



**2023**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK IF STATE = VT]

**OVERSAMPLE.** Imported Sample Variable: Sample Type\_1

1 Interviewer group 1

[ASK ALL]

**STATE.** Imported Sample Variable: State

AR Arkansas

[SET HEALTHDEPT = STATE]

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

AR Arkansas Department of Health

[SET DEPTPHONE = STATE]

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

AR 1-866-784-7166

[ASK ALL]

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

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SAB2, SAB3, SAB4, SEX2, ASKGENDR. ASKGENDR2,MOD21\_1

1 male  
2 female

[ASK ALL]

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

IF SAB2=1 OR SAB3=1 OR SAB4=1 OR SEX2=1 OR ASKGENDR=1 OR ASKGENDR2=1 SET ORIG\_GENDER=1

IF SAB2=2 OR SAB3=2 OR SAB4=2 OR SEX2=2 OR ASKGENDR=2 OR ASKGENDR2=2 SET ORIG\_GENDER=2

- 1 him
- 2 her

[SET LENGTH = STATE]

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

AR 27

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

**CWEEKDAY.** System variable - Current weekday

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

**CMONTH.** System variable - Current month

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

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

[ASK ALL]

**BRFSS\_FLAG.** Imported Sample Variable for routing.

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

# Behavioral Risk Factor Surveillance System

## 2023 Questionnaire

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## Interviewer's Script Landline

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

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

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

### **ANSWERING MACHINE MESSAGE TEXT:**

**AM\_TEXT.** TO BE LEFT ON 1<sup>ST</sup>, 4<sup>TH</sup>, AND 9<sup>TH</sup> ATTEMPTS THAT RESULT IN ANSWERING MACHINE.

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

**PRIVACY MANAGER MESSAGE TEXT:**

**PM\_TEXT.** TO BE LEFT ON THE 1<sup>ST</sup>, 4<sup>TH</sup>, 9<sup>TH</sup> ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

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

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

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

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

01 Yes – Continue  
02 No [HIDE IF (NOT SAMPTYPE=1)]  
03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF (NOT SAMPTYPE=2)]  
[NON-CLEANING SKIP]  
04 No [STATE GO TO REFUSAL SCREEN] [NON-CLEANING SKIP]  
10 Callback [NON-CLEANING SKIP]  
20 Refusal [NON-CLEANING SKIP]  
D3 Answering Machine [NON-CLEANING SKIP]  
B2 Busy [NON-CLEANING SKIP]  
DA Dead Air [NON-CLEANING SKIP]  
HU Hang Up [NON-CLEANING SKIP]  
NA No Answer [NON-CLEANING SKIP]  
NW Non-Working Number [NON-CLEANING SKIP]

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



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

[IF SAMPTYPE=1 INSERT: “When we called previously the person with the most recent birthday was selected to be interviewed. ~~I am calling back to finish the survey now.~~”

May I please speak to“] [IF INT02\_CB = 01 AND SAMPTYPE=1 insert “[INT02\_CB]?”; IF SAMPTYPE=1 AND INT02\_CB NE 01 INSERT “them?”] [IF SAMPTYPE=1 insert “to finish the survey now?”]

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

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

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

01 Selected on the line

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

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

10 Callback [NON-CLEANING SKIP]

20 Refusal [NON-CLEANING SKIP]

D3 Answering Machine [NON-CLEANING SKIP]

B2 Busy [NON-CLEANING SKIP]

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

[ASK IF INT01=02]

**TERM1.** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

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

[ASK IF INT01=01 AND SAMPTYPE=1]

**HS1.** Is this a private residence?

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

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

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

1 Yes  
2 No  
3 No, this is a business

[ASK IF HS1=3]

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

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

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

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

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

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

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

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

- 1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

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

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

[ASK IF STRES=2,7,9]

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

- 1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

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

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

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

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

[ASK IF HS2=1]

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

- 1 Continue [ASSIGN DISPO M3]

[ASK IF HS2=2]

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

- 1 Yes
- 2 No

[ASK IF HS1=1 AND HS2=2]

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

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

RANGE 0-18 [NUMBER BOX]

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

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

- 1 Continue [ASSIGN DISPO M6]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

- 1 Yes
- 2 No

[ASK IF ONEADULT=2]

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

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

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

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

- 1 Continue

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

**ASKGENDR.** Are you male, female, unspecified or another gender identity?

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

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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

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

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

[ASK IF SAB2=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

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

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

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

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling. My name is \_\_\_\_\_. We are gathering information about the health of [STATE] residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

1 Yes

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

5 No, adult refused [GO TO INT20 TERM]

6 TERM [GO TO INTXX]

[ASK IF RESPSLCT=1]

**ASKGENDR2.** Are you male, female, unspecified or another gender identity?

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

- 1 Male
- 2 Female
- 3 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE  
9 REFUSED

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

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

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

- 1 Male
- 2 Female

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF SAB4=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF SAMPTYPE=1]

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

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

1 Person Interested, Continue

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

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

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

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

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

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

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

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PHONE=2]

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

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

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

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



7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CELLFON2=2]

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

1 Continue [ASSIGN DISPO M2]

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

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

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

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

1 Yes  
2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male, female, unspecified or another gender identity?

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

1 Male  
2 Female  
3 Unspecified or another gender identity

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF SEX2=3,7,9]

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

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

1 Male  
2 Female

7 DON'T KNOW / NOT SURE  
9 REFUSED

[IF HGENDER=1,2 SET SELFLAG=1]

[ASK IF SAB3=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

**PVTRES2.** Do you live in a private residence?

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

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PVTRES2=2]

**COLLEGE2.** Do you live in college housing?

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

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

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

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

[ASK IF COLLEGE2=2,3]

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

- 1 Continue [ASSIGN DISPO M8]

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

**X4.** Thank you very much for your time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

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

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

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

[ASK IF CSTATE=7,9]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

**RSPSTATE.** In what state do you currently live?

AL Alabama  
AK Alaska  
AZ Arizona  
AR Arkansas  
CA California  
CO Colorado  
CT Connecticut  
DE Delaware  
DC District of Columbia  
FL Florida  
GA Georgia  
HI Hawaii  
ID Idaho  
IL Illinois  
IN Indiana  
IO Iowa  
KS Kansas  
KY Kentucky  
LA Louisiana  
ME Maine  
MD Maryland  
MA Massachusetts  
MI Michigan  
MN Minnesota  
MS Mississippi  
MO Missouri  
MT Montana  
NE Nebraska  
NV Nevada  
NH New Hampshire  
NJ New Jersey  
NM New Mexico  
NY New York

NC North Carolina  
ND North Dakota  
OH Ohio  
OK Oklahoma  
OR Oregon  
PA Pennsylvania  
RI Rhode Island  
SC South Carolina  
SD South Dakota  
TN Tennessee  
TX Texas  
UT Utah  
VT Vermont  
VA Virginia  
WA Washington  
WV West Virginia  
WI Wisconsin  
WY Wyoming  
66 Guam  
72 Puerto Rico  
78 Virgin Islands  
77 Live outside US and participating territories  
99 Refused

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

1 Continue [GO BACK TO CSTATE]

[ASK IF RSPSTATE=77]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

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

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

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

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

[ASK IF SAMPTYPE=2]

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

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

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

## Core Sections

## Section 1: Health Status

---

[ASK ALL]

### S1Q1. Section 1: Health Status

Would you say that in general your health is —

**PLEASE READ:**

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

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

## Section 2: Healthy Days

---

[ASK ALL]

### S2Q1. Section 2: Healthy Days

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

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

[ASK ALL]

**S2Q2.** Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

**INTERVIEWER:** 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

#### **S3Q1. Section 3: Healthcare Access**

What is the current source of your primary health insurance?

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

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



**READ IF NECESSARY:**

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

**DO NOT READ**

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

**[ASK ALL]**

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

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

**INTERVIEWER NOTE:** If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

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

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

**[ASK ALL]**

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

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

[ASK ALL]

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

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

**READ IF NECESSARY**

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

**DO NOT READ**

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Exercise

---

[ASK ALL]

**S4Q1. Section 4: Exercise**

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

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

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S4Q1=1]

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

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

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S4Q2 =01-11,]

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

1\_\_ Times per week (RANGE 101-199)

2\_\_ Times per month

(RANGE 201-299) [NUMBER BOX]

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

777 DON'T KNOW / NOT SURE

999 REFUSED

[ASK IF S4Q2=01-11]

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

**EXAMPLE:** 30 minutes is coded as 30  
60 minutes is coded as 100  
1 hour is coded as 100  
2 hours and 30 minutes is coded as 230

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

777 DON'T KNOW / NOT SURE  
999 REFUSED

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

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

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

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other
  
- 88 No other activity
- 77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK S4Q1=1 AND S4Q5=S4Q2 AND S4Q2 NE 11]

**S4Q5CHK.** You said the type of physical activity or exercise you spent the most time doing during the past month was [S4Q2], but also said the other type of physical activity which gave you the next most exercise during the past month was [S4Q5]. Is this correct?

- 1 Yes, continue
- 2 No [GO TO S4Q2]

[ASK IF S4Q5=01-11]

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

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

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S4Q5=01-11]

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

**EXAMPLE:** 30 minutes is coded as 30  
60 minutes is coded as 100  
1 hour is coded as 100  
2 hours and 30 minutes is coded as 230

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

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK ALL]

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

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

1\_\_ Times per week (RANGE 101-199)

2\_\_ Times per month

(RANGE 201-299) [NUMBER BOX]

888 NEVER

777 DON'T KNOW / NOT SURE

999 REFUSED

## Section 5: Hypertension Awareness

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[ASK ALL]

**S5Q1. Section 5: Hypertension Awareness**

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

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

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

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 Told borderline high or pre-hypertensive or elevated blood pressure

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

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

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

#### Section 6: Cholesterol Awareness

---

[ASK ALL]

**S6Q1. Section 6: Cholesterol Awareness**

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

1 Never

2 Within the past year (anytime less than one year ago)

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

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

5 Within the past 4 years (3 years but less than 4 years ago)

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

8 5 or more years ago

7 DON'T KNOW / NOT SURE

9 REFUSED

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

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

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

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

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

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

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

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

## Section 7: Chronic Health Conditions

---

[ASK ALL]

**S7Q1. Section 7: Chronic Health Conditions**

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

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

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



[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK ALL]

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

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

[ASK IF S7Q4=1]

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

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

[ASK ALL]

**S7Q6.** (Ever told you had) skin cancer that is not melanoma?

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

[ASK ALL]

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

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

[ASK ALL]

**S7Q8.** (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

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

[ASK ALL]

**S7Q9.** (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

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

[ASK ALL]

**S7Q10.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

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

- 1 Yes
- 2 No

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

[ASK ALL]

**S7Q11.** (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

- 1 Yes
- 2 No

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

### AR State Added Section 1: Arthritis

[ASK IF STATE = AR AND S7Q11=1 AND CSTATE NE 2]

#### AR1\_1. State Added Section 1: Arthritis

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

**INTERVIEWER NOTE:** If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No

- 7 DON'T KNOW/NOT SURE

9 REFUSED

[ASK IF STATE = AR AND S7Q11=1 AND CSTATE NE 2]

**AR1\_2.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

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

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF HGENDER=1 AND S7Q12=2]

**S7Q12A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q12]

## AR State Added Section 2: Pre-Diabetes

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

**AR2\_1 State Added Section 2: Pre-Diabetes**

Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

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

[ASK IF S7Q12=1]

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

**INTERVIEWER:** 97 = 97 or older

RANGE 1-97 [NUMBER BOX]

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

## Section 8: Demographics

---

[ASK ALL]

**S8Q1. Section 8: Demographics**

What is your age?

RANGE 18-99 [NUMBER BOX]

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

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

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

1 GO BACK [GO TO S8Q1]

[ASK ALL]

**S8Q2.** Are you Hispanic, Latino/a, or Spanish origin?

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

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

[ASK IF S8Q2=2]

[MUL=4]

**S8Q2B.** Are you...

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK ALL]

[MUL=6]

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

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF S8Q3=40]

[MUL=8]

**S8Q3A.** Is that ...

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK ALL]

**S8Q4.** Are you...?

**PLEASE READ**

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

**DO NOT READ**

- 9 REFUSED

[ASK ALL]

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

**READ IF NECESSARY**

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

**DO NOT READ**

- 9 REFUSED

[ASK ALL]

**S8Q6.** Do you own or rent your home?

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



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

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

- 1 Own
- 2 Rent
- 3 Other arrangement
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**AR State-Added Section: County**

[ASK IF STATE=AR AND CSTATE NE 2]

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

In what county do you currently live?

- 001 Arkansas
- 003 Ashley
- 005 Baxter
- 007 Benton
- 009 Boone
- 011 Bradley
- 013 Calhoun
- 015 Carroll
- 017 Chicot
- 019 Clark
- 021 Clay
- 023 Cleburne
- 025 Cleveland
- 027 Columbia
- 029 Conway
- 031 Craighead
- 033 Crawford
- 035 Crittenden
- 037 Cross
- 039 Dallas
- 041 Desha
- 043 Drew

045	Faulkner
047	Franklin
049	Fulton
051	Garland
053	Grant
055	Greene
057	Hempstead
059	Hot Spring
061	Howard
063	Independence
065	Izard
067	Jackson
069	Jefferson
071	Johnson
073	Lafayette
075	Lawrence
077	Lee
079	Lincoln
081	Little River
083	Logan
085	Lonoke
087	Madison
089	Marion
091	Miller
093	Mississippi
095	Monroe
097	Montgomery
099	Nevada
101	Newton
103	Ouachita
105	Perry
107	Phillips
109	Pike
111	Poinsett
113	Polk
115	Pope
117	Prairie
119	Pulaski
121	Randolph
125	Saline
127	Scott
129	Searcy
131	Sebastian
133	Sevier
135	Sharp
123	St. Francis
137	Stone
139	Union

141 Van Buren  
 143 Washington  
 145 White  
 147 Woodruff  
 149 Yell  
 777 Don't Know / Not Sure  
 999 Refused

[ASK IF CSTATE=2]

**CNTY.** In what county do you currently live?

1 Gave Response [TEXT BOX]

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=AR AND CSTATE NE 2]

**S8Q7.** Aggregated state-specific county response

AR [AR\_CNTY]  
 77 DON'T KNOW / NOT SURE  
 99 REFUSED

[ASK IF STATE=AR AND S8Q7 NE 77,99 AND CSTATE NE 2]

**S8Q7C.** I just want to confirm, you said you live in the county of [S8Q7]. Is that correct?

1 Yes, correct county

2 No, incorrect county [GO BACK TO AR\_cnty]

[ASK ALL]

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

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE

99999 REFUSED

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

- 1 Yes, correct zip code
- 2 No, incorrect zip code [GO BACK TO S8Q8]

[ASK IF SAMPTYPE=1]

**S8Q9.** Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?

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

[ASK IF S8Q9=1]

**S8Q10.** How many of these landline telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

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

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

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S8Q12.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

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

[ASK ALL]

**S8Q13.** Are you currently...?

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

**PLEASE READ**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work

**DO NOT READ**

- 9 REFUSED

[ASK ALL]

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

RANGE 1-87 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q14=1-87]

**S8Q14CHK. INTERVIEWER DO NOT READ:** you entered the respondent has [S8Q14] [IF S8Q14=1 INSERT “child”; IF S8Q14=2-87 INSERT “children”] under 18 living in their household. Is that correct?

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

[ASK ALL]

**S8Q15A.** Is your annual household income from all sources –

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

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

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

[ASK IF S8Q15A=01]

**S8Q15B.** Less than \$25,000 (\$20,000 to less than \$25,000)?

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

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

[ASK IF S8Q15B=01]

**S8Q15C.** Less than \$20,000 (\$15,000 to less than \$20,000)?

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

- 01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15C=01]

**S8Q15D.** Less than \$15,000 (\$10,000 to less than \$15,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15D=01]

**S8Q15E.** Less than \$10,000?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15A=02]

**S8Q15F.** Less than \$50,000 (\$35,000 to less than \$50,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15F=02]

**S8Q15G.** Less than \$75,000 (\$50,000 to less than \$75,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15G=02]

**S8Q15H.** Less than \$100,000 (\$75,000 to less than \$100,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15H=02]

**S8Q15I.** Less than \$150,000 (\$100,000 to less than \$150,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q15I=02]

**S8Q15J.** Less than \$200,000 (\$150,000 to less than \$200,000)?

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

01 Yes

02 No



77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q15J=02]

**S8Q15K.** \$200,000 or more?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

SET S8Q15=01 IF S8Q15E=01  
SET S8Q15=02 IF S8Q15E=02  
SET S8Q15=03 IF S8Q15D=02  
SET S8Q15=04 IF S8Q15C=02  
SET S8Q15=05 IF S8Q15B=02  
SET S8Q15=06 IF S8Q15F=01  
SET S8Q15=07 IF S8Q15G=01  
SET S8Q15=08 IF S8Q15H=01  
SET S8Q15=09 IF S8Q15I=01  
SET S8Q15=10 IF S8Q15J=01 OR IF S8Q15K=02  
SET S8Q15=11 IF S8Q15K=01  
SET S8Q15=77 IF ANY S8Q15A-S8Q15K=77  
SET S8Q15=99 IF ANY S8Q15A-S8Q15K=99

[ASK ALL]

**S8Q15.** Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)  
04 Less than \$25,000 (\$20,000 to less than \$25,000)  
03 Less than \$20,000 (\$15,000 to less than \$20,000)  
02 Less than \$15,000 (\$10,000 to less than \$15,000)  
01 Less than \$10,000  
06 Less than \$50,000 (\$35,000 to less than \$50,000)  
07 Less than \$75,000 (\$50,000 to less than \$75,000)

- 08 Less than \$100,000 (\$75,000 to less than \$100,000)
- 09 Less than \$150,000 (\$100,000 to less than \$150,000)
- 10 Less than \$200,000 (\$150,000 to less than \$200,000)
- 11 \$200,000 or more
- 12 Less than \$85,000 (\$75,000 to less than \$85,000)
- 13 Less than \$100,000 (\$85,000 to less than \$100,000)

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S8Q15 NE 77,99]

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

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

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

**S8Q16.** To your knowledge, are you now pregnant?

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

[ASK ALL]

**PS8Q17.** About how much do you weigh without shoes?

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

- P Pounds
- K Kilograms
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF PS8Q17=P]

**S8Q17.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-776 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q17=50-79 OR S8Q17=351-776]

**S8Q17\_A. INTERVIEWER DO NOT READ:** You entered [S8Q17] pounds as the respondent's weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

**S8Q17M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q17M=23-352 AND PS8Q17=K]

**S8Q17AM. INTERVIEWER DO NOT READ:** You entered [S8Q17M] kilograms as the respondent's weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q17M]

[ASK ALL]

**PS8Q18.** About how tall are you without shoes?

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

F Feet  
M Centimeters

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q18=F]

**S8Q18.** About how tall are you without shoes?

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

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

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18=300-407 OR S8Q18=609-711]

**S8Q18A. INTERVIEWER DO NOT READ:** You entered [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

**S8Q18M.** About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18M=90-254 AND PS8Q18=M]

**S8Q18AM. INTERVIEWER DO NOT READ:** You entered [S8Q18M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18M]

## Section 9: Disability

[ASK ALL]

### S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

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

[ASK ALL]

S9Q2. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

[ASK ALL]

S9Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

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

[ASK ALL]

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

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S9Q6.** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 10: Falls

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

**S10Q1. Section 10: Falls**

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

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

**Interviewer note:** Code any number more than 76 as 76

RANGE 1-76 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S10Q1=1-76]

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

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

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

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

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

1 GO BACK [GO TO S10Q1]

## Section 11: Tobacco Use

---

[ASK ALL]

**S11Q1. Section 11: Tobacco Use**

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

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

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

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

9 REFUSED

[ASK IF S11Q1=1]

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[IF STATE=AR GO TO MOD15\_1]

[ASK ALL]

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

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

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



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

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

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

**[IF STATE=AR GO TO MOD16\_1]**

Section 12: Alcohol Consumption

**[ASK ALL]**

**S12Q1. Section 12: Alcohol Consumption**

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

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

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

- 1\_\_ Days per week (RANGE 101-107)
- 2\_\_ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

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

**[ASK IF S12Q1 NE 888,777,999]**

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

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q2=88]

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

1 GO BACK [GO TO S12Q1]

[ASK IF S12Q2=12-76]

**S12Q2A INTERVIEWER DO NOT READ:** You entered that the respondent consumes [S12Q2] drinks per day. Is that correct?

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

[ASK IF S12Q1 NE 888,777,999]

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q3=16-76]

**S12Q3A. INTERVIEWER DO NOT READ:** You entered that in the past month there were [S12Q3] occasions when the respondent had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

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

[ASK IF S12Q1 NE 888,777,999]

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q4=16-76]

**S12Q4A. INTERVIEWER DO NOT READ:** You entered that in the past 30 days the respondent had [S12Q4] drinks on one occasion. Is this correct?

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

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

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

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

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

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

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

## Section 13: Immunization

---

[ASK ALL]

### S13Q1. Section 13: Immunization

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S13Q1=1]

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

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=1]

**S13Q2Y.**

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

7777 DON'T KNOW / NOT SURE

9999 REFUSED

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

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

1 Yes [GO BACK TO S13Q2M]

2 No

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

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

1 CONTINUE [GO BACK TO S13Q2M]

[ASK ALL]

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=50-99]

**S13Q4.** Have you ever had the shingles or zoster vaccine?

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

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

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

---

[ASK ALL]

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

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

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

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

[ASK IF S14Q1=1]

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

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

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

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July

08 August  
09 September  
10 October  
11 November  
12 December

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S14Q1=1]

**S14Q2Y.**

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

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

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

**S14Q2CHK.** I'm sorry, but you said you had a H.I.V. test in the past, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

## Section 15: Seat Belt Use and Drinking and Driving

---

[ASK ALL]

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

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

### PLEASE READ

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

### DO NOT READ

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

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

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

RANGE 1-76 [NUMBER BOX]

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

## Section 16: Long-term COVID Effects

---

[ASK ALL]

### **S16Q1. Section 16: Long-term COVID Effects**

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

**INTERVIEWER NOTE:** Interviewer please read information in parenthesis as well.

**READ IF NECESSARY:** Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing including home tests.

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S16Q1=1]

**S16Q2.** Do you currently have symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

**INTERVIEWER NOTE:** Long term conditions may be an indirect effect of COVID-19.



**Read if necessary:**

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S16Q2=1]

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

**PLEASE READ**

1 Yes, a lot

2 Yes, a little

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

**Arkansas State Added Sections**

**AR State Added Section 3: Breast and Cervical Cancer Screening**

[ASK IF STATE = AR AND HGENDER=2 AND CSTATE NE 2]

**AR3\_1. State Added Section 3: Breast and Cervical Cancer Screening**

Have you ever had a mammogram?

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

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

[ASK IF STATE = AR AND HGENDER=2 AND CSTATE NE 2]

**AR3\_2.** Have you ever had a cervical cancer screening test?

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

AR State Added Section 4: Health Information

[ASK IF STATE= AR AND CSTATE NE 2]

**AR4\_1. AR State Added Section 4: Health Information**

How interested are you in exchanging vital signs (e.g., oxygen level, blood pressure, glucose levels, etc.) with a health care provider electronically?

- 1 Very
- 2 Somewhat
- 3 A little
- 4 Not at all
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF STATE= AR AND CSTATE NE 2]

**AR4\_2.** In the past 12 months, have you used your online medical record to securely message

health care providers and staff (e.g. e-mail)?

- 1 Yes
- 2 No

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

### AR State Added Section 5: Family Planning

[ASK IF STATE = AR AND HGENDER=2 AND S8Q1<50 AND S8Q16=2,7,9 AND CSTATE NE 2]

#### AR5\_1. AR State Added Section 5: Family Planning

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

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

- 1 Yes
- 2 No

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

[ASK IF AR5\_1=1]

**AR5\_2.** Some things people do to keep from getting pregnant include not have sex at certain times of the month, pulling out, using birth control methods such as the pill, implant, shots, condoms, IUD, having their tubes tied, or having a vasectomy.

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF AR5\_2=1]

**AR5\_3.** The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?

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

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

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

**READ ONLY IF NECESSARY:**

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

02 Male sterilization (vasectomy)

03 Contraceptive implant

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

05 Shots (Depo-Provera)

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

07 Condoms (male or female)

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

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

10 Withdrawal or pulling out

11 Emergency contraception or the morning after pill (Plan B or ella)

12 Other method

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF AR5\_2=1]

**AR5\_4.** The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant?

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

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

**READ ONLY IF NECESSARY:**

00 Nothing else

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

02 Male sterilization (vasectomy)

03 Contraceptive implant

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

05 Shots (Depo-Provera)

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

- 07 Condoms (male or female)
- 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream
- 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning)
- 10 Withdrawal or pulling out
- 11 Emergency contraception or the morning after pill (Plan B or ella)
- 12 Other method

**DO NOT READ:**

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

[ASK IF AR5\_2=2]

**AR5\_5.** Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth control, or not thinking that they can get pregnant.

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

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

**READ ONLY IF NECESSARY:**

- 01 You didn't think you were going to have sex / no regular partner
- 02 You just didn't think about it
- 03 You wanted a pregnancy
- 04 You didn't care if you got pregnant
- 05 You or your partner didn't want to use birth control (side effects, don't like birth control)

- 06 You had trouble getting or paying for birth control
- 07 You didn't trust giving out your personal information to medical personnel
- 08 Didn't think you or your partner could get pregnant (infertile or too old)
- 09 You were using withdrawal or "pulling out"
- 10 You had your tubes tied (sterilization)
- 11 Your partner had a vasectomy (sterilization)
- 12 You were breast-feeding or you just had a baby
- 13 You were assigned male at birth
- 14 Other reasons

**DO NOT READ:**

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

AR State Added Section 6: Opioid Use

[ASK IF STATE= AR AND CSTATE NE 2]

**AR6\_1. AR State Added Section 6: Opioid Use**

During the past 12 months, have you used prescription pain medicine without a healthcare provider's prescription or differently than how the healthcare provider told you to use it? (Count drugs such as hydrocodone (HI-DRO-KO-DOAN), oxycodone, (OX-E-KODOAN) and codeine)

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

[ASK IF STATE= AR AND CSTATE NE 2]

**AR6\_2. During the past 12 months, did you use heroin or fentanyl not prescribed specifically to**

you by a doctor?

- 1 Yes
- 2 No

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

AR State Added Section 7: Sexual Violence

[ASK IF STATE= AR AND CSTATE NE 2]

**AR7\_1. AR State Added Section 7: Sexual Violence**

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

- 1 Yes
- 2 No

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

[ASK IF STATE= AR AND CSTATE NE 2]

**AR7\_2.** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No

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

[ASK IF AR7\_2=1 AND CSTATE NE 2]

**AR7\_3.** Has this happened in the past 12 months?

- 1 Yes
- 2 No



7 DON'T KNOW / NOT SURE  
9 REFUSED

## Optional Modules

### Module 15: Tobacco Cessation

---

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

#### **MOD15\_1. