



**2022**

**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 SEX1, SEX2, ASKGENDR, MOD25\_1, RSA,

1 Male  
2 Female

[ASK ALL]

**ORIG\_GENDER.** Hidden question for piping him/her into resume intro

IF SEX1=1 OR SEX2=1 OR ASKGENDR=1 OR RSA=11,12,13,14,15,16,17,18,19,21  
SET ORIG\_GENDER=1

IF SEX1=2 OR SEX2=2 OR ASKGENDR=2 OR RSA=01,02,03,04,05,06,07,08,09,22  
SET ORIG\_GENDER=2

1 him  
2 her

[SET LENGTH = STATE]

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

NJ 26

[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

## 2022 Questionnaire

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**Interviewer’s Script Landline**

Form Approved  
 OMB No. 0920-1061  
 Exp. Date 03/31/2025

Public reporting burden of this collection of information is estimated to average 26 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

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

01 Yes – Continue

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

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

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 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. 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 [ORIG\_GENDER]?

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.

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

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

[ASK IF HS1=3]

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

**COLLEGE.** Do you live in college housing?

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

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

- 1 Yes
- 2 No – Business
- 3 No – Group Home
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

**STRES.** Do you currently live in [STATE]?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STRES=2,7,9]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

**HS2.** Is this a cell phone?

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

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

1 Yes, it is a cell phone  
2 Not a cell phone

[ASK IF HS2=1]

**HS2X.** Thank you very much, but we are only interviewing by 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?

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

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

[ASK IF HS1=1 AND HS2=2]

**ADULTS.** I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

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 SEX= 3,7,9]

**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
- 3 Nonbinary

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF ASKGENDR=3,7,9]

**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]. Is that correct?

**INTERVIEWER NOTE:** If the number of adult males and adult females does not add to the total number of adults due to some members of the household's gender identity, the interview may continue.

1 Yes  
2 No

//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]

**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 DC4\_2=WR AND MOD25\_1=WR AND RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF DC4\_2=WR AND MOD25\_1=WR AND 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:** If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.

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

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: “May I speak with the [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. [IF STATE=NJ INSERT: “The project is called the New Jersey Behavioral Risk Factor Survey, or NJ BRFSS.”] 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 RESPSSLCT =1) OR (RSA=11-19 AND RESPSSLCT =2)]

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

- 1 Go Back [GO TO RESPSSLCT]

[ASK IF SAMPTYPE=1]

**YOURTHE1.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF (INT01=01) AND SAMPTYPE=2]

**PHONE.** Is this \$N?

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

1 Yes

2 No

3 Not a safe time/driving [GO TO TERM]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PHONE=2]



**XPHONE.** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

1 Continue [CODE AS U1]

[ASK IF PHONE=1]

**CELLFON2.** Is this a cell phone?

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CELLFON2=2]

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

1 Continue [ASSIGN DISPO M2]

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

**NOTCELL2.** Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

**CADULT.** Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male or female?

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

- 1 Male
- 2 Female
- 3 Nonbinary

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF SEX1=3,7,9]

**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 CSTATE=2 AND ( (STATE=NJ 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 phones used for both business and personal use.

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

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

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

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

[ASK IF SAMPTYPE=2]

**SVINTRO.** I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information that you give me will not be connected to any personal information. If you have any questions about the survey, please call [DEPTPHONE].

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

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

## Core Sections

### Section 1: Health Status

---

[ASK ALL]

#### S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 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

**DO NOT READ**

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

**[ASK ALL]**

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

If no, 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?"

**INTERVIEWER 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

**DO NOT READ**

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: Inadequate Sleep

---

[ASK ALL]

#### **S5Q1. Section 5: Inadequate Sleep**

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

**INTERVIEWER:** Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

RANGE 1-24 [NUMBER BOX]

77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 6: Oral Health

---

[ASK ALL]

#### **S6Q1. Section 6: Oral Health**

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

**READ IF NECESSARY:**

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

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

**DO NOT READ**

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

**[ASK ALL]**

**S6Q2.** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

**READ IF NECESSARY:**

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

**DO NOT READ**

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

**NJ State Added Section 1: Oral Health (Split 3)**

**[ASK IF STATE=NJ AND CSTATE NE 2 AND S6Q1=2,3,4,8,7,9 AND SPLIT=3]**

**NJ1\_1. State Added Section 1: Oral Health**

What is the main reason you have not visited the dentist in the past year?

- 01 Fear / apprehension / nervousness / pain / dislike going
- 02 Cost
- 03 Do not have / know a dentist
- 04 Cannot get to the office / clinic (too far away, no transportation, no appointments available)
- 05 No reason to go (no problems, no teeth)
- 06 Other priorities
- 07 Have not thought of it

77 DON'T KNOW / NOT SURE  
99 REFUSED

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

**NJ1\_2.** How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

1 Within the past year  
2 Within the past 2 years  
3 Within the past 5 years  
4 5 or more years ago  
  
8 Never  
7 DON'T KNOW / NOT SURE  
9 REFUSED

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

**NJ1\_3.** During the past 12 months have you ever gone to an emergency room for tooth pain because you could not get a dental appointment (or do not have dental home/office to go to on regular basis)?

1 Yes  
2 No  
  
7 DON'T KNOW / NOT SURE  
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 that you had a heart attack also called a myocardial infarction?

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

[ASK ALL]

**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 that is not melanoma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S7Q7.** (Ever told you had) melanoma or 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) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S7Q12.** (Ever told you had) diabetes?



