



2023

**NJ 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 SAB2, SAB3, SAB4, SEX2, ASKGENDR. ASKGENDR2,MOD21_1

1 male
2 female

[ASK ALL]

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

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

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

1	him
2	her

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

NJ 27

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

[ASK ALL]

BRFSS_FLAG. Imported Sample Variable for routing.

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

1 BRFSS respondent

- 2 Asthma respondent who started Asthma survey in main BRFSS
- 3 Asthma respondent who did not start Asthma survey in main BRFSS

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

Behavioral Risk Factor Surveillance System

2023 Questionnaire

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Interviewer's Script Landline

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

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

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks

for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Marquisette Glass Lewis at grp2@cdc.gov.

ANSWERING MACHINE MESSAGE TEXT:

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

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 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

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

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. [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=2 INSERT "**INTERVIEWER NOTE:** If Respondent objects to being contacted by a state where they never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence.""]

01 Yes – Continue

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

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

[NON-CLEANING SKIP]

04 No [STATE GO TO REFUSAL SCREEN] [NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]

NA No Answer [NON-CLEANING SKIP]

NW Non-Working Number [NON-CLEANING SKIP]

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

INT02. Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT].

[IF STATE=NJ INSERT: "The project is called the New Jersey Behavioral Risk Factor

Survey, or NJ BRFSS.”] We recently spoke to an adult 18 years of age or older in your household about an important health survey we are conducting in [STATE].

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed, but they didn’t have time to finish it. I am calling back to see if they had time to finish the survey now.

May I please speak to [ORIG_GENDER]?

INTERVIEWER NOTE: If person on the phone is not the selected respondent, read the following after transferring to the selected respondent.

Hello, my name is _____ and I am calling back on behalf of the [HEALTHDEPT] about an important health survey we are conducting in [STATE].” [IF SAMPTYPE=1 AND STATE=NJ INSERT: “The project is called the New Jersey Behavioral Risk Factor Survey, or NJ BRFSS.”] [IF SAMPTYPE=1 INSERT: “When we last called, you were selected to complete the interview. We were unable to complete the interview at that time and your opinions are very important to [HEALTHDEPT]. We would like to finish the survey now.”]

[IF SAMPTYPE=2 INSERT: “When we called previously we were unable to complete the interview and your responses are very important to the [HEALTHDEPT]. We would like to finish the survey with the same adult we spoke to last time we called. May I please speak to [ORIG_GENDER]?”]

01 Selected on the line

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

04 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)][NON-CLEANING SKIP]

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW] [HIDE IF NOT(SAMPTYPE=1)][NON-CLEANING SKIP]

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

DA Dead Air [NON-CLEANING SKIP]

HU Hang Up [NON-CLEANING SKIP]
NA No Answer [NON-CLEANING SKIP]
NW Non-Working Number [NON-CLEANING SKIP]

[ASK IF INT01=02 OR INT02=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 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 HS1=1 AND HS2=2]

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

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

RANGE 0-18 [NUMBER BOX]

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

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

1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

1 Yes
2 No

[ASK IF ONEADULT=2]

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

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

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

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

- 1 Continue

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

ASKGENDR. Are you male 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 Unspecified or another gender identity

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

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

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

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

- 1 Male
- 2 Female

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

[ASK IF SAB2=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

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

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

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

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of [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

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

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

ASKGENDR2. Are you male 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 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE
9 REFUSED

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

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

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

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF SAB4=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

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

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

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

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

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

[ASK IF PHONE=2]

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

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

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

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CELLFON2=2]

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

1 Continue [ASSIGN DISPO M2]

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

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes

2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male 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 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SEX2=3,7,9]

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

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

1 Male
2 Female

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF SAB3=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

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

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

- 1 Yes
- 2 No – business
- 3 No – group home
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

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

[ASK IF COLLEGE2=2,3]

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 OR (CSTATE=2)]

REFSTATE. I'm sorry, but our data is compiled by state. 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.

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 —

PLEASE READ:

- 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 source of your primary health insurance?

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

Interviewer: If respondents give the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 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?"

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 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 NOTE: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

Physical activity done at a work gym during the workday would count

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S4Q1=1]

S4Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER NOTE: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

01 Walking
02 Running or jogging
03 Gardening or yard work
04 Bicycling or bicycling machine exercise
05 Aerobics video or class
06 Calisthenics
07 Elliptical/EFX machine exercise
08 Household activities
09 Weight lifting
10 Yoga, Pilates, or Tai Chi
11 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S4Q2 =01-11,]

S4Q3. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-199)
2__ Times per month
(RANGE 201-299) [NUMBER BOX]

INTERVIEWER NOTE: If respondent is confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S4Q2=01-11]

S4Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30

60 minutes is coded as 100

1 hour is coded as 100

2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959
[NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S4Q1=1 AND S4Q2 NE 77,99]

S4Q5. What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER NOTE: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other

88 No other activity

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S4Q5=01-11]

S4Q6. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-199)

2__ Times per month

(RANGE 201-299) [NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S4Q5=01-11]

S4Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30

60 minutes is coded as 100

1 hour is coded as 100

2 hours and 30 minutes is coded as 230

RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959
[NUMBER BOX]

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK ALL]

S4Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

INTERVIEWER NOTE: Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

1__ Times per week (RANGE 101-199)

2__ Times per month

(RANGE 201-299) [NUMBER BOX]

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

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

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

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

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

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

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

- 1 Yes
- 2 No

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

Section 6: Cholesterol Awareness

[ASK ALL]

S6Q1. Section 6: Cholesterol Awareness

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

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

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

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

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

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

- 1 Yes
- 2 No

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

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

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

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

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

Section 7: Chronic Health Conditions

[ASK ALL]

S7Q1. Section 7: Chronic Health Conditions

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

Ever told you 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

[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

Module 2: Diabetes

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_1. Module 2: Diabetes

According to your doctor or other health professional, what type of diabetes do you have?

1 Type 1

2 Type 2

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_2. Insulin can be taken by shot or pump. Are you now taking insulin?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_3. 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.

INTERVIEWER: 76 = 76 or more

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 S7Q12=1 AND CSTATE NE 2]

MOD2_4. 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

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_5. When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

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

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_6. When was the last time you took a course or class in how to manage your diabetes yourself?

READ IF NECESSARY

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

DO NOT READ

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

[ASK IF S7Q12=1 AND CSTATE NE 2]

MOD2_7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 No
- 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]

[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

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

[ASK IF S8Q3=40]

[MUL=8]

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]

NJ State Added Section 1: Where Born

[ASK IF STATE=NJ AND CSTATE NE 2]

NJ1_1. State Added Section 1: 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 NJ1_1 = 2 AND CSTATE NE 2]

NJ1_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 NJ1_1 = 2 AND NJ1_1B NE GQ, RQ, VQ AND CSTATE NE 2]

NJ1_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 NJ1_1=2 AND (S8Q1<NJ1_2) AND NJ1_2 NE 98,99 AND CSTATE NE 2]

NJ1_2ck. I would like to confirm some responses, you are [s8q1] years old, but you came to live in the United States at age [NJ1_2]. Is this correct?

- 1 Yes, correct as is
- 2 No [go back to NJ1_2]

Module 22: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]

MOD22_1A. Module 22: 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]

MOD22_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]

MOD22_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]

S8Q4. 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]

S8Q5. What is the highest grade or year of school you completed?

READ IF NECESSARY

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

DO NOT READ

9 REFUSED

[ASK ALL]

S8Q6. Do you own or rent your home?

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

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

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

- 1 Own
- 2 Rent
- 3 Other arrangement

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

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]

S8Q8. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

[ASK IF S8Q8 NE 77777,99999 AND STATE NE NJ]

S8Q8C. I just want to confirm, you said your zip code is [S8Q8]. Is that correct?

1 Yes, correct zip code

2 No, incorrect zip code [GO BACK TO S8Q8]

[ASK IF STATE=NJ AND S8Q8 NE 07000-08999,99999,77777 AND CSTATE NE 2]

S8Q8CHK2. 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 S8Q8]

NJ State-Added Section 2: City/Town

[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 Tenaflly / Tenaflly Borough
- 097 Teterboro / Teterboro Borough
- 098 Township of Washington / Washington Township
- 099 Upper Saddle River / Upper Saddle River Borough
- 100 Waldwick / Waldwick Borough
- 101 Wallington / Wallington Borough
- 102 Westwood / Westwood Borough
- 103 Wood Ridge / Wood Ridge Borough
- 104 Woodcliff Lake / Woodcliff Lake Borough
- 105 Wyckoff / Wyckoff Township
- 106 Beverly / Beverly City
- 107 Bordentown / Bordentown City
- 108 Bordentown / Bordentown Township
- 109 Browns Mills / Pemberton Township
- 110 Burlington / Burlington Township
- 111 Burlington City / Burlington City
- 112 Burlington Township / Burlington Township
- 113 Chatsworth / Woodland Township
- 114 Chesterfield / Chesterfield Township

- 115 Cinnaminson / Cinnaminson Township
- 116 Cinnaminson / Riverton Borough
- 117 Columbus / Mansfield Township
- 118 Cookstown / New Hanover Township
- 737 Cookstown/North Hanover Township
- 119 Crosswicks / Chesterfield Township
- 120 Delanco / Delanco Township
- 121 Delanco / Delran Township
- 122 Delran / Delran Township
- 123 Delran / Riverside Township
- 124 Eastampton/ Eastampton Township
- 125 Eastampton Township / Eastampton Township
- 126 Edgewater Park / Edgewater Park Township
- 127 Egg Harbor City / Washington Township
- 128 Evesham / Evesham Township
- 129 Fieldsboro / Fieldsboro Borough
- 130 Florence / Florence Township
- 131 Fort Dix / New Hanover Township
- 132 Hainesport / Hainesport Township
- 133 Hainesport Township / Hainesport Township
- 134 Jobstown / Springfield Township
- 135 Joint Base Mdl / New Hanover Township
- 136 Joint Base Mdl / Wrightstown Borough
- 137 Lumberton / Lumberton Township

- 138 Lumberton Township / Lumberton Township
- 139 Maple Shade / Maple Shade Township
- 140 Marlton / Evesham Township
- 141 McGuire AFB / North Hanover Township
- 142 Medford / Medford Township
- 143 Medford Lakes / Medford Lakes Borough
- 144 Moorestown / Moorestown Township
- 145 Mount Holly / Mount Holly Township
- 146 Mount Laurel / Mount Laurel Township
- 147 Palmyra / Palmyra Borough
- 148 Pemberton / Pemberton Borough
- 149 Pemberton / Pemberton Township
- 150 Riverside / Riverside Township
- 151 Riverton / Cinnaminson Township
- 152 Riverton / Riverton Borough
- 153 Roebling / Florence Township
- 154 Shamong / Shamong Township
- 155 Southampton / Southampton Township
- 156 Tabernacle / Tabernacle Township
- 157 Vincentown / Southampton Township
- 158 Westampton / Westampton Township
- 159 Willingboro / Willingboro Township
- 160 Wrightstown / North Hanover Township
- 161 Wrightstown / Wrightstown Borough

- 162 Atco / Waterford Township
- 163 Audubon / Audubon Borough
- 164 Audubon / Audubon Park Borough
- 165 Barrington / Barrington Borough
- 166 Bellmawr / Bellmawr Borough
- 167 Berlin / Berlin Borough
- 168 Berlin Township / Berlin Township
- 169 Blackwood / Gloucester Township
- 170 Brooklawn / Brooklawn Borough
- 171 Camden / Camden City
- 172 Cherry Hill / Cherry Hill Township
- 173 Cherry Hill / Haddon Township
- 174 Clementon / Clementon Borough
- 175 Collingswood / Collingswood Borough
- 176 Collingswood / Collingswood Borough
- 177 Delair / Pennsauken Township
- 178 Erial / Gloucester Township
- 179 Gibbsboro / Gibbsboro Borough
- 180 Glendora / Gloucester Township
- 181 Gloucester City / Gloucester City
- 182 Haddon Heights / Haddon Heights Borough
- 183 Haddon Township / Haddon Township
- 184 Haddonfield / Haddonfield Borough
- 185 Haddonfield / Tavistock Borough

- 186 Hi-Nella/ Hi-Nella Borough
- 187 Kirkwood - Voorhees / Voorhees Township
- 188 Laurel Springs / Laurel Springs Borough
- 189 Lawnside / Lawnside Borough
- 190 Lindenwold / Lindenwold Borough
- 191 Magnolia / Magnolia Borough
- 192 Merchantville / Merchantville Borough
- 193 Mount Ephraim / Mount Ephraim Borough
- 194 Oaklyn / Oaklyn Borough
- 195 Oaklyn / Woodlynne Borough
- 196 Pennsauken / Pennsauken Township
- 197 Pennsauken / Pennsauken Township
- 198 Pine Hill / Pine Hill Borough
- 199 Pine Valley / Pine Valley Borough
- 200 Runnemede / Runnemede Borough
- 201 Sicklerville / Winslow Township
- 202 Somerdale / Somerdale Borough
- 203 Stratford / Stratford Borough
- 204 Voorhees / Voorhees Township
- 205 Waterford Works / Waterford Township
- 206 West Berlin / Berlin Township
- 207 West Berlin / Chesilhurst Borough
- 208 West Collingswood / Haddon Township
- 209 West Collingswood Heights / Haddon Township

- 210 Westmonth / Haddon Township
- 211 Woodlynne / Woodlynne Borough
- 212 Avalon / Avalon Borough
- 213 Cape May / Cape May City
- 214 Cape May / Lower Township
- 215 Cape May Court House / Middle Township
- 216 Del Haven / Lower Township
- 217 Marmora / Upper Township
- 218 North Cape May / Lower Township
- 219 North Cape May / West Cape May Borough
- 220 North Wildwood / North Wildwood City
- 221 Ocean City / Ocean City
- 222 Ocean View / Dennis Township
- 223 Rio Grande / Middle Township
- 224 Sea Isle City / Sea Isle City
- 225 Stone Harbor / Stone Harbor Borough
- 226 Townsends inlet / Sea Isle City
- 227 Villas / Lower Township
- 228 West Cape May / West Cape May Borough
- 229 West Wildwood / West Wildwood Borough
- 230 Wildwood / Wildwood City
- 231 Wildwood Crest / Wildwood Crest Borough
- 232 Woodbine / Woodbine Borough
- 233 Bridgeton / Bridgeton City

- 234 Bridgeton / Hopewell Township
- 235 Bridgeton / Upper Deerfield Township
- 236 Cedarville / Lawrence Township
- 237 Delmont / Maurice River Township
- 238 Greenwich / Greenwich Township
- 239 Heislerville / Maurice River Township
- 240 Leesburg / Maurice River Township
- 241 Millville / Millville City
- 242 Newport / Downe Township
- 243 Port Elizabeth / Maurice River Township
- 244 Port Norris / Commercial Township
- 245 Stow Creek Township / Stow Creek Township
- 246 Vineland / Vineland City
- 247 Vineland / Vineland City
- 248 Belleville / Belleville Township
- 249 Bloomfield / Bloomfield Township
- 250 Caldwell / Caldwell Borough
- 251 Caldwell / North Caldwell Borough
- 252 Caldwell / West Caldwell Township
- 253 Cedar Grove / Cedar Grove Township
- 254 East Orange / East Orange City
- 255 Essex Fells / Essex Fells Borough
- 256 Fairfield / Fairfield Township
- 257 Glen Ridge / Glen Ridge Borough

- 258 Irvington / Irvington Township
- 259 Livingston / Livingston Township
- 260 Maplewood / Maplewood Township
- 261 Millburn / Millburn Township
- 262 Montclair / Montclair Township
- 263 Newark / Newark City
- 264 North Caldwell / North Caldwell Borough
- 265 Nutley / Nutley Township
- 266 Orange / Orange City
- 267 Roseland / Roseland Borough
- 268 Short Hills / Millburn Township
- 269 South Orange / South Orange Village
- 270 Upper Montclair / Montclair Township
- 271 Verona / Verona Township
- 272 West Caldwell / West Caldwell Township
- 273 West Orange / West Orange Township
- 274 Blackwood / Washington Township
- 275 Blackwood Terrace / Deptford Township
- 276 Bridgeport / Logan Township
- 277 Clarksboro / East Greenwich Township
- 278 Clayton / Clayton Borough
- 279 Deptford / Deptford Township
- 280 Deptford / Deptford Township
- 281 Franklinville / Franklin Township

282	Gibbstown / Greenwich Township
283	Glassboro / Glassboro Borough
284	Grenloch / Washington Township
285	Logan Township / Logan Township
286	Malaga / Franklin Township
287	Mantua / Mantua Township
288	Mickleton / East Greenwich Township
289	Monroeville / Elk Township
290	Mount Royal / East Greenwich Township
291	Mullica Hill / Harrison Township
292	National Park / National Park Borough
293	Newfield / Newfield Borough
294	Paulsboro / Paulsboro Borough
295	Pitman / Pitman Borough
296	Sewell / Washington Township
297	South Harrison Township / South Harrison Township
298	Swedesboro / Swedesboro Borough
299	Thorofare / West Deptford Township
300	Turnersville / Washington Township
301	Wenonah / Wenonah Borough
302	West Deptford / West Deptford Township
303	Westville / Westville Borough
304	Williamstown / Mantua Township
305	Williamstown / Monroe Township

- 306 Woodbury / Woodbury City
- 307 Woodbury Heights / Woodbury Heights Borough
- 308 Woolwich Township / Woolwich Township
- 309 Bayonne / Bayonne City
- 310 East Newark / East Newark Borough
- 311 Guttenberg / Guttenberg Town
- 312 Harrison / Harrison Town
- 313 Hoboken / HOBOKEN CITY
- 314 Jersey City / Jersey City
- 315 Kearny / Kearny Town
- 316 North Bergen / North Bergen Township
- 317 Secaucus / Secaucus Town
- 318 Union City / Union City
- 319 Weehawken / Weehawken Township
- 320 West New York / Guttenberg Town
- 321 West New York / West New York Town
- 322 Annandale / Clinton Township
- 323 Bloomsbury / Bloomsbury Borough
- 324 Califon / Califon Borough
- 325 Calipon / Tewksbury Township
- 326 Clinton / Clinton Town
- 327 Clinton / Clinton Township
- 328 Clinton / Union Township
- 329 Flemington / Flemington Borough

- 330 Flemington / Raritan Township
- 331 Frenchtown / Frenchtown Borough
- 332 Frenchtown / Kingwood Township
- 333 Glen Gardner / Glen Gardner Borough
- 334 Glen Gardner / Lebanon Township
- 335 Hampton / Hampton Borough
- 336 High Bridge / High Bridge Borough
- 337 Lambertville / Lambertville City
- 338 Lambertville / West Amwell Township
- 339 Lebanon / Lebanon Borough
- 340 Lebanon / Lebanon Township
- 341 Milford / Holland Township
- 342 Milford / Milford Borough
- 343 Pittstown / Franklin Township
- 344 Ringoes / East Amwell Township
- 345 Rosemont / Delaware Township
- 346 Stockton / Stockton Borough
- 347 Tewksbury Township / Tewksbury Township
- 348 Three Bridges / Readington Township
- 349 Whitehouse Station / Readington Township
- 350 East Windsor / East Windsor Township
- 351 East Windsor / East Windsor Township
- 352 Ewing / Ewing Township
- 353 Ewing / Trenton City

- 354 Hamilton / Hamilton Township
- 355 Hamilton Square / Hamilton Township
- 356 Hightstown / Hightstown Borough
- 357 Hopewell / Hopewell Borough
- 358 Hopewell / Hopewell Township
- 359 Lawrence / Lawrence Township
- 360 Lawrence Township / Lawrence Township
- 361 Lawrenceville / Lawrence Township
- 362 Mercerville / Hamilton Township
- 363 Pennington / Pennington Borough
- 364 Princeton / Princeton
- 365 Princeton Junction / West Windsor Township
- 366 Robbinsville / Robbinsville Township
- 367 Titusville / Hopewell Township
- 368 Trenton / Ewing Township
- 369 Trenton / Hamilton Township
- 370 Trenton / Trenton City
- 371 West Trenton / Ewing Township
- 372 West Windsor / West Windsor Township
- 373 Avenel / Woodbridge Township
- 374 Carteret / Carteret Borough
- 375 Colonia / Woodbridge Township
- 376 Cranbury / Cranbury Township
- 377 Dayton / South Brunswick Township

- 378 Dunellen / Dunellen Borough
- 379 East Brunswick / East Brunswick Township
- 380 East Brunswick / Middlesex Borough
- 381 Edison / Edison Township
- 382 Fords / Woodbridge Township
- 383 Helmetta / Helmetta Borough
- 384 Highland Park / Highland Park Borough
- 385 Hopelawn / Woodbridge Township
- 386 Iselin / Woodbridge Township
- 387 Jamesburg / Jamesburg Borough
- 388 Keasbey / Woodbridge Township
- 389 Kendall Park / South Brunswick Township
- 390 Kingston / South Brunswick Township
- 391 Laurence Harbor / Old Bridge Township
- 392 Laurence Harbor / South Amboy City
- 393 Metuchen / Metuchen Borough
- 394 Middlesex / Middlesex Borough
- 395 Milltown / Milltown Borough
- 396 Monmouth Junction / South Brunswick Township
- 397 Monroe / Monroe Township
- 398 Monroe Township / Monroe Township
- 399 New Brunswick / New Brunswick City
- 400 New Brunswick / New Brunswick City
- 401 North Brunswick / North Brunswick Township

- 402 Old Bridge / East Brunswick Township
- 403 Old Bridge / Old Bridge Township
- 404 Parlin / Old Bridge Township
- 405 Parlin / Sayreville Borough
- 406 Perth Amboy / Perth Amboy City
- 407 Piscataway / Piscataway Township
- 408 Plainsboro / Plainsboro Township
- 409 Port Reading / Woodbridge Township
- 410 Sayreville / Sayreville Borough
- 411 Sewaren / Woodbridge Township
- 412 South Amboy / South Amboy City
- 413 South Plainfield / South Plainfield Borough
- 414 South River / South River Borough
- 415 Spotswood / Spotswood Borough
- 416 Woodbridge / Woodbridge Township
- 417 Aberdeen / Aberdeen Township
- 418 Allenhurst / Allenhurst Borough
- 419 Allentown / Allentown Borough
- 420 Asbury Park / Asbury Park City
- 421 Atlantic Highlands / Atlantic Highlands Borough
- 422 Avon By The Sea / Avon By The Sea Borough
- 423 Belford / Middletown Township
- 424 Belmar / Belmar Borough
- 425 Bradley Beach / Bradley Beach Borough

- 426 Brielle / Brielle Borough
- 427 Clarksburg / Millstone Township
- 428 Cliffwood / Aberdeen Township
- 429 Cliffwood Beach / Aberdeen Township
- 430 Colts Neck / Colts Neck Township
- 431 Cream Ridge / Upper Freehold Township
- 432 Deal / Deal Borough
- 433 Eatontown / Eatontown Borough
- 434 Eatontown / Eatontown Borough
- 435 Englishtown / Englishtown Borough
- 436 Fair Haven / Fair Haven Borough
- 437 Farmingdale / Farmingdale Borough
- 438 Farmingdale / Howell Township
- 439 Fort Monmouth / Red Bank Borough
- 440 Freehold / Freehold Borough
- 441 Freehold / Freehold Township
- 442 Hazlet / Hazlet Township
- 443 Hazlet Township / Hazlet Township
- 444 Highlands / Highlands Borough
- 445 Holmdel / Holmdel Township
- 446 Howell / Howell Township
- 447 Interlaken / Interlaken Borough
- 448 Keansburg / Keansburg Borough
- 449 Keyport / Keyport Borough

- 450 Keyport / Union Beach Borough
- 451 Lake Como / Lake Como (South Belmar Borough)
- 452 Leonardo / Middletown Township
- 453 Lincroft / Middletown Township
- 454 Little Silver / Little Silver Borough
- 455 Lock Arbour / Loch Arbour Village
- 456 Locust / Rumson Borough
- 457 Long Branch / Long Branch City
- 458 Manalapan / Manalapan Township
- 459 Manasquan / Manasquan Borough
- 460 Marlboro / Marlboro Township
- 461 Matawan / Matawan Borough
- 462 Middletown / Middletown Township
- 463 Millstone Township / Millstone Township
- 464 Monmouth Beach / Monmouth Beach Borough
- 465 Morganville / Marlboro Township
- 466 Neptune / Neptune Township
- 467 Neptune City / Neptune City Borough
- 468 New Monmouth / Middletown Township
- 469 North Middletown / Middletown Township
- 470 Oakhurst / Ocean Township
- 471 Ocean / Asbury Park City
- 472 Ocean / Interlaken Borough
- 473 Ocean Grove / Neptune Township

- 474 Oceanport / Oceanport Borough
- 475 Perrineville / Millstone Township
- 476 Port Monmouth / Middletown Township
- 477 Red Bank / Red Bank Borough
- 478 Red Bank / Shrewsbury Township
- 479 Rumson / Rumson Borough
- 480 Sandy Hook / Middletown Township
- 481 Sea Bright / Sea Bright Borough
- 482 Sea Girt / Sea Girt Borough
- 483 Shrewsbury / Shrewsbury Borough
- 484 Spring Lake / Spring Lake Borough
- 485 Spring Lake / Spring Lake Heights Borough
- 486 Tinton Falls / Tinton Falls Borough
- 487 Union Beach / Union Beach Borough
- 488 Wall / Wall Township
- 489 Wall township / Wall Township
- 490 West Allenhurst / Ocean Township
- 491 West Long Branch / West Long Branch Borough
- 492 Boonton / Boonton Town
- 493 Boonton / Boonton Township
- 494 Boonton Township / Boonton Township
- 495 Budd Lake / Mount Olive Township
- 496 Butler / Butler Borough
- 497 Cedar Knolls / Hanover Township

498	Chatham / Chatham Borough
499	Chatham / Chatham Township
500	Chester / Chester Borough
501	Chester / Chester Township
502	Chester Township / Chester Township
503	Denville / Denville Township
504	Dover / Dover Town
505	Dover / Randolph Township
506	Dover / Victory Gardens Borough
507	East Hanover / East Hanover Township
508	East Hanover / Hanover Township
509	Flanders / Mount Olive Township
510	Florham Park / Florham Park Borough
511	Gillette / Long Hill Township
512	Green Village / Harding Township
513	GREYSTONE PARK / Morris Plains Borough
514	Kenvil / Roxbury Township
515	Kinnelon / Kinnelon Borough
516	Lake Hiawatha / Parsippany-Troy Hills Township
517	Lake Hopatcong / Jefferson Township
518	Landing / Roxbury Township
519	Ledgewood / Roxbury Township
520	Lincoln Park / Lincoln Park Borough
521	Long Valley / Washington Township

522	Madison / Madison Borough
523	Mendham / Mendham Borough
524	Mendham Township / Mendham Township
525	Millington / Long Hill Township
526	Mine Hill / Mine Hill Township
527	Montville / Montville Township
528	Morris Plains / Morris Plains Borough
529	Morristown / Morristown Town
530	Mount Arlington / Mount Arlington Borough
531	Mountain Lakes / Mountain Lakes Borough
532	Netcong / Netcong Borough
533	New Vernon / Harding Township
534	Parsippany / Parsippany-Troy Hills Township
535	Pequannock / Pequannock Township
536	Picatinny ARS / Rockaway Township
537	Picatinny Arsenal / Rockaway Township
538	Pine Brook / Montville Township
539	Pompton Plains / Pequannock Township
540	Randolph / Randolph Township
541	Riverdale / Riverdale Borough
542	Rockaway / Rockaway Township
543	Rockaway Borough / Rockaway Borough
544	Roxbury Township / Roxbury Township
545	Stirling / Long Hill Township

546	Succasunna / Roxbury Township
547	Towaco / Montville Township
548	Wharton / Mine Hill Township
549	Wharton / Wharton Borough
550	Whippany / Hanover Township
551	Barnegat / Barnegat Township
552	Bay Head / Bay Head Borough
553	Bay Head / Point Pleasant Borough
554	Bay Head / Point Pleasant Beach Borough
555	Bayville / Berkeley Township
556	Beach Haven / Beach Haven Borough
557	Beachwood / Beachwood Borough
558	Brick / Brick Township
559	Forked River / Lacey Township
560	Harvey Cedars / Harvey Cedars Borough
561	Jackson / Jackson Township
562	Joint Base Mdl / Lakehurst Borough
563	Lakehurst / Lakehurst Borough
564	Lakehurst NAEC / Lakehurst Borough
565	Lakewood / Lakewood Township
566	Lanoka Harbor / Lacey Township
567	Lavallette / Lavallette Borough
568	Little Egg Harbor / Little Egg Harbor Township
569	Little Egg Harbor Township / Little Egg Harbor Township

570	Long Beach / Long Beach Township
571	Long Beach Township / Long Beach Township
572	Manahawkin / Stafford Township
573	Manchester / Manchester Township
574	Manchester Township / Manchester Township
575	Mantoloking / Mantoloking Borough
576	Mystic Islands / Little Egg Harbor Township
577	New Egypt / Plumsted Township
578	Osbornville / Brick Township
579	Pine Beach / Pine Beach Borough
580	Point Pleasant Beach / Bay Head Borough
581	Point Pleasant Beach / Point Pleasant Borough
582	Point Pleasant Beach / Point Pleasant Beach Borough
583	Point Pleasant Boro / Bay Head Borough
584	Point Pleasant Boro / Point Pleasant Borough
585	Point Pleasant Boro / Point Pleasant Beach Borough
586	Seaside Heights / Seaside Heights Borough
587	Seaside Park / Seaside Park Borough
588	Ship Bottom / Ship Bottom Borough
589	Ship Bottom / Surf City Borough
590	Stafford Township / Stafford Township
591	Surf City / Surf City Borough
592	Toms River / Toms River Township
593	Toms River / South Toms River Borough

594	Tuckerton / Tuckerton Borough
595	Waretown / Ocean Township
596	West Creek / Eagleswood Township
597	Whiting / Manchester Township
598	Bloomington / Bloomington Borough
599	Clifton / Clifton City
600	Haledon / Haledon Borough
601	Haskell / Wanaque Borough
602	Hawthorne / Hawthorne Borough
603	Hewitt / West Milford Township
604	Little Falls / Little Falls Township
605	Newfoundland / West Milford Township
606	North Haledon / North Haledon Borough
607	Oak Ridge / West Milford Township
608	Passaic / Passaic City
609	Paterson / Paterson City
610	Pompton Lakes / Pompton Lakes Borough
611	Prospect Park / Prospect Park Borough
612	Ringwood / Ringwood Borough
613	Totowa / Paterson City
614	Totowa / Totowa Borough
615	Wanaque / Wanaque Borough
616	Wayne / Wayne Township
617	West Milford / West Milford Township

618	West Paterson / Woodland Park Borough
619	Woodland Park / Woodland Park Borough
620	Carneys Point / Carneys Point Township
621	Elmer / Elmer Borough
622	Elsinboro Township / Elsinboro Township
623	Mannington / Mannington Township
624	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(S8Q8=77777,99999 AND NJ_CNTY=777,999 AND NJFILTER=77777,99999)]

NJTOWN_1CK. I just want to confirm, [IF S8Q8 NE 77777,99999 INSERT "your zip code is [S8Q8],"] [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 S8Q8]

[ASK IF SAMPTYPE=1]

S8Q9. 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 S8Q9=1]

S8Q10. 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]

S8Q11. How many cell phones do you have for personal use?

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

RANGE 1-5 [NUMBER BOX]

6 Six or more

7 DON'T KNOW / NOT SURE

8 NONE

9 REFUSED

[ASK ALL]

S8Q12. 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]

S8Q13. 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

[ASK ALL]

S8Q14. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q14=1-87]

S8Q14CHK. Just to be sure - you have [S8Q14] [IF S8Q14=1 INSERT "child"; IF S8Q14=2-87 INSERT "children"] under 18 living in your household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S8Q14]
- 9 REFUSED

[ASK ALL]

S8Q15A. 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 S8Q15A=01]

S8Q15B. 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 S8Q15B=01]

S8Q15C. 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 S8Q15C=01]

S8Q15D. 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 S8Q15D=01]

S8Q15E. 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 S8Q15A=02]

S8Q15F. 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 S8Q15F=02]

S8Q15G. 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 S8Q15H=02]

S8Q15I. 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 S8Q15I=02]

S8Q15J. 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 S8Q15J=02]

S8Q15K. \$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

[ASK ALL]

S8Q15. 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 S8Q15 NE 77,99]

S8Q15AA. Your Annual Household Income is [S8Q15]. Is This Correct?

1 Yes, correct as is.
 2 No, re-ask question [GO BACK TO S8Q15A]

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

S8Q16. To your knowledge, are you now pregnant?

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

[ASK ALL]

PS8Q17. 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 PS8Q17=P]

S8Q17. 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 S8Q17=50-79 OR S8Q17=351-776]

S8Q17_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. 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 S8Q17M=23-352 AND PS8Q17=K]

S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

1 Yes

2 No [GO BACK TO S8Q17M]

[ASK ALL]

PS8Q18. 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 PS8Q18=F]

S8Q18. 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 S8Q18=300-407 OR S8Q18=609-711]

S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

S8Q18M. 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 S8Q18M=90-254 AND PS8Q18=M]

S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

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

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: Falls

[ASK IF S8Q1>44 OR S8Q1=07, 09]

S10Q1. Section 10: Falls

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

READ IF NECESSARY: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

Interviewer note: Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q1=1-76]

S10Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

READ IF NECESSARY: By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S10Q2>S10Q1 AND S10Q2 NE 77,88,99]

S10Q2CHK. I'm sorry, you indicated you had [S10Q1] falls previously but just stated you had [S10Q2] falls that caused an injury that limited your regular activities. I must correct this inconsistency.

1 GO BACK [GO TO S10Q1]

Section 11: Tobacco Use

[ASK ALL]

S11Q1. Section 11: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S11Q1=1]

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

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

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

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

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.

INTERVIEWER NOTE: If respondent says “Not at all” ask that they do not mean “Never used e-cigs in your entire life”

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)

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

Module 16: Other Tobacco Use

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

MOD16_1. Module 16: Other Tobacco Use

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

- 1 Yes
- 2 No

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

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

MOD16_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

- 1 Yes
- 2 No

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

[ASK IF CSTATE NE 2]

MOD16_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 12: Alcohol Consumption

[ASK ALL]

S12Q1. Section 12: 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 S12Q1 NE 888,777,999]

S12Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q2=88]

S12Q2CHK. I'm sorry, you just indicated that you had 0 drinks on the average in the past 30 days but stated a few questions prior that you had at least one drink of any alcoholic beverage in the past 30 days. I must correct this inconsistency.

1 GO BACK [GO TO S12Q1]

[ASK IF S12Q2=12-76]

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

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

[ASK IF S12Q1 NE 888,777,999]

S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q3=16-76]

S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

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

[ASK IF S12Q1 NE 888,777,999]

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

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S12Q4=16-76]

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

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

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

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q4]

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

S12Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

1 Correct as is

2 No, Re-ask question [GO BACK TO S12Q3]

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q1=1]

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=1]

S13Q2Y.

Code YEAR (RANGE 2022-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

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

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

- 1 Yes [GO BACK TO S13Q2M]
- 2 No

Module 25: Place of Flu Vaccination

[ASK IF S13Q1=1 AND CSTATE NE 2]

MOD25_1. Module 25: 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?

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
- 11 A school

DO NOT READ:

- 10 Received vaccination in Canada/Mexico
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

[ASK ALL]

S13Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

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

]

S13Q4. 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

Module 26: HPV - Vaccination

[ASK IF (S8Q1=18-49 OR S8Q1=07,09) AND CSTATE NE 2]

MOD26_1. Module 26: 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 MOD26_1=1]

MOD26_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 27: Tetanus Diphtheria (Tdap) (Adults)

[ASK IF CSTATE NE 2]

MOD27_1. Module 27: Tetanus Diphtheria (Tdap) (Adults)

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

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

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

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

Section 14: H.I.V./AIDS

[ASK ALL]

S14Q1. Section 14: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 1 Yes
- 2 No

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

[ASK IF S14Q1=1]

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

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

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

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

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=1]

S14Q2Y.

Code YEAR (RANGE 1985-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

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

S14Q2CHK. I'm sorry, but you said you had a H.I.V. test 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 S14Q2M]

Section 15: Seat Belt Use and Drinking and Driving

[ASK ALL]

S15Q1. Section 15: Seat Belt Use and Drinking and Driving

How often do you use seat belts when you drive or ride in a car? Would you say -

PLEASE READ

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

DO NOT READ

8 Never drive or ride in a car
7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S15Q1=1-5, 7,9 AND S12Q1 NE 888]

S15Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

Section 16: Long-term COVID Effects

[ASK ALL]

S16Q1. Section 16: Long-term COVID Effects

Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had 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.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S16Q1=1]

S16Q2. Do you currently have 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.

Read if necessary:

- Tiredness or fatigue
- Difficulty thinking or concentrating or forgetfulness / memory problems (sometimes referred to as "brain fog")
- Difficulty breathing or shortness of breath
- Joint or muscle pain
- Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- Dizziness on standing
- menstrual changes
- Symptoms that get worse after physical or mental activities
- Loss of taste or smell

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S16Q2=1]

S16Q3. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

PLEASE READ

1 Yes, a lot

2 Yes, a little

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

Optional Modules

[Module 28: COVID Vaccination](#)

[ASK IF CSTATE NE 2]

MOD28_1. Module 28: 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 MOD28_1=2 AND CSTATE NE 2]

MOD28_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 MOD28_1=1 AND CSTATE NE 2]

MOD28_3. How many COVID-19 vaccinations have you received?

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

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD28_3=1, 7, 9 AND CSTATE NE 2]

MOD28_4. Which of the following best describes your COVID-19 vaccination status?

READ IF NECESSARY: Recommended doses include at least two doses of Pfizer, Moderna, or Novavax vaccines or a single dose of Johnson & Johnson vaccine PLUS at least one dose of the updated bivalent booster vaccine that became available in September 2022

- 1 Already received all recommended doses, including the updated bivalent booster
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses

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

Module 4: Lung Cancer Screening

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

MOD4_1. Module 4: 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 SMOKED CIGARETTES REGULARLY
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S8Q1<MOD4_1 AND S8Q1 NE 07,09 AND MOD4_1 NE 888,777,999]

MOD4_1C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD4_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

- 1 Continue [GO BACK TO MOD4_1]

[ASK IF S11Q1=1 AND S11Q2=2,3 AND MOD4_1 NE 888 AND CSTATE NE 2]

MOD4_2. How old were you when you last smoked cigarettes regularly?

RANGE 1-100 [NUMBER BOX]

777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD4_2=1-100 AND ((S8Q1=18-99 AND (S8Q1<MOD4_2)) AND S8Q1 NE 07,09)) AND MOD4_2 NE 777,999]

MOD4_2C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD4_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

1 Continue [GO BACK TO MOD4_2]

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND MOD4_1 NE 888 AND CSTATE NE 2]

MOD4_3. On average, when you [IF S11Q2=1,2 INSERT "smoke"; IF S11Q2=3 INSERT "smoked"] regularly, about how many cigarettes [IF S11Q2=1,2 INSERT "do"; IF S11Q2=3 INSERT "did"] you usually smoke each day?

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

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

0.5 PACK = 10 CIGARETTES	1.75 PACK = 35 CIGARETTES
0.75 PACK = 15 CIGARETTES	2 PACKS = 40 CIGARETTES
1 PACK = 20 CIGARETTES	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 IF CSTATE NE 2]

MOD4_4. The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done.

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 MOD4_4=1]

MOD4_5. 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 MOD4_5=1]

MOD4_6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

READ IF NECESSARY

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

Module 6: Prostate Cancer Screening

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

MOD6_1. Module 6: 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 MOD6_1=1]

MOD6_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 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 MOD6_1=1]

MOD6_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 MOD6_1=1]

MOD6_4. Who first suggested this P.S.A. 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]

MOD6_5. When you met with a doctor, nurse, or other health professional, did they EVER talk about the advantages, the disadvantages, or both advantages and disadvantages of the prostate-specific antigen or 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 Advantages
- 2 Disadvantages
- 3 Both advantages and disadvantages

DO NOT READ

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

Module 7: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09) AND CSTATE NE 2]

MOD7_1. Module 7: Colorectal Cancer Screening

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_1=1]

MOD7_2. Have you had a colonoscopy, a sigmoidoscopy, or both?

1 Colonoscopy

2 Sigmoidoscopy

3 Both

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_2=1,3]

MOD7_3. How long has it been since your most recent colonoscopy?

READ IF NECESSARY

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_2=2,3]

MOD7_4. How long has it been since your most recent sigmoidoscopy?

READ IF NECESSARY

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

DO NOT READ

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

[ASK IF MOD7_2=7]

MOD7_5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

READ IF NECESSARY

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

DO NOT READ

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

[ASK IF (S8Q1=45-99 OR S8Q1=07, 09) AND CSTATE NE 2]

MOD7_6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes
- 2 No

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

[ASK IF MOD7_6=1]

MOD7_7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER: CT Colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped x-ray machine as you lie on your back and then your stomach.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_7=1]

MOD7_8. When was your most recent CT colonography or virtual colonoscopy?

READ IF NECESSARY

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

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

3 Within the past 5 years (2 years but less than 5 years ago)

4 Within the past 10 years (5 years but less than 10 years ago)

5 10 or more years ago

DO NOT READ

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD7_6=1]

MOD7_9. One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

INTERVIEWER NOTE: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.

1 Yes

2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD7_9=1]

MOD7_10. How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD7_6=1]

MOD7_11. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this 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 MOD7_11=1]

MOD7_12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD7_11=1]

MOD7_13. How long has it been since you had this test?

READ IF NECESSARY

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

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 8: Cancer Survivorship : Type of Cancer

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

MOD8_1. Module 8: 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 MOD8_1=1,2,3]

MOD8_2. At what age were you [IF MOD8_1=1 INSERT "told that you had cancer?"; IF MOD8_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 MOD8_2>S8Q1 AND S8Q1 NE 07,09 AND MOD8_2 NE 98,99 AND CSTATE NE 2]

MOD8_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD8_2]. I must correct this inconsistency.

1 Continue [GO BACK TO MOD8_2]

[ASK IF MOD8_1=1,2,3]

MOD8_3. [IF MOD8_1=1 INSERT "What type of cancer is it?"; IF MOD8_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 9: Cancer Survivorship: Course of Treatment

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

MOD9_1. Module 9: 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 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 MOD9_1=2]

MOD9_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 MOD9_1=2]

MOD9_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 MOD9_1=2]

MOD9_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 MOD9_4=1]

MOD9_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 MOD9_1=2]

MOD9_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 MOD9_1=2]

MOD9_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 MOD9_1=2]

MOD9_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 10: Cancer Survivorship: Pain Management

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

MOD10_1. Module 10: 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 MOD10_1=1]

MOD10_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 13: Cognitive Decline

[ASK IF (S8Q1>=45 OR S8Q1=07,09) AND CSTATE NE 2]

MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD13_1=1]

MOD13_2. Are you worried about these difficulties with thinking or memory?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD13_1=1]

MOD13_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD13_1=1]

MOD13_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD13_1=1,]

MOD13_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 17: Firearm Safety

[ASK IF CSTATE NE 2]

MOD17_1. Module 17: Firearm Safety

The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms now kept in or around your home?

INTERVIEWER: Do not include guns that cannot fire; include those kept in cars or outdoor storage.

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD17_1=1]

MOD17_2. Are any of these firearms now loaded?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD17_2=1]

MOD17_3. Are any of these loaded firearms also unlocked?

INTERVIEWER: By unlocked we mean you do not need a key or a combination or a hand/fingerprint to get the gun or to fire it. Don't count the safety as a lock

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 29: Social Determinants and Health Equity

[ASK IF CSTATE NE 2]

MOD29_1. Module 29: 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]

MOD29_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]

MOD29_3. How often do you feel lonely? Is it...

PLEASE READ

1 Always
2 Usually
3 Sometimes
4 Rarely
5 Never

DO NOT READ

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD29_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]

MOD29_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]

MOD29_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]

MOD29_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]

MOD29_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]

MOD29_9. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

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

[ASK IF CSTATE NE 2]

MOD29_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 31: Random Child Selection

[ASK IF S8Q14=1 AND CSTATE NE 2]

MOD31T1. Module 31: 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 S8Q14=2-87 AND CSTATE NE 2]

[IF S8Q14=2-87, RANDOMLY SET RNDCHILD USING S8Q14 RESPONSE FOR RANDOMIZATION]

RNDCHILD. System Generated Variable: Randomly Selected Child

- 01 first

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

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

82 eighty-second
83 eighty-third
84 eighty-fourth
85 eighty-fifth
86 eighty-sixth
87 eighty-seventh

[ASK IF S8Q14=2-87 AND CSTATE NE 2]

MOD31T2. Previously, you indicated there were [S8Q14] children age 17 or younger in your household. Think about those [S8Q14] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

1 Continue

[ASK IF S8Q14=1-87AND CSTATE NE 2]

MOD31_1M. What is the birth month and year of the [RNDCHILD] child?

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

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

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

MOD31_1Y.

Code YEAR (RANGE 2005-2023) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF MOD31_1M>CMONTH and MOD31_1Y=CYEAR AND MOD31_1M NE 77,99]

MOD31_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 MOD31_1M]

[ASK IF MOD31_1Y<=2023]

CHLDAGE1. Calculate child's age in months.

[ASK IF MOD31_1Y<=2023]

CHLDAGE2. Calculate child's age in years

[ASK IF CHLDAGE1>216]

MOD31_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 MOD31_1M]

[ASK IF S8Q14=1-87AND CSTATE NE 2]

MOD31_2. Is the child a boy or a girl?

1 Boy

2 Girl

3 Nonbinary / other

9 REFUSED

[ASK IF MOD31_2=3,9]

MOD31_3. What was the child's sex on their original birth certificate?

1 Boy

2 Girl

9 REFUSED

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

MOD31_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 MOD31_4=2]

[MUL=4]

MOD31_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]

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

[MUL=6]

MOD31_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 MOD31_4=2 INSERT "Hispanic"] White
- 20 [IF MOD31_4=2 INSERT "Hispanic"] Black or African American
- 30 [IF MOD31_4=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF MOD31_4=2 INSERT "Hispanic"] Asian
- 50 [IF MOD31_4=2 INSERT "Hispanic"] Pacific Islander

DO NOT READ:

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

[ASK IF MOD31_5=40]

[MUL=8]

MOD31_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 MOD31_5=50]

[MUL=4]

MOD31_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 S8Q14=1-87 AND CSTATE NE 2]

MOD31_6. How are you related to the child? Are you a...

PLEASE READ:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

DO NOT READ:

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

[Module 32: Childhood Asthma Prevalence](#)

[ASK IF S8Q14=1-87 AND CSTATE NE 2]

MOD32_1. Module 32: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No

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

[ASK IF MOD32_1=1]

MOD32_2. Does the child still have asthma?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Module 24: Adverse Childhood Experiences

[ASK IF CSTATE NE 2]

MOD24_T. Module 24: 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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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]

MOD24_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 MOD24_C=1 AND CSTATE NE 2]

MOD24_HOT.

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

- 1 Continue

New Jersey State Added Sections

NJ State Added Section 3: Traumatic Brain Injury

[ASK IF STATE=NJ AND CSTATE NE 2]

NJ3_1. State Added Section 3 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 NJ3_1=1]

NJ3_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 NJ3_1=1 AND NJ3_2=1-77]

NJ3_3. [IF NJ3_2=1 INSERT: "How long were you knocked out or lost consciousness?"] [IF NJ3_2>1 INSERT: "What was the longest time you were knocked out or lost consciousness?"]

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 NJ3_1=1 AND NJ3_2=1-77 AND NJ3_3=1,2,3,4,7]

NJ3_4. [IF NJ3_2=1 INSERT: "How old were you when you were knocked out or lost consciousness?"] [IF NJ3_2>1 INSERT: "How old were you the first time you were knocked out or lost consciousness?"]

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 NJ3_1=1 AND NJ3_2=1-77 AND NJ3_3=1,2,3,4,7 AND NJ3_4=1-98]

NJ3_5. How old were you the last time you were knocked out or lost consciousness?

INTERVIEWER: 97 = 97 or older

__ RANGE 0-97 [NUMBER BOX]

- 98 DON'T KNOW / NOT SURE
- 99 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 MOD32_2=1,2,7,9 AND CSTATE NE 2 AND STATE=NJ THEN SET ACFLAG_SPLIT=2 100% OF THE TIME

(Only one has or had asthma)

IF S7Q5=1,2,7,9 AND MOD32_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 MOD32_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 S7Q5=1

SET ACFLAG=02 IF ACFLAG_SPLIT=1 AND S7Q5=2,7,9

SET ACFLAG=03 IF ACFLAG_SPLIT=2 AND MOD32_2=1

SET ACFLAG=04 IF ACFLAG_SPLIT=2 AND MOD32_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 MKP1=2,7,9]

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

1 Yes

2 No

7 DON'T KNOW

9 REFUSED

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

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW

9 REFUSED

[ASK IF ACFLAG=03,04 AND (AST1=1 OR AST1A=1 OR AST1B=1) AND NOT ATP=2,7,9]

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

1 Gave Response [TEXT BOX]

7 DON'T KNOW

9 REFUSED

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

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

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

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

1 continue to adult asthma

2 continue to child asthma

3 schedule callback for asthma follow-up

Asthma Suspends in Main BRFSS

[ASK IF ASTHMA_FLAG=1,2,3 AND BRFSS_FLAG=1]

ASTHMA_END. INTERVIEWER: Enter the reason for ending the call.

INTERVIEWER: If no specific call back date and time are given, schedule a call back two weeks from today.

1 Callback

2 Refusal

[ASK IF ASTHMA_END=1 AND ((MKP1=1 OR MKP=1) OR (ACFLAG=01,02 AND (AST1B=1 OR AST1=1 OR AST1A=1)))]

AST2A_CB. Can I please have either your first name or initials, so we will know who to ask for when we call back?

01 Gave Response [TEXT BOX]

97 DON'T KNOW
99 REFUSED

[ASK IF ASTHMA_END=1 AND ATP1=2,7,9]

ATP2. When would be a good time to call back to speak to the parent or guardian in the household who knows the most about the child's asthma?

1 Continue

7 DON'T KNOW
9 REFUSED

[ASK IF ASTHMA_END=1]

ASTHMA_CB. Interviewer: Enter time to call back.

[ASK IF ASTHMA_END=1,2]

ASTHMA_CLOSE. Thank you very much for your time and cooperation, [IF ASTHMA_END=1 INSERT: "we will callback at the previous stated time to continue with the Asthma survey."] [IF ASTHMA_END=2 INSERT: "we will callback at a later time."]

1 Continue

Cell Suspends in Main BRFSS

[ASK IF SAMPTYPE=2 AND BRFSS_FLAG=1]

CBTIME: Would you like to schedule a call back for today or at a later time?

1 Today
2 Later time

[ASK IF CBTIME = 2]

TEXTCB: Can we send you a reminder text message with your scheduled call back date and time?

1 Yes
2 No
3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

TEXTTY: Great. You will receive a reminder text message with your scheduled call back appointment.

01 Continue

LANG. INTERVIEWER: Select Language

EN ENGLISH

