Roxbury Township
- 520 Lincoln Park / Lincoln Park Borough

- 521 Long Valley / Washington Township
- 522 Madison / Madison Borough
- 523 Mendham / Mendham Borough
- 524 Mendham Township / Mendham Township
- 525 Millington / Long Hill Township
- 526 Mine Hill / Mine Hill Township
- 527 Montville / Montville Township
- 528 Morris Plains / Morris Plains Borough
- 529 Morristown / Morristown Town
- 530 Mount Arlington / Mount Arlington Borough
- 531 Mountain Lakes / Mountain Lakes Borough
- 532 Netcong / Netcong Borough
- 533 New Vernon / Harding Township
- 534 Parsippany / Parsippany-Troy Hills Township
- 535 Pequannock / Pequannock Township
- 536 Picatinny ARS / Rockaway Township
- 537 Picatinny Arsenal / Rockaway Township
- 538 Pine Brook / Montville Township
- 539 Pompton Plains / Pequannock Township
- 540 Randolph / Randolph Township
- 541 Riverdale / Riverdale Borough
- 542 Rockaway / Rockaway Township
- 543 Rockaway Borough / Rockaway Borough
- 544 Roxbury Township / Roxbury Township
- 545 Stirling / Long Hill Township
- 546 Succasunna / Roxbury Township
- 547 Towaco / Montville Township
- 548 Wharton / Mine Hill Township
- 549 Wharton / Wharton Borough
- 550 Whippany / Hanover Township
- 551 Barnegat / Barnegat Township
- 552 Bay Head / Bay Head Borough
- 553 Bay Head / Point Pleasant Borough
- 554 Bay Head / Point Pleasant Beach Borough
- 555 Bayville / Berkeley Township
- 556 Beach Haven / Beach Haven Borough
- 557 Beachwood / Beachwood Borough
- 558 Brick / Brick Township
- 559 Forked River / Lacey Township
- 560 Harvey Cedars / Harvey Cedars Borough

561	Jackson / Jackson Township
562	Joint Base Mdl / Lakehurst Borough
563	Lakehurst / Lakehurst Borough
564	Lakehurst NAEC / Lakehurst Borough
565	Lakewood / Lakewood Township
566	Lanoka Harbor / Lacey Township
567	Lavallette / Lavallette Borough
568	Little Egg Harbor / Little Egg Harbor Township
569	Little Egg Harbor Township / Little Egg Harbor Township
570	Long Beach / Long Beach Township
571	Long Beach Township / Long Beach Township
572	Manahawkin / Stafford Township
573	Manchester / Manchester Township
574	Manchester Township / Manchester Township
575	Mantoloking / Mantoloking Borough
576	Mystic Islands / Little Egg Harbor Township
577	New Egypt / Plumsted Township
578	Osbornville / Brick Township
579	Pine Beach / Pine Beach Borough
580	Point Pleasant Beach / Bay Head Borough
581	Point Pleasant Beach / Point Pleasant Borough
582	Point Pleasant Beach / Point Pleasant Beach Borough
583	Point Pleasant Boro / Bay Head Borough
584	Point Pleasant Boro / Point Pleasant Borough
585	Point Pleasant Boro / Point Pleasant Beach Borough
586	Seaside Heights / Seaside Heights Borough
587	Seaside Park / Seaside Park Borough
588	Ship Bottom / Ship Bottom Borough
589	Ship Bottom / Surf City Borough
590	Stafford Township / Stafford Township
591	Surf City / Surf City Borough
592	Toms River / Toms River Township
593	Toms River / South Toms River Borough
594	Tuckerton / Tuckerton Borough
595	Waretown / Ocean Township
596	West Creek / Eagleswood Township
597	Whiting / Manchester Township
598	Bloomington / Bloomington Borough
599	Clifton / Clifton City
600	Haledon / Haledon Borough

- 601 Haskell / Wanaque Borough
- 602 Hawthorne / Hawthorne Borough
- 603 Hewitt / West Milford Township
- 604 Little Falls / Little Falls Township
- 605 Newfoundland / West Milford Township
- 606 North Haledon / North Haledon Borough
- 607 Oak Ridge / West Milford Township
- 608 Passaic / Passaic City
- 609 Paterson / Paterson City
- 610 Pompton Lakes / Pompton Lakes Borough
- 611 Prospect Park / Prospect Park Borough
- 612 Ringwood / Ringwood Borough
- 613 Totowa / Paterson City
- 614 Totowa / Totowa Borough
- 615 Wanaque / Wanaque Borough
- 616 Wayne / Wayne Township
- 617 West Milford / West Milford Township
- 618 West Paterson / Woodland Park Borough
- 619 Woodland Park / Woodland Park Borough
- 620 Carneys Point / Carneys Point Township
- 621 Elmer / Elmer Borough
- 622 Elsinboro Township / Elsinboro Township
- 623 Mannington / Mannington Township
- 624 Monroville / Upper Pittsgrove Township
- 625 Pedricktown / Oldmans Township
- 626 Penns Grove / Penns Grove Borough
- 627 Pennsville / Pennsville Township
- 628 Pilesgrove / Pilesgrove Township
- 629 Pilesgrove Township / Pilesgrove Township
- 630 Pittsgrove / Pittsgrove Township
- 631 Salem / Salem City
- 632 Woodstown / Woodstown Borough
- 633 Basking Ridge / Bernards Township
- 634 Bedminster / Bedminster Township
- 635 Belle Mead / Montgomery Township
- 636 Bernardsville / Bernardsville Borough
- 637 Bound Brook / Bound Brook Borough
- 638 Branchburg / Branchburg Township
- 639 Bridgewater / Bridgewater Township
- 640 Bridgewater / Somerville Borough

- 641 Far Hills / Far Hills Borough
- 642 Franklin Park / Franklin Township
- 643 Gladstone / Peapack Gladstone Borough
- 644 Green Brook / Green Brook Township
- 645 Griggstown / Franklin Township
- 646 Hillsborough / Hillsborough Township
- 647 Kingston / Franklin Township
- 648 Lyons / Bernards Township
- 649 Manville / Manville Borough
- 650 Martinsville / Bridgewater Township
- 651 Millstone Borough / Millstone Borough
- 652 Neshanic Station / Branchburg Township
- 653 North Branch / Branchburg Township
- 654 North Plainfield / North Plainfield Borough
- 655 Raritan / Raritan Borough
- 656 Rocky Hill / Rocky Hill Borough
- 657 Skillman / Montgomery Township
- 658 Somerset / Franklin Township
- 659 Somerville / Somerville Borough
- 660 South Bound Brook / South Bound Brook Borough
- 661 Warren / Warren Township
- 662 Watchung / Watchung Borough
- 663 Andover / Andover Borough
- 664 Andover / Andover Township
- 665 Augusta / Frankford Township
- 666 Branchville / Branchville Borough
- 667 Byram Township / Byram Township
- 668 Franklin / Franklin Borough
- 669 Fredon / Fredon Township
- 670 FREDON Township / Fredon Township
- 671 Glenwood / Vernon Township
- 672 Green Township / Green Township
- 673 Hamburg / Hamburg Borough
- 674 Hardyston / Hardyston Township
- 675 Highland Lakes / Vernon Township
- 676 Hopatcong / Hopatcong Borough
- 677 Lafayette / Lafayette Township
- 678 Layton / Sandyston Township
- 679 Montague / Montague Township
- 680 Newton / Fredon Township



681	Newton / Hampton Township
682	Newton / Newton Town
683	Ogdensburg / Ogdensburg Borough
684	Sandyston / Sandyston Township
685	Sparta / Sparta Township
686	Stanhope / Byram Township
687	Stanhope / Stanhope Borough
688	Stockholm / Hardyston Township
689	Sussex / Sussex Borough
690	Vernon / Vernon Township
691	Wallpack Center / Walpack Township
692	Wantage / Wantage Township
693	Berkeley Heights / Berkeley Heights Township
694	Clark / Clark Township
695	Cranford / Cranford Township
696	Elizabeth / Elizabeth City
697	Elizabethport / Elizabeth City
698	Fanwood / Fanwood Borough
699	Garwood / Garwood Borough
700	Hillside / Hillside Township
701	Industrial Hillside / Hillside Township
702	Kenilworth / Kenilworth Borough
703	Linden / Linden City
704	Linden / Winfield Township
705	Mountainside / Mountainside Borough
706	New Providence / New Providence Borough
707	Plainfield / Plainfield City
708	Rahway / Rahway City
709	Roselle / Roselle Borough
710	Roselle Park / Roselle Park Borough
711	Scotch Plains / Scotch Plains Township
712	Springfield / Springfield Township
713	Summit / Summit City
714	Union / Union Township
715	Vauxhall / Union Township
716	Westfield / Westfield Town
717	Winfield Linden / Winfield Township
718	Alpha / Alpha Borough
719	Asbury / Franklin Township
720	Belvidere / Belvidere Town

- 721 Blairstown / Blairstown Township
- 722 Columbia / Knowlton Township
- 723 Great Meadows / Independence Township
- 724 Great Meadows / Liberty Township
- 725 Hackettstown / Hackettstown Town
- 726 Hardwick / Hardwick Township
- 727 Johnsonburg / Frelinghuysen Township
- 728 Oxford / Oxford Township
- 729 Phillipsburg / Harmony Township
- 730 Phillipsburg / Lopatcong Township
- 731 Phillipsburg / Phillipsburg Town
- 732 Phillipsburg / Pohatcong Township
- 733 Port Murray / Mansfield Township
- 734 Stewartsville / Greenwich Township
- 735 Washington / Washington Borough
- 736 Washington / Washington Township
- 738 Newark/ Newark City
- 739 Jersey City/ Jersey City
- 740 Alpine/ Alpine Borough
- 741 Princeton / Princeton Township
- 742 Rancocas/ Westampton Township
- 743 Dennisville/ Dennis Township
- 744 Dorchester/ Maurice River Township
- 745 Allenwood/ Wall Township
- 746 Ocean Gate/ Ocean Gate Borough
- 747 Oldwick/ Tweksbury Township
- 748 Island Heights / Island Heights Borough

888 [NJFILTER]  
777 DON'T KNOW  
999 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND NOT(S9Q9=77777,99999 AND  
NJ\_CNTY=777,999 AND NJFILTER=77777,99999)  
NJTOWN\_1CK.

I just want to confirm, [IF S9Q9 NE 77777,99999 INSERT: “your zip code is [S9Q9],” [IF NJ\_CNTY NE 777,999 INSERT: “your county is [NJ\_CNTY],” [IF NJFILTER NE 77777,99999 INSERT: “your town is [NJFILTER]”. Is that correct?

- 1 Yes
- 2 No [Go BACK TO S9Q9]

[ASK IF SAMPTYPE=1]

**S9Q10.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

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

[ASK IF S9Q10=1 AND SAMPTYPE=1]

**S9Q11.** How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S9Q12.** How many cell phones do you have for personal use?

**INTERVIEWER NOTE:** 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]

**S9Q13.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE:** 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]

**S9Q14.** 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

9 REFUSED

[ASK ALL]

**S9Q15.** How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE

99 REFUSED

[ASK IF S9Q15=1-87]

**S9Q15CHK.** Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT "child"; IF S9Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S9Q15]
  
- 9 REFUSED

[ASK ALL]

**S9Q16A.** Is your annual household income from all sources –

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

**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 S9Q16A=01]

**S9Q16B.** Less than \$25,000 (\$20,000 to less than \$25,000)?

**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 S9Q16B=01]

**S9Q16C.** 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 S9Q16C=01]

**S9Q16D.** 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 S9Q16D=01]

**S9Q16E.** 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 S9Q16A=02]

**S9Q16F.** 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 S9Q16F=02]

**S9Q16G.** 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 S9Q16G=02]

**S9Q16H.** 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 S9Q16H=02]

**S9Q16I.** 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 S9Q16I=02]

**S9Q16J.** 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 S9Q16J=02]

**S9Q16K.** \$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 S9Q16=01 IF S9Q16E=01  
SET S9Q16=02 IF S9Q16E=02  
SET S9Q16=03 IF S9Q16D=02  
SET S9Q16=04 IF S9Q16C=02  
SET S9Q16=05 IF S9Q16B=02  
SET S9Q16=06 IF S9Q16F=01  
SET S9Q16=07 IF S9Q16G=01  
SET S9Q16=08 IF S9Q16H=01  
SET S9Q16=09 IF S9Q16I=01  
SET S9Q16=10 IF S9Q16J=01 OR IF S9Q16K=02  
SET S9Q16=11 IF S9Q16K=01  
SET S9Q16=77 IF ANY S9Q16A-S9Q16K=77  
SET S9Q16=99 IF ANY S9Q16A-S9Q16K=99

[ASK ALL]

**S9Q16.** 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 S9Q16 NE 77,99]

**S9Q16AA.** Your Annual Household Income is [S9Q16]. Is This Correct?

1 Yes, correct as is.  
2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]

**S9Q17.** To your knowledge, are you now pregnant?

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

[ASK ALL]

**PS9Q18.** 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 PS9Q18=P]

**S9Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]

**S9Q18\_A.** Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]

**S9Q18M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q18M=23-352 AND PS9Q18=K]

**S9Q18AM.** Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S9Q18M]

[ASK ALL]

**PS9Q19.** 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 PS9Q19=F]

**S9Q19.** 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]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q19=300-407 OR S9Q19=609-711]

**S9Q19A.** Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]

**S9Q19M.** About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]

**S8Q19AM.** Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S9Q19M]

## Section 10: Disability

[ASK ALL]

### **S10Q1. Section 10: 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]

**S10Q2.** 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]

**S10Q3.** 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]

**S10Q4.** Do you have serious difficulty walking or climbing stairs?

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

[ASK ALL]

**S10Q5.** Do you have difficulty dressing or bathing?

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

[ASK ALL]

**S10Q6.** 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 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, bluetin, 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?

**DO NOT READ:**

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.

**DO NOT READ:**

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S11Q4.** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

**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:** These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

**DO NOT READ**

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never used e-cigs
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]

**S12Q1. Section 12: Alcohol Consumption**

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

**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 S12Q1 NE 888,777,999]

**S12Q2.** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**INTERVIEWER 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]

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

[ASK IF S12Q2=12-76]

**S12Q2A.** I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]

**S12Q3.** 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]

88 NO DAYS  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q3=16-76]

**S12Q3A.** I am sorry, you said that in the past month there were [S12Q3] occasions when you 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 S12Q3]

[ASK IF S12Q1 NE 888,777,999]

**S12Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S12Q4=16-76]



**S12Q4A.** I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

**S12Q4B.** 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 S12Q4]

[ASK IF (S12Q3=1-76 AND HGENDER=2 AND S12Q4=1-3) OR (S12Q3=1-76 AND HGENDER=1 AND S12Q4=1-4)]

**S12Q4C.** 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 [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

### Section 13: Immunization

---

[ASK ALL]

#### **S13Q1. Section 13: 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 ONLY 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

[ASK IF S13Q1=1]

**S13Q2M.** 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 S13Q1=1]

**S13Q2Y.**

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

**S13Q2CHK.** 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 more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes [GO BACK TO S13Q2M]  
2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

**S13Q2CHK2.** 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 S13Q2M]

[ASK IF S13Q1=1 AND CSTATE NE 2 AND S13Q2CHK NE 2]

**S13Q3.** 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?

**INTERVIEWER NOTE:** 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 through location at some other place than listed above
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

**S13Q4.** 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

**Module 8: COVID Vaccination (Split 1, 2, and 3) )** [Questions were added in July except as noted]

[ASK IF CSTATE NE 2]

**MOD8\_1. Module 8: COVID Vaccination**

Have you had a COVID-19 vaccination? [Added in March as a state-added question with slightly different wording]

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

[ASK IF MOD8\_1=2 AND CSTATE NE 2]

**MOD8\_2.** Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure? [Added in March as a state-added question with slightly different wording]

- 1 Will definitely get a vaccine
- 2 Will probably get a vaccine
- 3 Will probably not get a vaccine
- 4 Will definitely not get a vaccine
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

NJ State Added Section 7: COVID Vaccine Hesitancy (Split 1, 2, and 3)

[ASK IF STATE=NJ AND CSTATE NE 2 AND MOD8\_2 = 3, 4, 7, 9]

**NJ7\_3.** There are many reasons why people don't get COVID vaccinations. Which of the following is the ONE main reason you do not think you will get a COVID vaccination?

[Added in March as a state-added question]

**INTERVIEWER:** If more than one reason is given, ask "What is the one MAIN reason you do not think you will get the COVID vaccination?"

**PLEASE READ:**

- 1 Don't trust vaccines in general
- 2 Concerns about side effects or sickness
- 3 Risks of COVID are exaggerated
- 4 COVID vaccine is too new and I want to wait
- 5 I do not trust the government to make sure the vaccine is safe and effective
- 6 I do not trust the health care system
- 8 Some other reason (Specify) [TEXT BOX]
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8\_1=1 AND CSTATE NE 2]

**MOD8\_3.** How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD8\_3=1,7,9 AND CSTATE NE 2]

**MOD8\_4.** Which of the following best describes your intent to take the recommended COVID vaccinations... Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?

- 1 Already received all recommended doses
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD8\_3=1,2 AND CSTATE NE 2]

**MOD8\_5M.** During what month and year did you receive your [IF MOD8\_3=2 INSERT "first"] COVID-19 vaccination?

- 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 MOD8\_3=1,2 AND CSTATE NE 2]

**MOD8\_5Y.**

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD8\_5Y=CYEAR AND MOD8\_5M>CMONTH AND NOT(MOD8\_5M=77,99)]

**MOD8\_5CHK.** I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

- 1 Yes [GO BACK TO MOD8\_5M]
- 2 No

[ASK IF MOD8\_3=2 AND CSTATE NE 2]

**MOD8\_6M.** During what month and year did you receive your second COVID-19 vaccination?

- 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 MOD8\_3=2 AND CSTATE NE 2]

**MOD8\_6Y.**

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

- 7777 DON'T KNOW / NOT SURE
- 9999 REFUSED

[ASK IF MOD8\_6Y=CYEAR AND MOD8\_6M>CMONTH AND NOT(MOD8\_6M=77,99)]

**MOD8\_6CHK.** I'm sorry, but you said you had a COVID vaccination within the past 12 months, but you have just given me a date for your vaccination that is in the future. I must go back and correct this inconsistency.

1 Yes [GO BACK TO MOD8\_6M]  
2 No

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

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[ASK ALL]

### S14Q1. Section 14: 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

[ASK IF S14Q1=1]

**S14Q2M.** 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 S14Q1=1]

**S14Q2Y.**

Code YEAR (RANGE 1985-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

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

**S14Q2CHK.** I'm sorry, but you said you had a H.I.V. test within the past 12 months, 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 S14Q2M]

## Section 15: Fruits and Vegetables

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[ASK ALL]

**S15Q1. Section 15: Fruits and Vegetables**

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':** "Include fresh, frozen or canned fruit. Do not include dried fruits."

**INTERVIEWER NOTE:** If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “was that per day, week, or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q2.** Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

**READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS:** “Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends.”

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If a respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q3.** How often did you eat a green leafy or lettuce salad, with or without other vegetables?

**READ IF RESPONDENT ASKS ABOUT SPINACH:** “Include spinach salads.”

**INTERVIEWER NOTE:** Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q4.** How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

**READ IF RESPONDENT ASKS ABOUT POTATO CHIPS:** “Do not include potato chips”

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
555 Never  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S15Q5.** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:**

“Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
 555 Never  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

[ASK ALL]

**S15Q6.** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE:** Enter Quantity in times per day, week, or month. If respondent gives a number without a time frame, ask “Was that per day, week, or month?”

- 1\_\_ Day (RANGE 101-199)
- 2\_\_ Week (RANGE 201-299)
- 3\_\_ Month (RANGE 301-399) [NUMBER BOX]

300 Less than once a month  
 555 Never  
 777 DON'T KNOW / NOT SURE  
 999 REFUSED

## Optional Modules

### Module 5: HPV - Vaccination (Split 1, 2, and 3)

[ASK IF S9Q1=18-49 AND CSTATE NE 2]

#### MOD5\_1. Module 5: HPV Vaccination

Have you ever had an H.P.V. vaccination?

**INTERVIEWER NOTE:** Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)

**READ IF NECESSARY:** A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, or [IF HGENDER=2 INSERT “Gardasil or Cervarix”; IF HGENDER=1 INSERT “Gardasil”].

**INTERVIEWER NOTE:** If respondent comments that this question was already asked, clarify that the earlier questions were about HPV testing and this question is about vaccination.

- 1 Yes
- 2 No
- 3 Doctor refused when asked
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD5\_1=1]

**MOD5\_2.** How many HPV shots did you receive?

RANGE 1-2 [NUMBER BOX]

- 3 All shots
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

## Module 6: Tetanus Diphtheria (Tdap) (Adults) (Split 3)

---

[ASK IF CSTATE NE 2]

**MOD6\_1. Module 6: Tetanus Diphtheria (Tdap) (Adults)**

Have you received a tetanus shot in the past 10 years?

**INTERVIEWER:** If yes ask “Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?”

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years

7 DON'T KNOW / NOT SURE  
9 REFUSED

### Module 7: Shingles Vaccination (Split 1, 2, and 3)

---

[ASK IF S9Q1=50-99 AND CSTATE NE 2]

#### MOD7\_1. Module 7: Shingles Vaccination

Have you ever had the shingles or zoster vaccine?

**READ ONLY IF NECESSARY:** Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

### Module 9: Lung Cancer Screening ( Split 1, 2, and 3)

---

[ASK IF (S11Q1=1 AND S11Q2=1,2,3 AND CSTATE NE 2)]

#### MOD9\_1. Module 9: 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]

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

[ASK IF S9Q1<MOD9\_1 AND S9Q1 NE 07,09 AND MOD9\_1 NE 888,777,999 AND CSTATE NE 2]

**MOD9\_1C.** Previously you indicated you were [S9Q1] years old, but stated you were [MOD9\_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD9\_1]

[ASK IF (S11Q1=1 AND S11Q2=1,2,3 AND MOD9\_1 NE 888 AND CSTATE NE 2)]

**MOD9\_2.** How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF MOD9\_1=1-100 AND ((S9Q1=18-99 AND (S9Q1<MOD9\_2)) AND S9Q1 NE 07,09) AND MOD9\_2 NE 777,999 AND CSTATE NE 2]

**MOD9\_2C.** Previously you indicated you were [S9Q1] years old, but stated you were [MOD9\_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD9\_2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND MOD9\_1 NE 888 AND CSTATE NE 2]

**MOD9\_3.** 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  
1.25 PACK = 25 CIGARETTES  
1.5 PACK = 30 CIGARETTES

2.5 PACKS= 50 CIGARETTES  
3 PACKS= 60 CIGARETTES

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF CSTATE NE 2]

**MOD9\_4.** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?

**READ ONLY IF NECESSARY:**

- 1 Yes, to check for lung cancer
- 2 No (did not have a CT scan)
- 3 Had a CT scan, but for some other reason

**DO NOT READ:**

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

## Module 10: Breast and Cervical Cancer Screening (Split 1, 2, and 3)

[ASK IF HGENDER=2 AND CSTATE NE 2]

### MOD10\_1. Module 10: 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 MOD10\_1=1]

**MOD10\_2.** How long has it been since you had your last mammogram?

**READ ONLY 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 AND CSTATE NE 2]

**MOD10\_3.** Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No

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

[ASK IF MOD10\_3=1]

**MOD10\_4.** How long has it been since you had your last cervical cancer screening test?

**READ ONLY 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 MOD10\_3=1]

**MOD10\_5.** 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 MOD10\_3=1]

**MOD10\_6.** At your most recent cervical cancer screening, did you have an H.P.V. test?  
**INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)**

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

[ASK IF HGENDER=2 AND S9Q17 NE 1 AND CSTATE NE 2]

**MOD10\_7.** Have you had a hysterectomy?

**INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).**

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

### **Module 11: Prostate Cancer Screening (Split 1, 2, and 3)**

---

[ASK IF (S9Q1>39 OR S9Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

**MOD11\_1. Module 11: Prostate Cancer Screening**

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

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

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

[ASK IF MOD11\_1=1]

**MOD11\_2.** How long has it been since you had your last P.S.A. test?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

**READ ONLY 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)
- 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 5 or more years ago

**DO NOT READ:**

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

[ASK IF MOD11\_1=1]

**MOD11\_3.** What was the main reason you had this P.S.A. test – was it ...?

**INTERVIEWER:** A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.

**PLEASE READ:**

- 1 Part of a routine exam
- 2 Because of a problem
- 3 Other reason
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD11\_1=1]

**MOD11\_4.** Did a doctor, nurse, or other health professional EVER talk with you about the advantages, the disadvantages or both advantages and disadvantages of the Prostate-Specific Antigen or P.S.A. test?

- 1 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages
  
- 4 Neither
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Module 12: Colorectal Cancer Screening (Split 3)

[ASK IF (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

#### **MOD12\_1. Section 12: Colorectal Cancer Screening**

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

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

[ASK IF MOD12\_1=1]

**MOD12\_2.** 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 MOD12\_2=1]

**MOD12\_3.** How long has it been since your most recent colonoscopy?

**READ ONLY 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 MOD12\_2=2]

**MOD12\_4.** How long has it been since your most recent sigmoidoscopy?

**READ ONLY 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 MOD12\_2=3,7]

**MOD12\_5.** How long has it been since your most recent colonoscopy or sigmoidoscopy?

**READ ONLY 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 (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

**MOD12\_6.** 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 MOD12\_6=1]

**MOD12\_7.** 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 MOD12\_7=1]

**MOD12\_8.** When was your most recent CT colonography or virtual colonoscopy?

**READ ONLY 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 MOD12\_6=1]

**MOD12\_9.** 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 MOD12\_9=1]

**MOD12\_10.** How long has it been since you had this test?

**READ ONLY 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 MOD12\_6=1]

**MOD12\_11.** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test?

**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 MOD12\_11=1]

**MOD12\_12.** Was the blood stool or FIT you reported earlier conducted as part of a Cologuard test?

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

[ASK IF MOD12\_11=1]

**MOD12\_13.** How long has it been since you had this test?

**READ ONLY 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

### Module 13: Cancer Survivorship : Type of Cancer (Split 1, 2, and 3)

---

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

**MOD13\_1. Module 13: Cancer Survivorship**

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 MOD13\_1=1,2,3]

**MOD13\_2.** At what age were you [IF MOD13\_1=1 INSERT “told that you had cancer?”; IF MOD13\_1=2,3 INSERT “first diagnosed with cancer?”]

**INTERVIEWER NOTE:** This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD13\_2>S9Q1 AND S9Q1 NE 07,09 AND MOD13\_2 NE 98,99 AND CSTATE NE 2]

**MOD13\_2C.** You said you were [S9Q1] years of age and told that you had cancer at age [MOD13\_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD13\_2]

[ASK IF S7Q6=1 AND MOD13\_1=1 AND CSTATE NE 2]

**MOD13\_3A.** Was it “Melanoma” or “other skin cancer”?

21 Melanoma

22 Other Skin Cancer

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD13\_1=2,3 OR (MOD13\_1=1 AND S7Q6<>1)]

**MOD13\_3.** [IF MOD13\_1=1 AND S7Q6 NE 1 INSERT “What type of cancer was it?”; IF MOD13\_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)

**\$ Breast**

01 Breast cancer

**\$ Female reproductive (Gynecologic)**

- 02 Cervical cancer (cancer of the cervix)
- 03 Endometrial cancer (cancer of the uterus)
- 04 Ovarian cancer (cancer of the ovary)

**\$ Head/Neck**

- 05 Head and neck cancer
- 06 Oral cancer
- 07 Pharyngeal (throat) cancer
- 08 Thyroid
- 09 Larynx

**\$ Gastrointestinal**

- 10 Colon (intestine) cancer
- 11 Esophageal (esophagus)
- 12 Liver cancer
- 13 Pancreatic (pancreas) cancer
- 14 Rectal (rectum) cancer
- 15 Stomach

**\$ Leukemia/Lymphoma (lymph nodes and bone marrow)**

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

**\$ Male reproductive**

- 19 Prostate cancer
- 20 Testicular cancer

**\$ Skin**

- 21 Melanoma
- 22 Other skin cancer

**\$ Thoracic**

- 23 Heart
- 24 Lung

**\$ Urinary cancer**

- 25 Bladder cancer
- 26 Renal (kidney) cancer

**\$ Others**

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

**Module 14: Cancer Survivorship: Course of Treatment (Split 1, 2, and 3)**

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

**MOD14\_1. Module 14: Cancer Survivorship: Course of treatment**

Are you currently receiving treatment for cancer?

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

**READ ONLY 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 MOD14\_1=2]

**MOD14\_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 MOD14\_1=2]

**MOD14\_3.** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

**READ ONLY 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 MOD14\_1=2]

**MOD14\_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 MOD14\_4=1]

**MOD14\_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 MOD14\_1=2]

**MOD14\_6.** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

**READ ONLY 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 MOD14\_1=2]

**MOD14\_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 MOD14\_1=2]

**MOD14\_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 19: Caregiver (Split 1, 2, and 3)

[ASK IF CSTATE NE 2]

#### MOD19\_1. Module 19: 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, code 08 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No

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

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

#### MOD19\_2. What is his or her relationship to you?

**INTERVIEWER NOTE:** If more than one person, say: Please refer to the person to whom you are giving the most care.

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild

14 Other relative  
15 Non-relative / Family friend

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK OF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_3.** For how long have you provided care for that person? Would you say...

**READ:**

1 Less than 30 days  
2 1 month to less than 6 months  
3 6 months to less than 2 years  
4 2 years to less than 5 years  
5 More than 5 years

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_4.** In an average week, how many hours do you provide care or assistance? Would you say...

**READ:**

1 Up to 8 hours per week  
2 9 to 19 hours per week  
3 20 to 39 hours per week  
4 40 hours or more

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_5.** What is the main health problem, long-term illness, or disability that the person you care for has?

**READ ONLY IF NECESSARY:** Please tell me which one of these conditions would you say is the major problem?

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

ASK IF MOD19\_1=1 AND MOD19\_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99 AND CSTATE NE 2]

**MOD19\_6.** 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 MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_7.** In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE



9 REFUSED

[ASK IF MOD19\_1=1 AND CSTATE NE 2]

**MOD19\_8.** In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD19\_1=2,7,9 AND CSTATE NE 2]

**MOD19\_9.** In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Module 20: Adverse Childhood Experiences (Split 2)

[ASK IF CSTATE NE 2]

### MOD20\_T. Module 20: Adverse Childhood Experiences

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

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

1 Continue

[ASK IF CSTATE NE 2]

**MOD20\_1.** Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_2.** Did you live with anyone who was a problem drinker or alcoholic?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_3.** Did you live with anyone who used illegal street drugs or who abused prescription medications?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_4.** Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_5.** Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

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

[ASK IF CSTATE NE 2]

**MOD20\_6.** How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_7.** Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_8.** How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_9.** How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_10.** How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_11.** How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

**PLEASE READ:**

- 1 Never
- 2 Once
- 3 More than Once

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_12.** For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_13.** For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD20\_C.** Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 1 Yes
- 2 No

[ASK IF (MOD20\_C=1 AND CSTATE NE 2)]

**MOD20\_HOT.** Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

- 1 Continue

## Module 22: Tobacco Cessation (Split 1, 2, and 3)

[ASK IF S11Q1=1 AND S11Q2=3 AND CSTATE NE 2]

**MOD22\_1. Module 22: Tobacco Cessation**

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

**READ ONLY IF NECESSARY:**

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly

**DO NOT READ:**

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

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

**MOD22\_2.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

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

### Module 25: Random Child Selection (Split 1, 2, and 3)

[ASK IF S9Q15=1 AND CSTATE NE 2]

#### MOD25T1. Module 25: 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 S9Q15=2-87]

[IF S9Q15=2-87, RANDOMLY SET RNDS9Q15 USING S9Q15 RESPONSE FOR RANDOMIZATION]

#### RNDS9Q15. 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 S9Q15=2-87 AND CSTATE NE 2]

**MOD25T2.** Previously, you indicated there were [S9Q15] children age 17 or younger in your household. Think about those [S9Q15] 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 [RNDS9Q15] child in your household. All following questions about children will be about the [RNDS9Q15] child.

1 Continue

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_1M.** What is the birth month and year of the [RNDS9Q15] 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 S9Q15=1-87 AND CSTATE NE 2]

**MOD25\_1Y.**

Code YEAR (RANGE 2003-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD25\_1Y<=2021]

**CHLDAGE1.** Calculate child's age in months.

[ASK IF MOD25\_1Y<=2021]

**CHLDAGE2.** Calculate child's age in years

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_2.** Is the child a boy or a girl?

1 Boy

2 Girl

9 REFUSED

[ASK IF S9Q15=1-87AND CSTATE NE 2]

**MOD25\_3.** Is the child Hispanic, Latino/a, or Spanish origin?

5 No, not of Hispanic, Latino/a, or Spanish origin

1 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD25\_3=1]

[MUL=4]

**MOD25\_3B.** 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]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]

[MUL=5]

**MOD25\_4.** 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 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

**DO NOT READ:**

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

[ASK IF MOD25\_4=40]

[MUL=8]

**MOD25\_4A.** 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:**

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

[ASK IF MOD25\_4=50]

[MUL=5]

**MOD25\_4P.** 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:**

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

[ASK IF NBR(MOD25\_4)>1]

[HIDE RESPONSES NOT SELECTED IN MOD25\_4 AND DISPLAY 77,99]

**MOD25\_5.** Which one of these groups would you say best represents the child's race?

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

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

[ASK IF NBR(MOD25\_4A)>1 AND (NBR(MOD25\_4)==1 OR MOD25\_5=40)]

[HIDE RESPONSES NOT SELECTED IN MOD25\_4A AND DISPLAY 77,99]

[IF MOD25\_4 NE MUL AND MOD25\_5=40 AUTO PUNCH WITH MOD25\_4A RESPONSE]

**MOD25\_5A.** Is that...

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

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

[ASK IF NBR(MOD25\_4P)>1 AND (NBR(MOD25\_4)==1 OR MOD25\_5=50)]  
[HIDE RESPONSES NOT SELECTED IN MOD25\_4P AND DISPLAY 77,99]  
[IF MOD25\_4P NE MUL AND MOD25\_5=50 AUTO PUNCH WITH MOD25\_4P RESPONSE]  
**MOD25\_5P.** Is that...

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

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

[DATA PROCESSING NOTE: MOD25\_5 is presented as one question, combine MOD22\_5A and MOD25\_5P into MOD25\_5 for delivery]

[ASK IF S9Q15=1-87 AND CSTATE NE 2]  
**MOD25\_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 26: Childhood Asthma Prevalence (Split 1, 2, and 3)

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[ASK IF S9Q15=1-87 AND CSTATE NE 2]

### MOD26\_1. Module 26: Childhood Asthma Prevalence

The next two questions are about the [RNDS9Q15] 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 MOD26\_1=1]

### MOD26\_2. Does the child still have asthma?

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

## New Jersey State Added Sections

### NJ State Added Section 4: NJ Environmental Health (EPHT) (Split 3)

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[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3]

### NJ4\_1. NJ State Added Section 4: NJ Environmental Health (EPHT) (Split 3)

Which of the following describes the water that you drink at home most often?

#### **PLEASE READ:**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water

4 Water from another source

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3]

**NJ4\_2.** Are you concerned about a natural disaster (such as a hurricane, flood or other extreme weather event) impacting you or your family?

**PLEASE READ:**

1 Yes, very

2 Yes, somewhat

3 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3]

**NJ4\_3.** Do you have a preparedness plan in case of a natural disaster?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3]

**NJ4\_4.** In the past 12 months, have you experienced any of the following symptoms or effects when using disinfectants in the home or at work? (read symptoms: dizziness, shortness of breath, coughing or wheezing, burning or watery eyes, chest tightness, or skin irritation)

1 Yes

2 No

7 DON'T KNOW / NOT SURE



9 REFUSED

### NJ State Added Section 5: Sexual Violence (Split 1)

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=1]

#### **NJ5\_1t. NJ State Added Section 5: Sexual Violence (Split 1)**

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer. Are you in a safe place to answer these questions?

- 1 Yes
- 2 No

[ASK IF STATE=NJ AND NJ5\_1T = 1 AND CSTATE NE 2 AND SPLIT=1]

#### **NJ5\_1.** My first questions are about unwanted sexual experiences you may have had.

In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF STATE=NJ AND NJ5\_1T = 1 AND NJ5\_1 NE 8 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_2.** In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF STATE=NJ AND NJ5\_1T = 1 AND NJ5\_1 NE 8 AND NJ5\_2 NE 8 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_3.** Now, I am going to ask you questions about unwanted sex. Unwanted sex includes things like putting anything into your [IF HGENDER = 2, INSERT "vagina,"] anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF NJ5\_3 = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_4.** Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF NJ5\_1T = 1 AND NJ5\_1 NE 8 AND NJ5\_2 NE 8 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_5.** Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF NJ5\_5 = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_6.** Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 8 Respondent asks to skip rest of module
- 9 REFUSED

[ASK IF NJ5\_3 = 1 AND NJ5\_5 = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ5\_7.** Think about the time of the most recent incident involving a person who had sex with you –or- attempted to have sex with you after you said or showed that you didn't want to or without your consent? What was that person's relationship to you?

**INTERVIEWER NOTE:** Probe with examples as needed; when R provides an answer, please stop reading list.

**INTERVIEWER NOTE:** "current", "Ex", or "former" identify person at the time of the incident.

**PLEASE READ**

- 01 Your current spouse (Husband/Wife)
- 02 Your Ex-spouse (Husband/Wife)
- 03 Your current other partner (for example: live-in partner, fiancé, boy/girlfriend, dating partner, someone you were seeing)
- 04 Your former other partner (for example: ex-live-in partner, ex-fiancé, ex- boy/girlfriend, dating partner, someone you were seeing)
- 05 An other family member or relative

- 06 A person in a position of power or trust (for example: boss, supervisor, superior in command, teacher, professor, coach, clergy, doctor, therapist, caregiver)
- 07 An Other acquaintance (for example: friend, family friend, neighbor, coworker, customer, client, roommate, classmate, fellow organization member)
- 08 A person briefly known (Someone who is known to the victim very briefly. Examples include someone just met, such as a blind date, or someone just met at a party or bar.)
- 09 An other non-stranger (Someone who is known by sight but is not represented in the categories described above. Examples include someone in your neighborhood, maintenance people, customers, clerks, or someone met online.)
- 10 A stranger
- 20 Or, multiple perpetrators
  
- 77 DON'T KNOW / NOT SURE
- 88 Respondent asks to skip rest of module
- 99 REFUSED

[ASK IF NJ5\_7 = 05, 06, 07, 08, 09, 10, 77, 99 AND CSTATE NE 2 AND SPLIT=1]  
**NJ5\_8.** Was the person who did this male or female?

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

#### NJ State Added Section 6: Community Sexual Violence (Split 1)

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=1]  
**NJ6\_1.** NJ State Added Section 6: Community Sexual Violence (Split 1)

In the following questions, domestic violence and sexual assault are defined as the following. Domestic violence means physical, sexual, psychological, emotional abuse, and/or stalking that occurs in a current or former relationship. Sexual assault means unwanted sexual activity that occurs without an individual freely giving consent and can occur in any type of relationship (Banyard, Rizzo, & Edwards, 2020).

In my neighborhood, people should talk with friends, family, coworkers, and neighbors about domestic violence and sexual assault prevention.

**PLEASE READ:**

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_2.** In my neighborhood, people will go out of their way to help someone who experienced domestic violence or sexual assault.

**PLEASE READ:**

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[Asthma Call Back Permission](#)

---

[ASK IF ACFLAG=01,02,03,04 AND CSTATE NE 2]

**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 (AST1=1 OR AST1b=1 OR MKP=1) AND MKP NE 2]

**AST2A.** Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 1 Gave Response [TEXT BOX]
  
- 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 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 (AST2A=1 OR ATP=1,7,9) AND ACFLAG=03,04]

**AST2B.** Can I please have either your child's first name or initials, so we will know who to ask about when we call back?

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

[ASK IF 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