**INTERVIEWER:** If yes and respondent is female ask: “Was this only when you were pregnant?”  
If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND S7Q12=2]

**S7Q12A. 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 S7Q12]

## Module 1: Prediabetes

[ASK IF S7Q12 NE 1 AND CSTATE NE 2]

### MOD1\_1. Module 1: Prediabetes

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the last 2 years (1 year but less than 2 years ago)
- 3 Within the last 3 years (2 years but less than 3 years ago)
- 4 Within the last 5 years (3 to 4 years ago but less than 5 years ago)
- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more
  
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[IF S7Q12=4 AND CSTATE NE 2 THEN AUTO-FILL MOD1\_2=1]

[ASK IF S7Q12 NE 1,4 AND CSTATE NE 2]

**MOD1\_2.** Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF HGENDER=1 AND MOD1\_2=2]

**MOD1\_2A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

- 1 Go Back [GO BACK TO MOD1\_2]

[ASK IF S7Q12=1]

**S7Q13.** How old were you when you were first told you had diabetes?

**INTERVIEWER:** 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

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

**NJ State Added Section 2: Diabetes (Split 1, 2 and 3)**

[ASK IF STATE=NJ AND CSTATE NE 2 AND S7Q12=1 AND SPLIT=1,2,3]

**NJ2\_1. 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
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND S7Q12=1 AND SPLIT=1,2,3]

**NJ2\_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 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

## Section 8: Demographics

---

[ASK ALL]

**S8Q1. Section 8: Demographics**

What is your age?

RANGE 18-99 [NUMBER BOX]

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

[ASK IF S7Q13>S8Q1 AND S8Q1<> 07,09 AND S7Q13 NE 98,99]

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S7Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

**S8Q2.** 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 S8Q2=2]

[MUL=4]

**S8Q2B.** Are you...

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

**PLEASE READ**

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

**DO NOT READ**

7 DON'T KNOW / NOT SURE [EXCLUSIVE]  
9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

**S8Q3.** Which one or more of the following would you say is your race?

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

**PLEASE READ**

- 10 [IF S8Q2=2 INSERT "Hispanic"] White
- 20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S8Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ**

- 88 No choices
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]

[MUL=9]

**S8Q3A.** Is that ...

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

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

**PLEASE READ**

- 51 Native Hawaiian

- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**DO NOT READ**

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

[ASK IF NBR(S8Q3)>1]

[HIDE RESPONSES NOT SELECTED IN S8Q3 AND DISPLAY 77, 99]

**S8Q4.** 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."

**PLEASE READ**

- 10 [IF S8Q2=2 INSERT "Hispanic"] White
- 20 [IF S8Q2=2 INSERT "Hispanic"] Black or African American
- 30 [IF S8Q2=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF S8Q2=2 INSERT "Hispanic"] Asian
- 50 [IF S8Q2=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ**

- 88 No choices
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]

[HIDE RESPONSES NOT SELECTED IN S8Q3A AND DISPLAY 77, 99]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

**S8Q4A.** Is that...

**PLEASE READ**

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

**DO NOT READ**

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)]  
[HIDE RESPONSES NOT SELECTED IN S8Q3PI AND DISPLAY 77,99]  
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8Q4PI RESPONSE]  
**S8Q4PI.** Is that...

**PLEASE READ**

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

**DO NOT READ**

77 DON'T KNOW/ NOT SURE  
99 REFUSED

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

[ASK IF STATE=NJ AND CSTATE NE 2]  
**NJ3\_1. State Added Section 3: Where Born**

Where were you born?

**INTERVIEWER:** Puerto Rico, Guam, and Virgin Islands should be included in "Outside U.S."

1 In U.S.  
2 Outside U.S.

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF STATE=NJ AND NJ3\_1 = 2 AND CSTATE NE 2]  
**NJ3\_1B.** (Read if necessary: In what country 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 NJ3\_1 = 2 AND NJ3\_1B NE GQ, RQ, VQ AND CSTATE NE 2]

**NJ3\_2.** Approximately how old were you when you came to live in the United States permanently?

**INTERVIEWER:** 97 = 97 and older

\_\_ Range 0-97 [Number Box]

98 Don't know

99 Refused

[ASK IF STATE=NJ AND NJ3\_1=2 AND (S8Q1<NJ3\_2) AND NJ3\_2 NE 98,99 AND CSTATE NE 2]

**NJ3\_2ck.** I would like to confirm some responses, you are [s8q1] years old, but you came to live in the United States at age [NJ3\_2]. Is this correct??

- 1 Yes, Correct as is
- 2 No [go back to NJ3\_2]

### Module 26: Sexual Orientation and Gender Identity (SOGI) (Split 3)

[ASK IF HGENDER=1 AND CSTATE NE 2]

#### MOD26\_1A. Module 26: Sexual Orientation and Gender Identity (SOGI)

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

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

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

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

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF HGENDER=2 AND CSTATE NE 2]

**MOD26\_1B.** The next two questions are about sexual orientation and gender identity.

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

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

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

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF CSTATE NE 2]

**MOD26\_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]

**S8Q5.** Are you...?

**PLEASE READ**

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

**DO NOT READ**

9 REFUSED

[ASK ALL]

**S8Q6.** 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)

**DO NOT READ**

9 REFUSED

[ASK ALL]

**S8Q7.** 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

**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

[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]

**S8Q9.** 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 S8Q9 NE 07000-08999,99999,77777 AND CSTATE NE 2]

**S8Q9CHK2.** 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 S8Q9]

**NJ State-Added Section 4: 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	Bloomingtondale / Bloomingtondale 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	Monrowville / 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  
749 Alloway/Alloway Township

888 [NJFILTER]  
777 DON'T KNOW  
999 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND NOT(S8Q9=77777,99999 AND NJ\_CNTY=777,999 AND NJFILTER=77777,99999)

**NJTOWN\_1CK.** I just want to confirm, [IF S8Q9 NE 77777,99999 INSERT “your zip code is [S8Q9]”; 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 S8Q9]

[ASK IF SAMPTYPE=1]

**S8Q10.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

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

[ASK IF S8Q10=1]

**S8Q11.** How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S8Q12.** How many cell phones do you have for your personal use?

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

**INTERVIEWER NOTE:** Do not include cell phones that are used exclusively by other members of the household

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

[ASK ALL]

**S8Q13.** 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]

**S8Q14.** Are you currently...?

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

**PLEASE READ:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired  
\$ Or  
8 Unable to work

**DO NOT READ**  
9 REFUSED

## Module 22: Industry and Occupation (Split 1, 2 and 3)

[ASK IF S8Q14=1,2,4 AND CSTATE NE 2]

### MOD22\_1. Module 22: Industry and Occupation

What kind of work [IF S8Q14=1,2 INSERT “do”; IF S8Q14=4 INSERT “did”] you do? For example, registered nurse, janitor, cashier, auto mechanic.

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

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

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK IF S8Q14=1,2,4 AND CSTATE NE 2]

**MOD22\_2.** What kind of business or industry [IF S8Q14=1,2 INSERT “do”; IF S8Q14=4 INSERT “did”] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

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

**INTERVIEWER NOTE:** IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

99 REFUSED

[ASK ALL]

**S8Q15.** How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

88 NONE  
99 REFUSED

[ASK IF S8Q15=1-87]

**S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

1 Yes  
2 No [GO BACK TO S8Q15]  
  
9 REFUSED

[ASK ALL]

**S8Q16A.** 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 S8Q16A=01]

**S8Q16B.** 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 S8Q16B=01]

**S8Q16C.** 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 S8Q16C=01]

**S8Q16D.** 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 S8Q16D=01]

**S8Q16E.** 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 S8Q16A=02]

**S8Q16F.** 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 S8Q16F=02]

**S8Q16G.** 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 S8Q16G=02]

**S8Q16H.** 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 S8Q16H=02]

**S8Q16I.** 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 S8Q16I=02]

**S8Q16J.** 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 S8Q16J=02]

**S8Q16K.** \$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 S8Q16=01 IF S8Q16E=01  
SET S8Q16=02 IF S8Q16E=02  
SET S8Q16=03 IF S8Q16D=02  
SET S8Q16=04 IF S8Q16C=02  
SET S8Q16=05 IF S8Q16B=02  
SET S8Q16=06 IF S8Q16F=01  
SET S8Q16=07 IF S8Q16G=01  
SET S8Q16=08 IF S8Q16H=01  
SET S8Q16=09 IF S8Q16I=01  
SET S8Q16=10 IF S8Q16J=01 OR IF S8Q16K=02  
SET S8Q16=11 IF S8Q16K=01  
SET S9Q16=12 IF AK3\_1=01  
SET S9Q16=13 IF AK3\_2=01  
SET S8Q16=77 IF ANY S8Q16A-S8Q16K=77  
SET S8Q16=99 IF ANY S8Q16A-S8Q16K=99

[ASK ALL]

**S8Q16.** 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
- 12 Less than \$85,000 (\$75,000 to less than \$85,000)
- 13 Less than \$100,000 (\$85,000 to less than \$100,000)
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16 NE 77,99]

**S8Q16AA.** Your Annual Household Income is [S8Q16]. Is This Correct?

- 1 Yes, correct as is.
- 2 No, re-ask question [GO BACK TO S8Q16A]

[ASK IF HGENDER=2 AND S8Q1=18-49]

**S8Q17.** To your knowledge, are you now pregnant?

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

[ASK ALL]

**PS8Q18.** 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 PS8Q18=P]

**S8Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18=50-79 OR S8Q18=351-776]

**S8Q18\_A.** Just to double-check, you indicated [S8Q18] pounds as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=K]

**S8Q18M.** 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 S8Q18M=23-352 AND PS8Q18=K]

**S8Q18AM.** Just to double-check, you indicated [S8Q18M] kilograms as your weight. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q18M]

[ASK ALL]

**PS8Q19.** 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 PS8Q19=F]

**S8Q19.** 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 S8Q19=300-407 OR S8Q19=609-711]

**S8Q19A.** Just to double check, you indicated you are [S8Q19] FEET / INCHES TALL. IS THIS CORRECT?

- 1 Yes
- 2 No [GO BACK TO S8Q19]

[ASK IF PS8Q19=M]

**S8Q19M.** 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 S8Q19M=90-254 AND PS8Q19=M]

**S8Q19AM.** Just to double check, you indicated you are [S8Q19M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q19M]

### Section 9: Disability

[ASK ALL]

#### **S9Q1. Section 9: 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]

**S9Q2.** 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]

**S9Q3.** 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]

**S9Q4.** Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S9Q5.** Do you have difficulty dressing or bathing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S9Q6.** 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 10: Breast and Cervical Cancer Screening

[ASK IF HGENDER=2]

### S10Q1. Section 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 S10Q1=1]

### S10Q2. 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]

### S10Q3. Have you ever had a cervical cancer screening test?

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

[ASK IF S10Q3=1]

**S10Q4.** 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 S10Q3=1]

**S10Q5.** 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 S10Q3=1]

**S10Q6.** At your most recent cervical cancer screening, did you have an H.P.V. test?

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

- 1 Yes
- 2 No

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

[ASK IF HGENDER=2 AND S8Q17 NE 1]

**S10Q7.** 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

### Section 11: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09)]

#### **S11Q1. Section 11: 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 S11Q1=1]

#### **S11Q2. 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 S11Q2=1,3]

#### **S11Q3. 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

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

[ASK IF S11Q2=2,3]

**S11Q4.** 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

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

[ASK IF S11Q2=7]

**S11Q5.** 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09)]

**S11Q6.** 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 S11Q6=1]

**S11Q7.** 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 S11Q7=1]

**S11Q8.** 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 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago

**DO NOT READ:**

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

[ASK IF S11Q6=1]

**S11Q9.** 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 S11Q9=1]

**S11Q10.** 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 S11Q6=1]

**S11Q11.** Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

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

[ASK IF S11Q11=1]

**S11Q12.** Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q11=1]

**S11Q13.** 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

## Section 12: Tobacco Use

[ASK ALL]

**S12Q1. Section 12: Tobacco Use**

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

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

**INTERVIEWER NOTE:** 5 packs = 100 cigarettes

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S12Q1=1]

**S12Q2.** 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]

**S12Q3.** Do you currently use chewing tobacco, snuff, 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]

**S12Q4.** Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

**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.

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 13: Lung Cancer Screening

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[ASK IF S12Q1=1 AND S12Q2=1,2,3]

#### **S13Q1. Section 13: 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 S8Q1<S13Q1 AND S8Q1 NE 07,09 AND S13Q1 NE 888,777,999]

**S13Q1C.** Previously you indicated you were [S8Q1] years old, but stated you were [S13Q1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q1]

[ASK IF S12Q1=1 AND S12Q2=2,3 AND S13Q1 NE 888] **S13Q2.** 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 S13Q2=1-100 AND ((S8Q1=18-99 AND (S8Q1<S13Q2)) AND S8Q1 NE 07,09)) AND S13Q2 NE 777,999]

**S13Q2C.** Previously you indicated you were [S8Q1] years old, but stated you were [S13Q2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO S13Q2]

[ASK IF S12Q1=1 AND S12Q2=1,2,3 AND S13Q1 NE 888]

**S13Q3.** On average, when you [IF S12Q2=1,2 INSERT "smoke"; IF S12Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S12Q2=1,2 INSERT "do"; IF S12Q2=3 INSERT "did"] you usually smoke each day?

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

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

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

RANGE 1-300 [NUMBER BOX]

777 DON'T KNOW / NOT SURE



999 REFUSED

[ASK ALL]

**S13Q4.** The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine.

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q4=1]

**S13Q5.** Were any of the CT or CAT Scans of your chest area done mainly to check or screen for lung cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q5=1]

**S13Q6.** When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

**READ ONLY IF NECESSARY:**

1 Within the past year (anytime less than 12 months 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 Within the past 10 years (5 years but less than 10 years ago)

6 10 or more years ago

**DO NOT READ:**

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 14: Alcohol Consumption

[ASK ALL]

### S14Q1. Section 14: Alcohol Consumption

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

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

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

1\_\_ Days per week (RANGE 101-107)

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

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

[ASK IF S14Q1 NE 888,777,999]

**S14Q2.** 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 S14Q2=12-76]

**S14Q2A.** I am sorry, you just said that you consume [S14Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S14Q2]

[ASK IF S14Q1 NE 888,777,999]

**S14Q3.** 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 S14Q3=16-76]

**S14Q3A.** I am sorry, you said that in the past month there were [S14Q3] 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 S14Q3]

[ASK IF S14Q1 NE 888,777,999]

**S14Q4.** 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 S14Q4=16-76]

**S14Q4A.** I am sorry, you said that in the past 30 days you had [S14Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S14Q4]

[ASK IF (S14Q3=88 AND HGENDER=2 AND S14Q4=4-76) OR (S14Q3=88 AND HGENDER=1 AND S14Q4=5-76)]

**S14Q4B.** 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 S14Q4]

[ASK IF (S14Q3=1-76 AND HGENDER=2 AND S14Q4=1-3) OR (S14Q3=1-76 AND HGENDER=1 AND S14Q4=1-4)]

**S14Q4C.** 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 [S14Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S14Q3]

Module 20: Alcohol Screening & Brief Intervention (ASBI) (Split 1, 2 and 3)

[ASK IF S3Q4=1,2 AND CSTATE NE 2]

**MOD20\_1. Module 20: Alcohol Screening and Brief Intervention (ASBI)**

You told me earlier that your last routine checkup was [S3Q4]. At that checkup, were you asked in person or on a form if you drink alcohol?

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

[ASK IF S3Q4=1,2 AND CSTATE NE 2]

**MOD20\_2.** Did the health care provider ask you in person or on a form how much you drink?

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

[ASK IF S3Q4=1,2 AND CSTATE NE 2]

**MOD20\_3.** Did the healthcare provider specifically ask whether you drank [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more alcoholic drinks on an occasion?

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S3Q4=1,2 AND CSTATE NE 2]

**MOD20\_4.** Were you offered advice about what level of drinking is harmful or risky for your health?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD20\_1=1 OR MOD20\_2=1 OR MOD20\_3=1]

**MOD20\_5.** Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 15: Immunization

---

[ASK ALL]

### **S15Q1. Section 15: 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 S15Q1=1]

**S15Q2M.** 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 S15Q1=1]

**S15Q2Y.**

Code YEAR (RANGE 2021-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S15Q1=1 AND S15Q2M<CMONTH AND S15Q2Y<CYEAR]

**S15Q2CHK.** 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 S15Q2M]  
2 No

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

**S15Q2CHK2.** 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 S15Q2M]

#### Module 4: Place of Flu Vaccination (Split 1, 2 and 3)

[ASK IF S15Q1=1 AND CSTATE NE 2]

#### MOD4\_1. Module 4: Place of Flu Vaccination

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 a drive through and cannot identify the location, code "11".

