2019

Maryland Behavioral Risk Factor Surveillance System
Questionnaire
### Imported & Hidden Sample Variables

**[ASK ALL]**
**SAMPTYPE.** Imported Sample Variable: Sample Type

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Landline</td>
</tr>
<tr>
<td>2</td>
<td>Cell Phone</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**STATE.** Imported Sample Variable: State

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>Maryland</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**HEALTHDEPT.** Imported Sample Variable: Health Department Name

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD Maryland Department of Health</td>
<td>Maryland Department of Health</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**DEPTPHONE.** Imported Sample Variable: Department Phone Number

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD 844-403-3933</td>
<td>Maryland Department of Health Phone Number</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**ASGCNTY.** Imported Sample Variable: County by State

<table>
<thead>
<tr>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>000-999</td>
<td>County by State</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**HGENDER.** Hidden Variable for storing values entered at SEX1, SEX2, AND MOD28_1

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
</tr>
</tbody>
</table>

**[ASK ALL]**
**LENGTH.** Imported Sample Variable: Interview Length

<table>
<thead>
<tr>
<th>Length</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD 25</td>
<td>Interview Length</td>
</tr>
</tbody>
</table>

*CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.*
Behavioral Risk Factor Surveillance System
2019 Questionnaire

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

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

**[ANSWERING MACHINE MESSAGE TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]**

**AM_TEXT.** Hello, my name is _______. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert STATE] 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 [insert DEPTPHONE] at your convenience. Thank you.

**[PROMPT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]**

**PM_TEXT.** Privacy Manager (NAME) calling on behalf of the [HEALTHDEPT]

**[ASK IF SAMPTYPE=1]**

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

Is this $N?
**INTERVIEWER NOTE:** IF NO: Thank you very much, but I seem to have dialed the wrong number. It’s possible that your number may be called at a later time.

<table>
<thead>
<tr>
<th>01 Yes – Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Callback</td>
</tr>
<tr>
<td>20 Refusal</td>
</tr>
<tr>
<td>D3 Answering Machine</td>
</tr>
<tr>
<td>B2 Busy</td>
</tr>
<tr>
<td>DA Dead Air</td>
</tr>
<tr>
<td>HU Hang Up</td>
</tr>
<tr>
<td>NA No Answer</td>
</tr>
<tr>
<td>NW Non-Working Number</td>
</tr>
</tbody>
</table>

**[ASK IF SELFFLAG=1 AND SAMPTYPE=1]**

**INT02.** Hello, I’m _____calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of [STATE] residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT “him”] [IF HGENDER=02 INSERT “her”]?  

| 01 Selected on the line |

**[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.

| 01 Yes |
| 02 No  |
| 03 No, this is a business |
[ASK IF HS1=03]
BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]
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.

01 Yes
02 No – Business
03 No – Group Home

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF COLLEGE=02,03,97,99]
X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]
STRES. Do you currently live in [STATE]? 

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED
[ASK IF STRES=02,97,99]
X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]
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).

01 Yes, it is a cell phone
02 Not a cell phone

[ASK IF HS2=01]
HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]
ADULT. Are you 18 years of age or older?

01 Yes
02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]
SEX1. Are you male or female?

01 Male
02 Female

97 DON’T KNOW / NOT SURE
99 REFUSED
[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

[ASK IF HS1=01 AND HS2=02]

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

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]

**XX4.** Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

01 Yes
02 No

[ASK IF ONEADULT=01]

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

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED
[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=97,99]
XX5. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=02]
GETADULT. May I speak with the adult in the household that is 18 years of age or older?

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

[ASK IF ONEADULT=01]
YOU. Then you are the person I need to speak with.

01 Continue

[ASK IF ADULTS > 1]
MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]
NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]
WOMEN. So the number of women in the household is [NWOMEN].
Is that correct?

01 Yes
02 No [GO BACK TO ADULTS]
[ASK IF ADULTS>=1]
RSA: System Generated Variable: Randomly Selected Adult

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

[ASK IF ADULTS>1 AND SAMPTYPE=1]
NBIRTH: The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

01 Yes, male
02 Yes, female
03 No, adult coming to the phone
04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)]
NBIRTHCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT “Male”] [IF NBIRTH=02 INSERT “Female”]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03 AUTO CODE: IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]

GENDER. INTERVIEWER: Is the selected adult male or female?

   21 Male
   22 Female

[ASK IF NBIRTH=03]

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

01 Continue

[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. [IF STATE=X INSERT “Any information you give me will not be connected to any personal information.”; IF STATE=X INSERT “Any personal information that you provide will not be used to identify you.”] If you have any questions about the survey, please call [DEPTPHONE]. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.

INTERVIEWER NOTE: The interview takes on average [insert LENGTH] minutes depending on your answers.
Interviewer’s Script Cell Phone

[ASK IF SAMPTYPE=2]

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

Is this a safe time to talk with you?

INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

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

[ASK IF INT01=01]

PHONE. Is this $N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.
[ASK IF PHONE=02]
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.

01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99]
CELLFON2. Is this a cell phone?

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

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

01 Yes
02 No
03 Not a safe time / driving [GO TO TERM]

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF CELLFON2=02]
NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]
NOTCELL2. Thank you for your time.
01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]
CADULT. Are you 18 years of age or older?

01 Yes
02 No

[ASK IF CADULT=02]
NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]
SEX2. Are you male or female?

01 Male
02 Female
97 DON’T KNOW / NOT SURE
99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]
XX6. Thank you for your time, your number may be selected for another survey in the future.

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]
PVTRESRD2. 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.

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF PVTRESD2=02]

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.

01 Yes
02 No – business
03 No – group home
04 Not a safe time / driving [GO TO CALL BACK SCREEN]
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF COLLEGE=02,03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=97,99 OR COLLEGE=97,99]

X4. Thank you very much for your time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRESD2=01 OR COLLEGE=01]
**CSTATE**: Do you currently live in [STATE]?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>03</td>
<td>Not a safe time / driving [GO TO CALL BACK SCREEN]</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF CSTATE=97,99]

**X5**: Thank you very much for your time.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Continue [ASSIGN DISPO M7]</td>
</tr>
</tbody>
</table>

[ASK IF CSTATE=02]

**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
[ASK IF RSPSTATE=99]

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

01 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

**LANDLINE.** Do you also have a landline telephone in your home that is used to make and receive calls?
READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

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

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF PVTRESD2=01]
NUMADULT. How many members of your household, including yourself, are 18 years of age or older?

RANGE 1-18 [NUMBER BOX]

99 REFUSED

[ASK IF SAMPTYPE=2]
SVINTRO. I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. If you have any questions regarding your rights as a participant, please call Ms. Gay Hutchen, IRB Administrator, at 410-767-8448.

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

01 Continue
02 Driving / not a safe time [GO TO CALL BACK SCREEN]
99 REFUSED [GO TO TERM SCREEN]
Core Sections

Section 1: Health Status

[SQ ALL]
S1Q1. Section 1: Health Status

Would you say that in general your health is —

01 Excellent
02 Very good
03 Good
04 Fair, or
05 Poor

97 DON’T KNOW / NOT SURE
99 REFUSED

Section 2: Healthy Days

[SQ 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?