**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 or outpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 A school
- 11 A drive through location at some other place than listed above

**DO NOT READ:**

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

[ASK ALL]

**S15Q3.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

**INTERVIEWER NOTE:** If respondent is confused read: “There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.”

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

[ASK ALL]

**S15Q4.** 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 5: HPV - Vaccination (Split 1, 2 and 3)

[ASK IF S8Q1=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: Shingles Vaccination (Split 1, 2 and 3)

---

[ASK IF S8Q1=50-99 AND CSTATE NE 2]

**MOD6\_1. Module 6: 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 which requires 2 shots.

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

Section 16: H.I.V./AIDS

[ASK ALL]

**S16Q1. Section 16: 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 S16Q1=1]

**S16Q2M.** 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 S16Q1=1]

**S16Q2Y.**

Code YEAR (RANGE 1985-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S16Q2Y=CYEAR AND S16Q2M>CMONTH AND NOT(S16Q2M=77,99)]

**S16Q2CHK.** I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S16Q2M]

[ASK ALL]

**S16Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

You have injected any drug other than those prescribed for you in the past year.  
You have been treated for a sexually transmitted disease or STD in the past year.  
You have given or received money or drugs in exchange for sex in the past year.  
You had anal sex without a condom in the past year.  
You had four or more sex partners in the past year.

Do any of these situations apply to you?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 17: Long-term COVID Effects

[ASK ALL]

**S17Q1. Section 17: Long-term COVID Effects**

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?

**READ IF NECESSARY:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

- 1 Yes
- 3 Tested positive using home test without health professional
- 2 No
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S17Q1=1,3]

**S17Q2.** Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

**INTERVIEWER NOTE:** Long term conditions may be an indirect effect of COVID-19. These long term conditions may not be related to the virus itself.

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

[ASK IF S17Q2=1]

**S17Q3.** Which of the following was the primary symptom that you experienced? Was it...

**PLEASE READ**

- 01. Tiredness or fatigue
- 02. Difficulty thinking or concentrating or forgetfulness / memory problems (Sometimes referred to as "brain fog")
- 03. Difficulty breathing or shortness of breath

- 04. Joint or muscle pain
- 05. Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 06. Dizziness on standing
- 07. Depression, anxiety, or mood changes
- 08. Symptoms that get worse after physical or mental activities
- 09. You did not have any long-term symptoms that limited your activities
- 10. Loss of taste or smell [\*]
- 11. Some other symptom [\*]

77 DON'T KNOW / NOT SURE

99 REFUSED

\*Response added to this questionnaire item in June of 2022

## Optional Modules

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

---

[ASK IF CSTATE NE 2]

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

Have you received at least one dose of a COVID-19 vaccination?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7\_1=2 AND CSTATE NE 2]

**MOD7\_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?

- 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

[ASK IF MOD7\_1=1 AND CSTATE NE 2]

**MOD7\_3.** How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD7\_3=1, 7, 9 AND CSTATE NE 2]

**MOD7\_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 MOD7\_3=1,2,3,4 AND CSTATE NE 2]

**MOD7\_5M.** During what month and year did you receive your [IF MOD7\_3=2,3,4 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 MOD7\_3=1,2,3,4 AND CSTATE NE 2]

**MOD7\_5Y.**

Code YEAR (RANGE 2020-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD7\_5Y=CYEAR AND MOD7\_5M>CMONTH AND NOT(MOD7\_5M=77,99)]

**MOD7\_5CHK.** I'm sorry, but you said you had a COVID vaccination in the past, 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 Continue [GO BACK TO MOD7\_5M]

[ASK IF MOD7\_5Y=2020 AND MOD7\_5M<11]

**MOD7\_5CHK2.** Are you sure you received your vaccine in [MOD7\_5M] [MOD7\_5Y]?

**INTERVIEWER NOTE:** Widespread COVID vaccination in the United States started mid December 2020.

1 Yes, that is correct.

2 No [GO BACK TO MOD7\_5M]

[ASK IF MOD7\_3=2,3,4 AND CSTATE NE 2]

**MOD7\_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 MOD7\_3=2,3,4 AND CSTATE NE 2]

**MOD7\_6Y.**

Code YEAR (RANGE 2020-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD7\_6Y=CYEAR AND MOD7\_6M>CMONTH AND NOT(MOD7\_6M=77,99)]

**MOD7\_6CHK.** I'm sorry, but you said you had a COVID vaccination in the past, 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 Continue [GO BACK TO MOD7\_6M]

[[ASK IF MOD7\_3=2,3,4 AND MOD7\_5Y NE 7777,9999 AND ((MOD7\_5Y>MOD7\_6Y) OR (MOD7\_5Y=MOD7\_6Y AND MOD7\_6M<MOD7\_5M AND MOD7\_5M NE



77,99))]**MOD7\_6CHK2.** I'm sorry, but you have given me a date for your first COVID vaccination that is after your second COVID vaccination date. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD7\_5M]

[ASK MOD7\_6Y=2020 AND MOD7\_6M<11 AND NOT (MOD7\_5Y=MOD7\_6Y AND MOD7\_5M=MOD7\_6M) ]

**MOD7\_6CHK3.** Are you sure you received your vaccine in [MOD7\_6M] [MOD7\_6Y]?

**INTERVIEWER NOTE:** Widespread COVID vaccination in the United States started mid December 2020.

1 Yes, that is correct.

2 No [GO BACK TO MOD7\_6M]

## Module 9: Cancer Survivorship : Type of Cancer (Split 1, 2 and 3)

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

**MOD9\_1. Module 9: Type of Cancer**

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

How many different types of cancer have you had?

1 Only one

2 Two

3 Three or more

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD9\_1=1,2,3]

**MOD9\_2.** At what age were you [IF MOD9\_1=1 INSERT "told that you had cancer?"; IF MOD9\_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 MOD9\_2>S8Q1 AND S8Q1 NE 07,09 AND MOD9\_2 NE 98,99 AND CSTATE NE 2]  
**MOD9\_2C.** You said you were [S8Q1] years of age and told that you had cancer at age [MOD9\_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD9\_2]

[ASK IF S7Q6=1 AND MOD9\_1=1 AND CSTATE NE 2]  
**MOD9\_3A.** Was it "Melanoma" or "other skin cancer"?

16 Melanoma  
22 Other Skin Cancer  
  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD9\_1=2,3 OR (MOD9\_1=1 AND S7Q6<>1)]

**MOD9\_3.** [IF MOD9\_1=1 AND S7Q6 NE 1 INSERT "What type of cancer is it?"; IF MOD9\_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)

- 01 Bladder
- 02 Blood
- 03 Bone
- 04 Brain
- 05 Breast
- 06 Cervix / Cervical
- 07 Colon
- 08 Esophagus / Esophageal
- 09 Gallbladder

- 10 Kidney
- 11 Larynx-trachea
- 12 Leukemia
- 13 Liver
- 14 Lung
- 15 Lymphoma
- 16 Melanoma
- 17 Mouth / tongue / lip
- 18 Ovary / Ovarian
- 19 Pancreas / Pancreatic
- 20 Prostate
- 21 Rectum / Rectal
- 22 Skin (Non-melanoma)
- 23 Skin (don't know what kind)
- 24 Soft tissue (muscle or fat)
- 25 Stomach
- 26 Testis / Testicular
- 27 Throat – pharynx
- 28 Thyroid
- 29 Uterus / Uterine
- 30 Other

77 DON'T KNOW / NOT SURE

99 REFUSED

### Module 10: Cancer Survivorship: Course of Treatment (Split 1, 2 and 3)

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

#### MOD10\_1. Module 10: 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 MOD10\_1=2]

**MOD10\_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 MOD10\_1=2]

**MOD10\_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 MOD10\_1=2]

**MOD10\_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 MOD10\_4=1]

**MOD10\_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 MOD10\_1=2]

**MOD10\_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 MOD10\_1=2]

**MOD10\_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 MOD10\_1=2]

**MOD10\_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 11: Cancer Survivorship: Pain Management (Split 1, 2 and 3)

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

**MOD11\_1. Module 11: Cancer Survivorship: Pain Management**

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

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

[ASK IF MOD11\_1=1]

**MOD11\_2.** Would you say your pain is currently under control ...?

**PLEASE READ:**

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)

4 Not under control, without medication (or treatment)

**DO NOT READ:**

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 12: Prostate Cancer Screening (Split 3)

[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]

**MOD12\_1. Module 12: 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 MOD12\_1=1]

**MOD12\_2.** About how long has it been since you had your most recent 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 MOD12\_1=1]

**MOD12\_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

**DO NOT READ**

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

[ASK IF MOD12\_1=1]

**MOD12\_4.** Who first suggested this PSA test: you, your doctor, or someone else?

- 1 Self
- 2 Doctor, nurse, health care professional
- 3 Someone else

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

[[ASK IF (S8Q1>39 OR S8Q1=07, 09) AND HGENDER=1 AND CSTATE NE 2]]

**MOD12\_5.** When you met with a doctor, nurse, or other health professional, did they talk about the advantages, the disadvantages or both advantages and disadvantages of the Prostate-Specific Antigen or PSA 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 Advantages
- 2 Disadvantages



3 Both advantages and disadvantages

**DO NOT READ**

- 4 Neither
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 16: Social Determinants and Health Equity (Split 1, 2 and 3)

[ASK IF CSTATE NE 2]

**MOD16\_1. Module 16: Social Determinants and Health Equity**

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD16\_2. How often do you get the social and emotional support that you need? Is that...**

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD16\_3.** How often do you feel socially isolated from others? Is it...

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD16\_4.** In the past 12 months have you lost employment or had hours reduced?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

**MOD16\_5.** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

**MOD16\_6.** During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD16\_7.** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

**MOD16\_8.** During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

**MOD16\_9.** During the last 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD16\_10.** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it ...

**PLEASE READ**

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

**DO NOT READ**

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

---

**Module 27: Family Planning (Split 1, 2 and 3)**

---

[ASK IF HGENDER=2 AND S8Q1<50 AND S8Q17=2,7,9 AND S10Q7=2,7,9 AND CSTATE NE 2]

**MOD27\_1. Module 27: Family Planning**

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

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

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

---

[ASK IF MOD27\_1=1]

**MOD27\_2.** Some things people do to keep from getting pregnant include not have sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, IUD, having their tubes tied, or having a vasectomy.

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD27\_2=1]

**MOD27\_3.** The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE:** If respondent reports using two methods, please code the method that occurs first on the list. Code the other method in question 4.

**INTERVIEWER NOTE:** If respondent reports using more than two methods, please code the method that occurs first on the list. Of the remaining methods mentioned, code the method that occurs next on the list in Question 4.

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

**READ ONLY IF NECESSARY:**

01 Female sterilization (ex. Tubal ligation, Essure, Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream

09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)

10 Withdrawal or pulling out

- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

**DO NOT READ:**

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

[ASK IF MOD27\_2=1]

**MOD27\_4.** The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

**INTERVIEWER NOTE:** If respondent reports using more than one additional method, please code the method that occurs first on the list.

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

**READ ONLY IF NECESSARY:**

- 00 Nothing else
- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant
- 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
- 05 Shots (Depo-Provera)
- 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

**DO NOT READ:**

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

[ASK IF MOD27\_3=01,02,03,04,05,06,07,08,11]

**MOD27\_5.** Where did you get the [MOD27\_3] you used when you last had sexual intercourse?

**READ ONLY IF NECESSARY:**

- 01 Private doctor's office
- 02 Community health clinic, Community clinic, Public health clinic
- 03 Family planning or Planned Parenthood Clinic
- 04 School or school-based clinic
- 05 Hospital outpatient clinic, emergency room, regular hospital room
- 06 Urgent care center, urgi-care or walk-in facility
- 07 In-store health clinic (like CVS, Target, or Walmart)
- 08 Health care visit with a pharmacist
- 09 Website or app
- 10 Some other place

**DO NOT READ:**

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

[ASK IF MOD27\_2=2]

**MOD27\_6.** Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

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

**INTERVIEWER:** If respondent reports "other reason," ask respondent to "Please Specify" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

**READ ONLY IF NECESSARY:**

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

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

**DO NOT READ:**

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

[ASK IF MOD27\_1 = 1 and CSTATE NE 2]

**MOD27\_7.** If you could use any birth control method you wanted, what method would you use?

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
  - 02 Male sterilization (vasectomy)
  - 03 Contraceptive implant
  - 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)
  - 05 Shots (Depo-Provera)
  - 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)
  - 07 Condoms (male or female)
  - 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
  - 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
  - 10 Withdrawal or pulling out
  - 11 Emergency contraception or the morning after pill (Plan B or ella)
  - 12 Other method
  - 13 I am using the method that I want to use
  - 14 I don't want to use any method
- 
- 77 DON'T KNOW / NOT SURE
  - 99 REFUSED

### Module 23: Random Child Selection (Split 1, 2 and 3)

[ASK IF S8Q15=1 AND CSTATE NE 2]

**MOD23T1. Module 23: 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 S8Q15=2-87]

[IF S8Q15=2-87, RANDOMLY SET RNDS8Q15 USING S8Q15 RESPONSE FOR RANDOMIZATION]

**RNDS8Q15.** 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 S8Q15=2-87 AND CSTATE NE 2]

**MOD23T2.** Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] 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 [RNDS8Q15] child in your household. All following questions about children will be about the [RNDS8Q15] child.

1 Continue

[ASK IF S8Q15=1-87AND CSTATE NE 2]

**MOD23\_1M.** What is the birth month and year of the [RNDS8Q15] 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 S8Q15=1-87 AND CSTATE NE 2]

**MOD23\_1Y.**

Code YEAR (RANGE 2004-2022) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF MOD23\_1M>CMONTH and MOD23\_1Y>CYEAR AND MOD23\_1M NE 77,99]

**MOD23\_1CHK.** I'm sorry, but you have given me a date that is in the future. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD23\_1M]

[ASK IF MOD23\_1Y<=2022]

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

[ASK IF MOD23\_1Y<=2022]

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

[ASK IF CHLDAGE1>215]

**MOD23\_1CHK2.** I'm sorry, but the birth month and year you have given me is for a child who is over 18 years of age. The child must be age 17 or younger. I must go back and correct this inconsistency.

1 Continue [GO BACK TO MOD23\_1M]

[ASK IF S8Q15=1-87AND CSTATE NE 2]

**MOD23\_2.** Is the child a boy or a girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary / other

9 REFUSED

[ASK IF MOD23\_2=3,9]

**MOD23\_3.** What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl

9 REFUSED

[ASK IF S8Q15=1-87 AND CSTATE NE 2]

**MOD23\_4.** Is the child 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 MOD23\_4=2]

[MUL=4]

**MOD23\_4B.** Are they...

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

**PLEASE READ:**

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

**DO NOT READ:**

5 No [EXCLUSIVE]

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, MOD23\_4 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK IF S8Q15=1-87 AND CSTATE NE 2]

[MUL=6]

**MOD23\_5.** Which one or more of the following would you say is the race of the child?

**INTERVIEWER NOTE: SELECT ALL THAT APPLY**

**PLEASE READ:**

10 [IF MOD23\_4=2 INSERT "Hispanic"] White

20 [IF MOD23\_4=2 INSERT "Hispanic"] Black or African American

30 [IF MOD23\_4=2 INSERT "Hispanic"] American Indian or Alaska Native

40 [IF MOD23\_4=2 INSERT "Hispanic"] Asian

50 [IF MOD23\_4=2 INSERT "Hispanic"] Pacific Islander

**DO NOT READ:**

88 No choices

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF MOD23\_5=40]

[MUL=8]

**MOD23\_5A.** Is that...

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

**PLEASE READ:**

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

**DO NOT READ:**

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

[ASK IF MOD23\_5=50]

[MUL=4]

**MOD23\_5P.** Is that...

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

**PLEASE READ:**

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

**DO NOT READ:**

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

[ASK IF NBR(MOD23\_5)>1]

[HIDE RESPONSES NOT SELECTED IN MOD23\_5 AND DISPLAY 77, 99]

**MOD23\_6.** Which one of these groups would you say best represents the child's race?

10 [IF MOD23\_4=2 INSERT "Hispanic"] White  
20 [IF MOD23\_4=2 INSERT "Hispanic"] Black or African American  
30 [IF MOD23\_4=2 INSERT "Hispanic"] American Indian or Alaska Native  
40 [IF MOD23\_4=2 INSERT "Hispanic"] Asian  
50 [IF MOD23\_4=2 INSERT "Hispanic"] Pacific Islander

88 No Choices  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(MOD23\_5A)>1 AND (NBR(MOD23\_5)=1 OR MOD23\_6=40)]

[HIDE RESPONSES NOT SELECTED IN MOD23\_5A AND DISPLAY 77,99]

[IF MOD23\_5 NE MUL AND MOD23\_6=40 AUTO PUNCH WITH MOD23\_5A RESPONSE]

**MOD23\_6A.** Is that...

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(MOD23\_5P)>1 AND (NBR(MOD23\_5)==1 OR MOD23\_6=50)]  
[HIDE RESPONSES NOT SELECTED IN MOD23\_5P AND DISPLAY 77,99]  
[IF MOD23\_5P NE MUL AND MOD23\_6=50 AUTO PUNCH WITH MOD23\_5P RESPONSE]  
**MOD23\_6P.** Is that...

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[DATA PROCESSING NOTE: MOD23\_6 is presented as one question, combine MOD23\_6A and MOD23\_6P into MOD23\_6 for delivery]

[ASK IF S8Q15=1-87AND CSTATE NE 2]

**MOD23\_7.** 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 24: Childhood Asthma Prevalence (Split 1, 2 and 3)

---

[ASK IF S8Q15=1-87 AND CSTATE NE 2]

#### MOD24\_1. Module 24: Childhood Asthma Prevalence

The next two questions are about the [RNDS8Q15] 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 MOD24\_1=1]

#### MOD24\_2. Does the child still have asthma?

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

### Module 15: Adverse Childhood Experiences (Split 2)

---

[ASK IF CSTATE NE 2]

#### MOD15\_T. Module 15: 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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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]

**MOD15\_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 MOD15\_C=1 AND CSTATE NE 2]

**MOD15\_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

## New Jersey State Added Sections

### NJ State Added Section 5: Traumatic Brain Injury (Split 3)

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

#### NJ5\_1. State Added Section 5: Traumatic Brain Injury

Thinking about injuries you may have received from a car, motorcycle, ATV, or bicycle crash; being hit by something or by someone, falling down; playing sports; or an injury on the job or during military service.

Thinking about any injuries you have had in your lifetime, were you ever knocked out or did you lose consciousness?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3 AND NJ5\_1=1]

**NJ5\_2.** How many times have you been knocked out or lost consciousness?

RANGE: 01-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3 AND NJ5\_1=1 AND NJ5\_2=1-77]

**NJ5\_3.** [IF NJ5\_2=1 INSERT: "How long were you knocked out or lost consciousness?"] [IF NJ5\_2>1 INSERT: "What was the longest time you were knocked out or lost unconsciousness?"]

Would you say...

**PLEASE READ:**

1 Less than 5 minutes

2 Between 5 and 30 minutes

3 More than 30 minutes, but less than 24 hours

4 24 hours or longer

**DO NOT READ**

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3 AND NJ5\_1=1 AND NJ5\_2=1-77 AND NJ5\_3=1,2,3,4,7]

**NJ5\_4.** [IF NJ5\_2=1 INSERT: “How old were you when you were knocked out or lost consciousness?”] [IF NJ5\_2>1 INSERT: “How old were you the first time you were knocked out or lost unconsciousness?”]

**INTERVIEWER:** 97 = 97 or older

\_\_ RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF STATE=NJ AND CSTATE NE 2 AND SPLIT=3 AND NJ5\_1=1 AND NJ5\_2=1-77 AND NJ5\_3=1,2,3,4,7 AND NJ5\_4=1-98]

**NJ5\_5.** How old were you the last time you were knocked out or lost unconsciousness?

**INTERVIEWER:** 97 = 97 or older

\_\_ RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

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

---

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

#### **NJ6\_1t. NJ State Added Section 6: Sexual Violence**

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 NJ6\_1T = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 NJ6\_1T = 1 AND NJ6\_1=1,2,7,9 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 NJ6\_1T = 1 AND NJ6\_1=1,2,7,9 AND NJ6\_2=1,2,7,9 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 NJ6\_3 = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 NJ6\_1T = 1 AND NJ6\_1=1,2,7,9 AND NJ6\_2=1,2,7,9 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 NJ6\_5 = 1 AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 (NJ6\_3 = 1 OR NJ6\_5 = 1) AND CSTATE NE 2 AND SPLIT=1]

**NJ6\_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 Another 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 Another 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 NJ6\_7 = 05, 06, 07, 08, 09, 10, 77, 99 AND CSTATE NE 2 AND SPLIT=1]  
**NJ6\_8.** Was the person who did this male or female?

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

### Asthma Call Back Permission

**ACFLAG\_SPLIT.** Hidden question to determine if asthma interview is asked about adult or child.

(Both child and adult have or had asthma)

IF S7Q5=1,2,7,9 AND MOD24\_2=1,2,7,9 AND CSTATE NE 2 AND STATE= THEN SET ACFLAG\_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S7Q5=1,2,7,9 AND MOD24\_2 NE 1,2,7,9 AND CSTATE NE 2 AND STATE= NJ THEN SET ACFLAG\_SPLIT=1  
IF S7Q5 NE 1,2,7,9 AND MOD24\_2=1,2,7,9 AND CSTATE NE 2 AND STATE=NJ THEN SET ACFLAG\_SPLIT=2

1 adult  
2 child

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

SET ACFLAG=01 IF ACFLAG\_SPLIT=1 AND ACFLAG\_MD NE 0 AND S7Q5=1  
SET ACFLAG=02 IF ACFLAG\_SPLIT=1 AND ACFLAG\_MD NE 0 AND S7Q5=2,7,9  
SET ACFLAG=03 IF ACFLAG\_SPLIT=2 AND ACFLAG\_MD NE 0 AND MOD24\_2=1  
SET ACFLAG=04 IF ACFLAG\_SPLIT=2 AND ACFLAG\_MD NE 0 AND MOD24\_2=2,7,9

01 adult with asthma  
02 adult had asthma

03 child with asthma  
04 child had asthma

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

**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

[ASK IF STATE=NJ AND ((AST1A=1 AND ACFLAG=01,02) OR (ACFLAG=03,04 AND (MKP1=1 OR ATP1=1 OR ATP2=1,7,9)))]

**ASTHMA\_END.** INTERVIEWER:

Enter the reason for ending the call.

1 Callback  
2 Refusal

[ASK IF ASTHMA\_END=1 AND MKP1 NE 2,7,9]

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

01 Gave Response [TEXT BOX]

97 DON'T KNOW  
99 REFUSED

[ASK IF ASTHMA\_END=1 AND ACFLAG=03,04 AND MKP1 NE 2,7,9]

**AST2B\_CB.** 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 ASTHMA\_END=1]

**ASTHMA\_CB.** Interviewer: Enter time to call back.

[ASK IF ASTHMA\_END=1]

**ASTHMA\_CLOSE.** Thank you very much for your time and cooperation, we will callback at the previous stated time to continue with the Asthma survey.

1 Continue