RANGE 1-30 [NUMBER BOX]

88 None

97 DON’T KNOW / NOT SURE
99 REFUSED

[SQ 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?

RANGE 1-30 [NUMBER BOX]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[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?

RANGE 1-30 [NUMBER BOX]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>88</td>
<td>None</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

Section 3: Healthcare Access

[ASK ALL]

**S3Q1. Section 3: Healthcare Access**

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
S3Q2. Do you have one person you think of as your personal doctor or healthcare 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?”

01 Yes, only one  
02 More than one  
03 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

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

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

READ LIST ONLY IF NECESSARY

01 Within the past year (anytime less than 12 months ago)  
02 Within the past 2 years (1 year but less than 2 years ago)  
03 Within the past 5 years (2 years but less than 5 years ago)  
04 5 or more years ago  
88 NEVER  
97 DON’T KNOW  
99 REFUSED
Section 4: Hypertension Awareness

[ASK ALL]
S4Q1. Section 4: 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.

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 Yes, but female told only during pregnancy</td>
</tr>
<tr>
<td>03 No</td>
</tr>
<tr>
<td>04 Told borderline high or pre-hypertensive</td>
</tr>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S4Q1=02 AND HGENDER=1]
S4Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 GO BACK [GO TO S4Q1]</td>
</tr>
</tbody>
</table>

[ASK IF S4Q1=01]
S4Q2. Are you currently taking prescription medicine for your high blood pressure?

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
</tr>
<tr>
<td>02 No</td>
</tr>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
</tr>
</tbody>
</table>
Module 16: Home / Self-measured Blood Pressure (Split 1, 2 and 3)

[ASK IF CSTATE NE 02]

**MOD16_1. Module 16: Home / Self-measured Blood Pressure**

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

**INTERVIEWER NOTE:** By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF CSTATE NE 02]

**MOD16_2. Do you regularly check your blood pressure outside of your healthcare professional’s office or at home?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF MOD16_2=01]

**MOD16_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?**

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>At home</td>
</tr>
<tr>
<td>02</td>
<td>On a machine at a pharmacy, grocery, or similar location</td>
</tr>
<tr>
<td>03</td>
<td>Do not check it</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
**[ASK IF MOD16_2=01]**

**MOD16_4.** How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Telephone</td>
</tr>
<tr>
<td>02 Other methods such as email, internet portal or fax</td>
</tr>
<tr>
<td>03 In person</td>
</tr>
<tr>
<td>04 DO NOT SHARE INFORMATION</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

---

**Section 5: Cholesterol Awareness**

**[ASK ALL]**

**S5Q1. Section 5: Cholesterol Awareness**

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

<table>
<thead>
<tr>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Never</td>
</tr>
<tr>
<td>02 Within the past year (anytime less than one year ago)</td>
</tr>
<tr>
<td>03 Within the past 2 years (1 year but less than 2 years ago)</td>
</tr>
<tr>
<td>04 Within the past 3 years (2 years but less than 3 years ago)</td>
</tr>
<tr>
<td>05 Within the past 4 years (3 years but less than 4 years ago)</td>
</tr>
<tr>
<td>06 Within the past 5 years (4 years but less than 5 years ago)</td>
</tr>
<tr>
<td>08 5 or more years ago</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

**[ASK IF S5Q1 NE 01 OR 99]**

**S5Q2.** Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

**INTERVIEWER READ IF NECESSARY:** By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.
S5Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

Section 6: Chronic Health Conditions

S6Q1. Section 6: Chronic Health Conditions

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

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

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

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

01 Yes
02 No
<table>
<thead>
<tr>
<th>Q3</th>
<th>(Ever told you had) a stroke?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td></td>
</tr>
<tr>
<td>02 No</td>
<td></td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q4</th>
<th>(Ever told you had) asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td></td>
</tr>
<tr>
<td>02 No</td>
<td></td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q5</th>
<th>Do you still have asthma?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td></td>
</tr>
<tr>
<td>02 No</td>
<td></td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q6</th>
<th>(Ever told you had) skin cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Yes</td>
<td></td>
</tr>
<tr>
<td>02 No</td>
<td></td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
<td></td>
</tr>
<tr>
<td>99 REFUSED</td>
<td></td>
</tr>
</tbody>
</table>
[ASK ALL] S6Q7. (Ever told you had) any other types of cancer?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL] S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED
[ASK ALL]
S6Q11. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: “Was this only when you were pregnant?” If respondent says pre-diabetes or borderline diabetes, use response code 04.

01 Yes
02 Yes, but female told only during pregnancy
03 No
04 No, pre-diabetes or borderline diabetes

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF HGENDER=1 AND S6Q11=02]
S6Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q11]

[ASK IF S6Q11=01]
S6Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

997 DON’T KNOW / NOT SURE
999 REFUSED

Module 2: Diabetes (Split 1, 2 and 3)

[ASK IF S6Q11=01 AND CSTATE NE 02]
MOD2_1. Module 2: Diabetes

Are you now taking insulin?
### MOD2_2. About how often do you check your blood for glucose or sugar?

**READ IF NECESSARY:** Include times when checked by a family member or friend, but do not include times when checked by a health professional.

**INTERVIEWER NOTE:** If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in ‘98 times per day.’

<table>
<thead>
<tr>
<th></th>
<th>Times per day (RANGE 101-199)</th>
<th>Times per week (RANGE 201-299)</th>
<th>Times per month (RANGE 301-399)</th>
<th>Times per year (RANGE 401-499)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ___</td>
<td></td>
<td></td>
<td></td>
<td>[NUMBER BOX]</td>
</tr>
<tr>
<td>2 ____</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 ____</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 ____</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>DON’T KNOW / NOT SURE</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>888</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>997</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>999</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ASK IF MOD2_2=105-120 OR MOD2_2=205-220 OR MOD2_2=305-390]

**MOD2_2A.** I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2]. Is this information correct?

<table>
<thead>
<tr>
<th></th>
<th>Yes, correct as is</th>
<th>No, re-ask question [GO BACK TO MOD2_2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ASK IF (S6Q11=01 AND CSTATE NE 02)]

**MOD2_3.** Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

<table>
<thead>
<tr>
<th></th>
<th>Times per day (RANGE 101-199)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ___</td>
<td></td>
</tr>
</tbody>
</table>

2019 BRFSS Questionnaire
2 _ _ Times per week (RANGE 201-299)
3 _ _ Times per month (RANGE 301-399)
4 _ _ Times per year (RANGE 401-499) [NUMBER BOX]

555 No feet
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD2_3=105-120 OR MOD2_3=205-220 OR MOD2_3=305-390]
MOD2_3A. I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO MOD2_3]

[ASK IF S6Q11=01 and CSTATE NE 02]
MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

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

[ASK IF MOD2_4=52-76]
MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

01 Yes, correct as is
02 No, re-ask question [GO BACK TO MOD2_4]

[ASK IF S6Q11=01 AND CSTATE NE 02]
MOD2_5. 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.

<table>
<thead>
<tr>
<th>RANGE 1-76 [NUMBER BOX]</th>
</tr>
</thead>
<tbody>
<tr>
<td>88        None</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S6Q11=01 AND MOD2_3 NE 555 AND CSTATE NE 02]

**MOD2_6.** About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

<table>
<thead>
<tr>
<th>RANGE 1-76 [NUMBER BOX]</th>
</tr>
</thead>
<tbody>
<tr>
<td>88 None</td>
</tr>
<tr>
<td>97 DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2_7.** When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

**READ ONLY IF NECESSARY:**
01 Within the past month (anytime less than 1 month ago)  
02 Within the past year (1 month but less than 12 months ago)  
03 Within the past 2 years (1 year but less than 2 years ago)  
04 2 or more years ago

**DO NOT READ:**  
88 Never  
97 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S6Q11=01 AND CSTATE NE 02]

**MOD2_8.** Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

<table>
<thead>
<tr>
<th>01 Yes</th>
</tr>
</thead>
</table>
Section 7: Arthritis

[SASK ALL]

S7Q1. Section 7: Arthritis

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

INTERVIEWER NOTE: 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).

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]
**S7Q2.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S7Q1=01]

**S7Q3.** Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S7Q1=01]

**S7Q4.** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

**INTERVIEWER NOTE:** If a respondent question arises about medication, say “Please answer the question based on how you are when you are taking any of the medications or treatments you might use.”

<table>
<thead>
<tr>
<th>01 Yes</th>
<th>02 No</th>
</tr>
</thead>
<tbody>
<tr>
<td>97 DON’T KNOW / NOT SURE</td>
<td>99 REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF S7Q1=01]
S7Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

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

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q6. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH
02 SPANISH
Section 8: Demographics

[ASK ALL]
S8Q1. Section 8: Demographics

What is your age?

READ IF NECESSARY: I will ask you some questions about yourself in the next section. We include these questions so that we can compare health indicators by groups.

RANGE 18-99 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999]
S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

01 GO BACK [GO TO S8Q1]

[ASK ALL]
S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

01 No, not of Hispanic, Latino/a, or Spanish origin
02 Yes

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q2=02]
[MUL=4]
S8Q2B. Are you…

INTERVIEWER NOTE: One or more categories may be selected.

01 Mexican, Mexican American, Chicano/a
02 Puerto Rican
03 Cuban
04 Another Hispanic, Latino/a, or Spanish origin

05 NO [EXCLUSIVE]
97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]
[MUL=6]

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

INTERVIEWER NOTE: Select all that apply.

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

  60 OTHER
  97 DON’T KNOW / NOT SURE [EXCLUSIVE]
  99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]
[MUL=7]

S8Q3A. Is that …

INTERVIEWER NOTE: Select all that apply.

  41 Asian Indian
  42 Chinese
  43 Filipino
  44 Japanese
  45 Korean
  46 Vietnamese
  47 Other Asian
97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=50]
[MUL=4]
S8Q3PI. Is that…

INTERVIEWER NOTE: Select all that apply.

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

97 DON’T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=MUL]
(DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 99]
S8Q4. Which one of these groups would you say best represents your race?

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

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

60 Other
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]
[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]
(DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]
S8Q4A. Is that…

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

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3PI=MUL AND (S8Q3=10 OR S8Q4=50)]
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE]
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99]
S8Q4PI. Is that…

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

97 DON’T KNOW/ NOT SURE
99 REFUSED

Module 29: Sexual Orientation and Gender Identity (SOGI) (Split 1, 2 and 3)

[ASK IF HGENDER=1 AND CSTATE NE 02]
MOD29_1A. Module 29: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

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

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97

PLEASE READ:
01 1- Gay
MOD29_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

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

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 97.

[ASK IF HGENDER=2 AND CSTATE NE 02]

PLEASE READ:
01 1- Lesbian or Gay
02 2- Straight, that is, not gay
03 3- Bisexual
04 4- Something else

DO NOT READ:
97 I don’t know the answer / the respondent did not understand the question
99 REFUSED

[ASK IF CSTATE NE 02]

MOD29_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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>1 - Yes, Transgender, male-to-female</td>
</tr>
<tr>
<td>02</td>
<td>2 - Yes, Transgender, female to male</td>
</tr>
<tr>
<td>03</td>
<td>3 - Yes, Transgender, gender nonconforming</td>
</tr>
<tr>
<td>04</td>
<td>4 - No</td>
</tr>
</tbody>
</table>

97 DON’T KNOW / NOT SURE
99 REFUSED

**[ASK ALL]**
**S8Q5.** Are you…?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Married</td>
</tr>
<tr>
<td>02</td>
<td>Divorced</td>
</tr>
<tr>
<td>03</td>
<td>Widowed</td>
</tr>
<tr>
<td>04</td>
<td>Separated</td>
</tr>
<tr>
<td>05</td>
<td>Never married, Or</td>
</tr>
<tr>
<td>06</td>
<td>A member of an unmarried couple</td>
</tr>
</tbody>
</table>

99 REFUSED

**[ASK ALL]**
**S8Q6.** What is the highest grade or year of school you completed?

**READ ONLY IF NECESSARY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Never attended school or only attended kindergarten</td>
</tr>
<tr>
<td>02</td>
<td>Grades 1 through 8 (Elementary)</td>
</tr>
<tr>
<td>03</td>
<td>Grades 9 through 11 (Some high school)</td>
</tr>
<tr>
<td>04</td>
<td>Grade 12 or GED (High school graduate)</td>
</tr>
<tr>
<td>05</td>
<td>College 1 year to 3 years (Some college or technical school)</td>
</tr>
</tbody>
</table>
[ASK ALL]
S8Q7. Do you own or rent your home?

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

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

INTERVIEWER NOTE: Other arrangement may include group home, staying with friends or family without paying rent. (includes “rent to own”)

01 Own
02 Rent
03 Other arrangement

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]
MD_CNTY. State-Added Section: County

In what county do you currently live?

INTERVIEWER: If respondent says Baltimore say “Is that Baltimore City or Baltimore County?”

001 Allegany
003 Anne Arundel
005 Baltimore
510 Baltimore City
009 Calvert
011 Caroline
013 Carroll
015 Cecil
017 Charles
019 Dorchester
021 Frederick
023 Garrett
025 Harford
027 Howard
029 Kent
031 Montgomery
033 Prince George's
035 Queen Anne's
037 St. Mary's
039 Somerset
041 Talbot
043 Washington
045 Wicomico
047 Worcester
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]
S8Q8C. I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

01 Yes, correct county
02 No, incorrect county [GO BACK TO md_cnty]

[ASK IF CSTATE=02]
CNTY. In what county do you currently live?

01 Gave Response [TEXT BOX]
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
S8Q9. What is the ZIP Code where you currently live?

RANGE 00000-99996 [NUMBER BOX]

99997 DON'T KNOW / NOT SURE
S8Q9C. I just want to confirm, you said your zip code is [S8Q9]. Is that correct?

01 Yes, correct zip code
02 No, incorrect zip code [GO BACK TO S8Q9]

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

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

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

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

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

06 Six or more

97 DON'T KNOW / NOT SURE
98 NONE
99 REFUSED
**S8Q13.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

**INTERVIEWER NOTE:** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

**S8Q14.** Are you currently…?

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

01 Employed for wages
02 Self-employed
03 Out of work for 1 year or more
04 Out of work for less than 1 year
05 A Homemaker
06 A Student
07 Retired
$ Or
08 Unable to work
99 REFUSED

[ASK ALL]

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

RANGE 1-15 [NUMBER BOX]

88 NONE
99 REFUSED

[ASK IF S8Q15=1-15]
S8Q15CHK. Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT “child”; IF S8Q15=2-15 INSERT “children”] under 18 living in your household. Is that correct?

01 Yes
02 No [GO BACK TO S8Q15]
99 REFUSED

[ASK ALL]
S8Q16A. Is your annual household income from all sources—

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
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16A=01]
S8Q16B. 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
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16B=01]
S8Q16C. 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
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16C=01]
S8Q16D. Less than $10,000?

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

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16A=02]
S8Q16E. 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

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16E=02]
S8Q16F. Less than $50,000 ($35,000 to less than $50,000)?

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

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16F=02]
S8Q16G. Less than $75,000 ($50,000 to less than $75,000)?
READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

<table>
<thead>
<tr>
<th>Response</th>
<th>Piping</th>
<th>IF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Less than $10,000</td>
<td>S8Q16D=01</td>
</tr>
<tr>
<td>02</td>
<td>Less than $15,000 ($10,000 to less than $15,000)</td>
<td>S8Q16D=02</td>
</tr>
<tr>
<td>03</td>
<td>Less than $20,000 ($15,000 to less than $20,000)</td>
<td>S8Q16C=02</td>
</tr>
<tr>
<td>04</td>
<td>Less than $25,000 ($20,000 to less than $25,000)</td>
<td>S8Q16B=02</td>
</tr>
<tr>
<td>05</td>
<td>Less than $35,000 ($25,000 to less than $35,000)</td>
<td>S8Q16E=01</td>
</tr>
<tr>
<td>06</td>
<td>Less than $50,000 ($35,000 to less than $50,000)</td>
<td>S8Q16F=01</td>
</tr>
<tr>
<td>07</td>
<td>Less than $75,000 ($50,000 to less than $75,000)</td>
<td>S8Q16G=01</td>
</tr>
<tr>
<td>08</td>
<td>$75,000 or more</td>
<td>S8Q16G=02</td>
</tr>
<tr>
<td>97</td>
<td>Don't Know</td>
<td>S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97</td>
</tr>
<tr>
<td>99</td>
<td>Refused</td>
<td>S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99</td>
</tr>
</tbody>
</table>

[ASK ALL]
S8Q16. Aggregated response to income question

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
05 Less than $35,000 ($25,000 to less than $35,000)
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 $75,000 or more

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16 NE 97,99]
S8Q16AA. Your Annual Household Income is [S8Q16]. Is This Correct?

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

[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]

[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?

01 Yes
02 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]

[ASK IF S8Q17M=23-352 AND PS8Q17=K]
S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

01 Yes
02 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 up. 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]

[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?
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]

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

01 Yes
02 No [GO BACK TO S8Q18M]

S8Q19. To your knowledge, are you now pregnant?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

S8Q20. 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?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED
### S8Q21. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q22. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q23. Do you have serious difficulty walking or climbing stairs?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q24. Do you have difficulty dressing or bathing?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

### S8Q25. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

<table>
<thead>
<tr>
<th>Code</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No</td>
</tr>
<tr>
<td>97</td>
<td>DON'T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>
Section 9: Tobacco Use

[ASK ALL]

S9Q1. Section 9: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q1=01]

S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:
01 Every day
02 Some days
03 Not at all
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2=01,02]
**S9Q3.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF S9Q2=03]

**S9Q4.** How long has it been since you last smoked a cigarette, even one or two puffs?

READ ONLY IF NECESSARY:

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

DO NOT READ:

97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S9Q5.** Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus rhymes with ‘goose’. Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ:

01 Every day  
02 Some days  
03 Not at all
Section 10: Alcohol Consumption

[ASK ALL]

S10Q1. Section 10: Alcohol Consumption

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

INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S10Q1 NE 888,997,999]

S10Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q2=12-76]

S10Q2A. I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?
S10Q3. 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 NONE
97 DON’T KNOW / NOT SURE
99 REFUSED

S10Q3A. I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more drinks. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q3]

S10Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

97 DON’T KNOW / NOT SURE
99 REFUSED

S10Q4A. I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]
S10Q4B. 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?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q4]

S10Q4C. 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 [S10Q4] drinks on one occasion. Is this correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q3]

Section 11: Exercise (Physical Activity)

S11Q1. Section 11: Exercise (Physical Activity)

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.

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q1=01]
**S11Q2.** What type of physical activity or exercise did you spend the most time doing during the past month?

<table>
<thead>
<tr>
<th></th>
<th>Activity Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Active Gaming Devices (Wii Fit, Dance, Dance revolution)</td>
</tr>
<tr>
<td>02</td>
<td>Aerobics video or class</td>
</tr>
<tr>
<td>03</td>
<td>Backpacking</td>
</tr>
<tr>
<td>04</td>
<td>Badminton</td>
</tr>
<tr>
<td>05</td>
<td>Basketball</td>
</tr>
<tr>
<td>06</td>
<td>Bicycling machine exercise</td>
</tr>
<tr>
<td>07</td>
<td>Bicycling</td>
</tr>
<tr>
<td>08</td>
<td>Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)</td>
</tr>
<tr>
<td>09</td>
<td>Bowling</td>
</tr>
<tr>
<td>10</td>
<td>Boxing</td>
</tr>
<tr>
<td>11</td>
<td>Calisthenics</td>
</tr>
<tr>
<td>12</td>
<td>Canoeing/rowing in competition</td>
</tr>
<tr>
<td>13</td>
<td>Carpentry</td>
</tr>
<tr>
<td>14</td>
<td>Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.</td>
</tr>
<tr>
<td>15</td>
<td>Elliptical/EFX machine exercise</td>
</tr>
<tr>
<td>16</td>
<td>Fishing from river bank or boat</td>
</tr>
<tr>
<td>17</td>
<td>Frisbee</td>
</tr>
<tr>
<td>18</td>
<td>Gardening (spading, weeding, digging, filling)</td>
</tr>
<tr>
<td>19</td>
<td>Golf (with motorized cart)</td>
</tr>
<tr>
<td>20</td>
<td>Golf (without motorized cart)</td>
</tr>
<tr>
<td>21</td>
<td>Handball</td>
</tr>
<tr>
<td>22</td>
<td>Hiking – cross-country</td>
</tr>
<tr>
<td>23</td>
<td>Hockey</td>
</tr>
<tr>
<td>24</td>
<td>Horseback riding</td>
</tr>
<tr>
<td>25</td>
<td>Hunting large game – deer, elk</td>
</tr>
<tr>
<td>26</td>
<td>Hunting small game – quail</td>
</tr>
<tr>
<td>27</td>
<td>Inline Skating</td>
</tr>
<tr>
<td>28</td>
<td>Jogging</td>
</tr>
<tr>
<td>29</td>
<td>Lacrosse</td>
</tr>
<tr>
<td>30</td>
<td>Mountain climbing</td>
</tr>
<tr>
<td>31</td>
<td>Mowing lawn</td>
</tr>
<tr>
<td>32</td>
<td>Paddleball</td>
</tr>
<tr>
<td>33</td>
<td>Painting/papering house</td>
</tr>
<tr>
<td>34</td>
<td>Pilates</td>
</tr>
<tr>
<td>35</td>
<td>Racquetball</td>
</tr>
<tr>
<td>36</td>
<td>Raking lawn/trimming hedges</td>
</tr>
<tr>
<td>37</td>
<td>Running</td>
</tr>
</tbody>
</table>
38 Rock climbing
39 Rope skipping
40 Rowing machine exercises
41 Rugby
42 Scuba diving
43 Skateboarding
44 Skating – ice or roller
45 Sledding, tobogganing
46 Snorkeling
47 Snow blowing
48 Snow shoveling by hand
49 Snow skiing
50 Snowshoeing
51 Soccer
52 Softball/Baseball
53 Squash
54 Stair climbing/Stair master
55 Stream fishing in waders
56 Surfing
57 Swimming
58 Swimming in laps
59 Table tennis
60 Tai Chi
61 Tennis
62 Touch football
63 Volleyball
64 Walking
66 Waterskiing
67 Weight lifting
68 Wrestling
69 Yoga
71 Childcare
72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
73 Household Activities (vacuuming, dusting, home repair, etc.)
74 Karate/Martial Arts
75 Upper Body Cycle (wheelchair sports, ergometer
76 Yard work (cutting/gathering wood, trimming, etc.)
98 Other [TEXT BOX]

97 DON’T KNOW / NOT SURE
S11Q3. How many times per week or per month did you take part in this activity during the past month?

1__ Times per week (RANGE 101-150)
2__ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

S11Q4. 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]

S11Q5. What other type of physical activity gave you the next most exercise during the past month?

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
02 Aerobics video or class
03 Backpacking
04 Badminton
05 Basketball
06 Bicycling machine exercise
07 Bicycling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
09 Bowling
10 Boxing
11 Calisthenics
12 Canoeing/rowing in competition
13 Carpentry
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
15 Elliptical/EFX machine exercise
16 Fishing from river bank or boat
17 Frisbee
18 Gardening (spading, weeding, digging, filling)
19 Golf (with motorized cart)
20 Golf (without motorized cart)
21 Handball
22 Hiking – cross-country
23 Hockey
24 Horseback riding
25 Hunting large game – deer, elk
26 Hunting small game – quail
27 Inline Skating
28 Jogging
29 Lacrosse
30 Mountain climbing
31 Mowing lawn
32 Paddleball
33 Painting/papering house
34 Pilates
35 Racquetball
36 Raking lawn/trimming hedges
37 Running
38 Rock climbing
39 Rope skipping
40 Rowing machine exercises
41 Rugby
42 Scuba diving
43 Skateboarding
44 Skating – ice or roller
45 Sledding, tobogganing
46 Snorkeling
47 Snow blowing
48 Snow shoveling by hand
49 Snow skiing
<table>
<thead>
<tr>
<th></th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Snowshoeing</td>
</tr>
<tr>
<td>51</td>
<td>Soccer</td>
</tr>
<tr>
<td>52</td>
<td>Softball/Baseball</td>
</tr>
<tr>
<td>53</td>
<td>Squash</td>
</tr>
<tr>
<td>54</td>
<td>Stair climbing/Stair master</td>
</tr>
<tr>
<td>55</td>
<td>Stream fishing in waders</td>
</tr>
<tr>
<td>56</td>
<td>Surfing</td>
</tr>
<tr>
<td>57</td>
<td>Swimming</td>
</tr>
<tr>
<td>58</td>
<td>Swimming in laps</td>
</tr>
<tr>
<td>59</td>
<td>Table tennis</td>
</tr>
<tr>
<td>60</td>
<td>Tai Chi</td>
</tr>
<tr>
<td>61</td>
<td>Tennis</td>
</tr>
<tr>
<td>62</td>
<td>Touch football</td>
</tr>
<tr>
<td>63</td>
<td>Volleyball</td>
</tr>
<tr>
<td>64</td>
<td>Walking</td>
</tr>
<tr>
<td>66</td>
<td>Waterskiing</td>
</tr>
<tr>
<td>67</td>
<td>Weight lifting</td>
</tr>
<tr>
<td>68</td>
<td>Wrestling</td>
</tr>
<tr>
<td>69</td>
<td>Yoga</td>
</tr>
<tr>
<td>71</td>
<td>Childcare</td>
</tr>
<tr>
<td>72</td>
<td>Farm/Ranch Work (caring for livestock, stacking hay, etc.)</td>
</tr>
<tr>
<td>73</td>
<td>Household Activities (vacuuming, dusting, home repair, etc.)</td>
</tr>
<tr>
<td>74</td>
<td>Karate/Martial Arts</td>
</tr>
<tr>
<td>75</td>
<td>Upper Body Cycle (wheelchair sports, ergometer)</td>
</tr>
<tr>
<td>76</td>
<td>Yard work (cutting/gathering wood, trimming, etc.)</td>
</tr>
<tr>
<td>88</td>
<td>No other activity</td>
</tr>
<tr>
<td>98</td>
<td>Other [TEXT BOX]</td>
</tr>
</tbody>
</table>

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S11Q5=01-76,98]

**S11Q6.** How many times per week or per month did you take part in this activity during the past month?

1. _ _ Times per week (RANGE 101-150)
2. _ _ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON’T KNOW / NOT SURE
999 REFUSED
[ASK IF S11Q5=01-76,98]

**S11Q7.** 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]

997 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

**S11Q8.** 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 101-150)  
2__ _ Times in past 30 days (RANGE 201-250) [NUMBER BOX]

888 NONE  
997 DON'T KNOW / NOT SURE  
999 REFUSED

---

**Section 12: Fruits and Vegetables**

[ASK ALL]

**S12Q1.** Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.
Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS ‘I DON’T KNOW’: “Include fresh, frozen or canned fruit. Do not include dried fruits.”

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

INTERVIEWER NOTE: Enter quantity in days, weeks, or months

1 _ _ Days (RANGE 101-199)
2 _ _ Weeks (RANGE 201-299)
3 _ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

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

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

1 _ _ Days (RANGE 101-199)
2 _ _ Weeks (RANGE 201-299)
3 _ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
S12Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

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

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

1__ _ Days (RANGE 101-199)
2__ _ Weeks (RANGE 201-299)
3__ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

ASK ALL

S12Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

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

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1__ _ Days (RANGE 101-199)
2__ _ Weeks (RANGE 201-299)
3__ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
[ASK ALL]

**S12Q5.** How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:** “Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1_ _ Days (RANGE 101-199)
2_ _ Weeks (RANGE 201-299)
3_ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

**S12Q6.** Not including lettuce salads and potatoes, how often did you eat other vegetables?

**INTERVIEWER NOTE:** ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

1_ _ Days (RANGE 101-199)
2_ _ Weeks (RANGE 201-299)
3_ _ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON’T KNOW / NOT SURE
999 REFUSED
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 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.

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=01]
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]

97 DON'T KNOW / NOT SURE
[ASK IF S13Q1=01 OR S13Q2CHK=01] 
S13Q2Y. 
Code YEAR (RANGE 2018-2019) [NUMBER BOX]

99 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1] 
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?

01 Yes 
02 No

[ASK ALL] 
S13Q3. Have you received a tetanus shot in the past 10 years?

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

01 Yes, received Tdap 
02 Yes, received tetanus shot, but not Tdap 
03 Yes, received tetanus shot but not sure what type 
04 No, did not receive any tetanus shot in the past 10 years 
97 DON’T KNOW / NOT SURE 
99 REFUSED

[ASK ALL] 
S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

01 Yes
Section 14: H.I.V./AIDS

[ASK ALL]
S14Q1. Section 14: H.I.V./AIDS

The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. 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.

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?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=01]
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 97 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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=01]

S14Q2Y.

Code YEAR (RANGE 1985-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK ALL]

S14Q3. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED
Optional Modules

Module 8: Lung Cancer Screening (Split 2)

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND CSTATE NE 02)]

**MOD8_1. Module 8: Lung Cancer Screening**

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

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

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

RANGE 1-100 [NUMBER BOX]

  888 NEVER SMOKE CIGARETTES REGULARLY
  997 DON’T KNOW / NOT SURE
  999 REFUSED

[ASK IF S8Q1<MOD8_1 AND S8Q1 NE 997,999 AND MOD8_1 NE 888,997,999 AND CSTATE NE 02]

**MOD8_1C.** Previously you indicated you were [S8Q1] years old, but stated you were [MOD8_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

  01 Continue [GO BACK TO MOD8_1]

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND MOD8_1 NE 888 AND CSTATE NE 02)]

**MOD8_2.** How old were you when you last smoked 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]
2019 BRFSS Questionnaire

**MOD8_2C.** Previously you indicated you were [S8Q1] years old, but stated you were [MOD8_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

01 Continue [GO BACK TO MOD8_2]

**MOD8_3.** On average, when you [IF S9Q2=01,02 INSERT “smoke”; IF S9Q2=03 INSERT “smoked”] regularly, about how many cigarettes [IF S9Q2=01,02 INSERT “do”; IF S9Q2=03 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:

<table>
<thead>
<tr>
<th>Pack Size</th>
<th>Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 PACK</td>
<td>10 CIGARETTES</td>
</tr>
<tr>
<td>0.75 PACK</td>
<td>15 CIGARETTES</td>
</tr>
<tr>
<td>1 PACK</td>
<td>20 CIGARETTES</td>
</tr>
<tr>
<td>1.25 PACK</td>
<td>25 CIGARETTES</td>
</tr>
<tr>
<td>1.5 PACK</td>
<td>30 CIGARETTES</td>
</tr>
<tr>
<td>1.75 PACK</td>
<td>35 CIGARETTES</td>
</tr>
<tr>
<td>2 PACKS</td>
<td>40 CIGARETTES</td>
</tr>
<tr>
<td>2.5 PACKS</td>
<td>50 CIGARETTES</td>
</tr>
<tr>
<td>3 PACKS</td>
<td>60 CIGARETTES</td>
</tr>
</tbody>
</table>

RANGE 1-776 [NUMBER BOX]

997 DON’T KNOW / NOT SURE
999 REFUSED

**MOD8_4.** The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?
Module 13: Cancer Survivorship (Split 2)

[ASK IF (S6Q6=01 OR S6Q7=01) AND CSTATE NE 02]

MOD13_1. Module 13: Cancer Survivorship

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

How many different types of cancer have you had?

01 Only one
02 Two
03 Three or more

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_1=01,02,03]

MOD13_2. At what age were you [IF MOD13_1=01 INSERT “told that you had cancer?”; IF MOD13_1=02,03 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]

997 DON'T KNOW / NOT SURE
999 REFUSED
[ASK IF MOD13_2 > S8Q1 AND S8Q1 NE 997,999 AND MOD13_2 NE 997,999 AND CSTATE NE 02]

MOD13_2C. You said you were [S8Q1] years of age and told that you had cancer at age [MOD13_2]. I must correct this inconsistency.

01 Continue [GO BACK TO MOD13_2]

[ASK IF S6Q6 = 01 AND MOD13_1 = 01 AND CSTATE NE 02]

MOD13_3A. Was it “Melanoma” or “other skin cancer”?

   21 Melanoma
   22 Other Skin Cancer
   97 DON’T KNOW / NOT SURE
   99 REFUSED

[ASK IF MOD13_1 = 02, 03 OR (MOD13_1 = 01 AND S6Q6 <> 01)]

MOD13_3. [IF MOD13_1 = 01 AND S6Q6 NE 01 INSERT “What type of cancer was it?”; IF MOD13_1 = 02, 03 INSERT “With your most recent diagnoses of cancer, what type of cancer was it?”]

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

$ Breast
   01 Breast cancer

$ Female reproductive (Gynecologic)
   02 Cervical cancer (cancer of the cervix)
   03 Endometrial cancer (cancer of the uterus)
   04 Ovarian cancer (cancer of the ovary)

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

$ Gastrointestinal
<table>
<thead>
<tr>
<th></th>
<th>Cancer Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Colon (intestine) cancer</td>
</tr>
<tr>
<td>11</td>
<td>Esophageal (esophagus)</td>
</tr>
<tr>
<td>12</td>
<td>Liver cancer</td>
</tr>
<tr>
<td>13</td>
<td>Pancreatic (pancreas) cancer</td>
</tr>
<tr>
<td>14</td>
<td>Rectal (rectum) cancer</td>
</tr>
<tr>
<td>15</td>
<td>Stomach</td>
</tr>
<tr>
<td>$</td>
<td>Leukemia/Lymphoma (lymph nodes and bone marrow)</td>
</tr>
<tr>
<td>16</td>
<td>Hodgkin’s Lymphoma (Hodgkin’s disease)</td>
</tr>
<tr>
<td>17</td>
<td>Leukemia (blood) cancer</td>
</tr>
<tr>
<td>18</td>
<td>Non-Hodgkin’s Lymphoma</td>
</tr>
<tr>
<td>$</td>
<td>Male reproductive</td>
</tr>
<tr>
<td>19</td>
<td>Prostate cancer</td>
</tr>
<tr>
<td>20</td>
<td>Testicular cancer</td>
</tr>
<tr>
<td>$</td>
<td>Skin</td>
</tr>
<tr>
<td>21</td>
<td>Melanoma</td>
</tr>
<tr>
<td>22</td>
<td>Other skin cancer</td>
</tr>
<tr>
<td>$</td>
<td>Thoracic</td>
</tr>
<tr>
<td>23</td>
<td>Heart</td>
</tr>
<tr>
<td>24</td>
<td>Lung</td>
</tr>
<tr>
<td>$</td>
<td>Urinary cancer</td>
</tr>
<tr>
<td>25</td>
<td>Bladder cancer</td>
</tr>
<tr>
<td>26</td>
<td>Renal (kidney) cancer</td>
</tr>
<tr>
<td>$</td>
<td>Others</td>
</tr>
<tr>
<td>27</td>
<td>Bone</td>
</tr>
<tr>
<td>28</td>
<td>Brain</td>
</tr>
<tr>
<td>29</td>
<td>Neuroblastoma</td>
</tr>
<tr>
<td>30</td>
<td>Other</td>
</tr>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF (((S6Q6=01) OR (S6Q7=01 AND MOD13_1 NE 97, 99)) AND CSTATE NE 02) MOD13_4. Are you currently receiving treatment for cancer?]
**READ ONLY IF NECESSARY:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**READ ONLY IF NECESSARY:**
01 Yes
02 No, I've completed treatment
03 No, I've refused treatment
04 No, I haven’t started treatment
05 Treatment was not needed

**DO NOT READ:**
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_4=02]

**MOD13_5. What type of doctor provides the majority of your health care?**

**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:**
97 DON’T KNOW / NOT SURE
99 REFUSED
[ASK IF MOD13_4=02]
MOD13_6. 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.”

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_4=02]
MOD13_7. 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?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_7=01]
MOD13_8. Were these instructions written down or printed on paper for you?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_4=02]
MOD13_9. 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.
[ASK IF MOD13_4=02]

MOD13_10. Were you ever denied health insurance or life insurance coverage because of your cancer?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_4=02]

MOD13_11. Did you participate in a clinical trial as part of your cancer treatment?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_4=02]

MOD13_12. Do you currently have physical pain caused by your cancer or cancer treatment?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD13_12=01]

MOD13_13. Would you say your pain is currently under control …?

PLEASE READ:
01 With medication (or treatment)
Module 18: Indoor Tanning (Split 1, 2, 3)

[ASK IF CSTATE NE 02]

MOD18_1. Module 18: Indoor Tanning

Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?

RANGE 0-365 [NUMBER BOX]

Module 19: Excess Sun Exposure (Split 1, 2, 3)

[ASK IF CSTATE NE 02]

MOD19_1. Module 19: Excess Sun Exposure

During the past 12 months, how many times have you had a sunburn?

RANGE 0-365 [NUMBER BOX]

[ASK IF CSTATE NE 02]

MOD19_2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that….

INTERVIEWER NOTE: Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.
###PLEASE READ:

01 Always  
02 Most of the time  
03 Sometimes  
04 Rarely  
05 Never

###DO NOT READ:

06 Don’t stay outside for more than one hour on warm sunny days  
08 Don’t go outside at all on warm sunny days  
97 DON’T KNOW / NOT SURE  
99 REFUSED

###[ASK IF CSTATE NE 02]

**MOD19_3.** On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

**INTERVIEWER NOTE:** Friday is a weekday  
**INTERVIEWER NOTE:** If respondent says never code 01

01 Less than half an hour  
02 (More than half an hour) up to 1 hour  
03 (More than 1 hour) up to 2 hours  
04 (More than 2 hours) up to 3 hours  
05 (More than 3 hours) up to 4 hours  
06 (More than 4 hours) up to 5 hours  
07 (More than 5) up to 6 hours  
97 DON’T KNOW / NOT SURE  
99 REFUSED

###[ASK IF CSTATE NE 02]

**MOD19_4.** On weekends in the summer, how long are you outside each day between 10am and 4pm?

**INTERVIEWER NOTE:** Friday is a weekday  
**INTERVIEWER NOTE:** If respondent says never code 01

01 Less than half an hour
Module 20: Cognitive Decline (Split 3)

[ASK IF (S8Q1>=45 OR S8Q1=997,999) AND CSTATE NE 02]

MOD20_1. Module 20: Cognitive Decline

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you’ve always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_2. During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

PLEASE READ:
01 Always
MOD20_3. As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

PLEASE READ:
01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_3=01,02,03]
MOD20_4. When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

PLEASE READ:
01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]
MOD20_5. During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is…

**PLEASE READ:**
01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

**DO NOT READ:**
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

Module 21: Caregiver (Split 3)

[ASK IF CSTATE NE 02]

MOD21_1. Module 21: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

**INTERVIEWER NOTE:** If caregiving recipient has died in the past 30 days, code 08 and say: “I’m so sorry to hear of your loss.”

01 Yes
02 No
08 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD21_1=01 AND CSTATE NE 02]
MOD21_2. What is his or her relationship to you?

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

01 Mother
02 Father
03 Mother-in-law
04 Father-in-law
05 Child
06 Husband
07 Wife
08 Live in partner
09 Brother or brother-in-law
10 Sister or sister-in-law
11 Grandmother
12 Grandfather
13 Grandchild
14 Other relative
15 Non-relative / Family friend

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF MOD21_1=01 AND CSTATE NE 02]
MOD21_3. For how long have you provided care for that person?

READ IF NECESSARY:
01 Less than 30 days
02 1 month to less than 6 months
03 6 months to less than 2 years
04 2 years to less than 5 years
05 More than 5 years
DO NOT READ:
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD21_1=01 AND CSTATE NE 02]
MOD21_4. In an average week, how many hours do you provide care or assistance?

READ IF NECESSARY:
01 Up to 8 hours per week
02 9 to 19 hours per week
03 20 to 39 hours per week
04 40 hours or more

DO NOT READ:
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD21_1=01 AND CSTATE NE 02]
MOD21_5. What is the main health problem, long-term illness, or disability that the person you care for has?

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

01 Arthritis/Rheumatism
02 Asthma
03 Cancer
04 Chronic respiratory conditions such as Emphysema or COPD
05 Alzheimer’s disease, Dementia or other Cognitive Impairment Disorder
06 Developmental Disabilities such as Autism, Down’s Syndrome, and Spina Bifida
07 Diabetes
08 Heart Disease, Hypertension, Stroke
09 Human Immunodeficiency Virus Infection (HIV)
10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
11 Other organ failure or diseases such as kidney or liver problems
12 Substance Abuse or Addiction Disorders
13 Injuries, including broken bones
14 Old age/infirmity/frailty
15 Other
MOD21_6. Does the person you care for also have Alzheimer’s disease, dementia, or other cognitive impairment disorder?

01 Yes
02 No

MOD21_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

01 Yes
02 No

MOD21_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

01 Yes
02 No

MOD21_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

01 Yes
02 No
Module 23: Family Planning (Split 1, 2, 3)

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9_7=02 AND S8Q19=01)) AND CSTATE NE 02]

MOD23_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

01 Yes
02 No
03 No partner / not sexually active
04 Same sex partner

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD23_1=01 AND CSTATE NE 02]

MOD23_2. The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

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

INTERVIEWER NOTE: If respondent reports using “condoms,” probe to determine if “female condoms” or “male condoms.”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “copper-bearing IUD.”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.
READ ONLY IF NECESSARY:
01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
02 Male sterilization (vasectomy)
03 Contraceptive implant (ex. Implanon)
04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
05 Copper-bearing IUD (ex. ParaGard)
06 IUD, type unknown
07 Shots (ex. Depo-Provera)
08 Birth control pills, any kind
09 Contraceptive patch (ex. Ortho Evra)
10 Contraceptive ring (ex. NuvaRing)
11 Male condoms
12 Diaphragm, cervical cap, sponge
13 Female condoms
14 Not having sex at certain times (rhythm or natural family planning)
15 Withdrawal (or pulling out)
16 Foam, jelly, film, or cream
17 Emergency contraception (morning after pill)
18 Other method

DO NOT READ:
97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD23_1=02]

MOD23_3. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

INTERVIEWER NOTE: If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ ONLY IF NECESSARY:
01 You didn’t think you were going to have sex/no regular partner
02 You just didn’t think about it
03 Don’t care if you get pregnant
04 You want a pregnancy
05 You or your partner don’t want to use birth control
06 You or your partner don’t like birth control/side effects
07 You couldn’t pay for birth control
08 You had a problem getting birth control when you needed
09 Religious reasons
10 Lapse in use of a method
11 Don’t think you or your partner can get pregnant (infertile or too old)
12 You had tubes tied (sterilization)
13 You had a hysterectomy
14 Your partner had a vasectomy (sterilization)
15 You are currently breast-feeding
16 You just had a baby/postpartum
17 You are pregnant now
18 Same sex partner
19 Other reasons

DO NOT READ:
97 DON’T KNOW / NOT SURE
99 REFUSED

Module 24: Alcohol Screening and Brief Intervention (ASBI) (Split 1)

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

MOD24_1. Module 24: Alcohol Screening and Brief Intervention (ASBI)

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

01 Yes
02 No

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF S3Q4=01,02 AND CSTATE NE 02]
MOD24_2. Did the health care provider ask you in person or on a form how much you drink?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

MOD24_3. Did the healthcare provider specifically ask whether you drank [IF HGENDER=1 INSERT “5”; IF HGENDER=2 INSERT “4”] or more alcoholic drinks on an occasion?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD24_1=01 OR MOD24_2=01 OR MOD24_3=01]

MOD24_4. Were you offered advice about what level of drinking is harmful or risky for your health?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED

[ASK IF MOD24_1=01 OR MOD24_2=01 OR MOD24_3=01]

MOD24_5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

01 Yes  
02 No  
97 DON’T KNOW / NOT SURE  
99 REFUSED
Module 25: Marijuana Use (Split 1, 2, 3)

[ASK IF CSTATE NE 02]
MOD25_1. Module 25: Marijuana Use

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

INTERVIEWER NOTE: Marijuana and cannabis include both CBD and THC products.

RANGE 1-30 [NUMBER BOX]

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<th>Code</th>
<th>Description</th>
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<td>None</td>
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<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
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</table>

[ASK IF MOD25_1 =01-30]
MOD25_2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

PLEASE READ:

01 Smoke it (for example, in a joint, bong, pipe, or blunt).
02 Eat it (for example, in brownies, cakes, cookies, or candy)
03 Drink it (for example, in tea, cola, or alcohol)
04 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
05 Dab it (for example, using waxes or concentrates), or
06 Use it some other way.

DO NOT READ:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>97</td>
<td>DON’T KNOW / NOT SURE</td>
</tr>
<tr>
<td>99</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

[ASK IF MOD25_1 =01-30]
MOD25_3. When you used marijuana or cannabis during the past 30 days, was it usually:

PLEASE READ:

01 For medical reasons (like to treat or decrease symptoms of a health condition);
02 For non-medical reasons (like to have fun or fit in), or 03 For both medical and non-medical reasons;

**DO NOT READ:**
97 DON'T KNOW / NOT SURE
99 REFUSED

Maryland State Added Sections
MD State Added Section 1: Tobacco Questions (Split 1, 2 and 3)

[ASK IF STATE=MD AND CSTATE NE 02]
MD1_1. State Added Section 1: Tobacco Questions (Split 1, 2, and 3)

Cigar products come in a wide variety of sizes, ranging from large traditional cigars, to blunts, to cigarillos, and even smaller cigars that are about the same size and shape as cigarettes. Some common brand names include Black and Mild's, Phillies, Swisher Sweets, and Winchester.

In the past 30 days, did you smoke any cigars?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=MD AND (S9Q2=01 OR S9Q4=01) AND CSTATE NE 02]
MD1_2. During the past 30 days, that is, since [CDATEM30], were the cigarettes that you USUALLY smoked menthol?

01 Yes
02 No
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=MD AND S9Q2=01,02 AND CSTATE NE 02]
MD1_3. Are you seriously planning to quit smoking cigarettes...

01 Within the next 30 days

2019 BRFSS Questionnaire
MD1_4. Have you ever used an e-cigarette or other electronic “vaping” product, even just one time, in your entire life?

01 Yes
02 No
97 DON’T KNOW / NOT SURE
99 REFUSED

MD1_5. Do you now use e-cigarettes or other electronic “vaping” products every day, some days, or not at all?

01 Every day
02 Some days
03 Not at all
97 DON’T KNOW / NOT SURE
99 REFUSED

MD1_6. What is the main reason you use electronic vapor products?

01 I am trying to quit smoking
02 I use when not allowed to smoke
03 They are safer than using tobacco
04 The novelty of using them
05 Other (please specify): [TEXT BOX]
MD State Added Section 2: Food Insecurity Questions (Split 1, 2 and 3)

[ASK IF STATE=MD AND CSTATE NE 02]

MD2_1. State Added Section 2: Food Insecurity Questions (Split 1, 2, and 3)

Now I’m going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months—that is, since last [CMONTH].

The first statement is “I worried whether my food would run out before I got money to buy more.” Was that often true, sometimes true, or never true for you in the last 12 months?

01 Often true
02 Sometimes true
03 Never true

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=MD AND CSTATE NE 02]

MD2_2. The food that I bought just didn’t last, and I didn’t have money to get more.” Was that often, sometimes, or never true for you in the last 12 months?

01 Often true
02 Sometimes true
03 Never true

97 DON’T KNOW / NOT SURE
99 REFUSED

[ASK ALL]
CLOSE. That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.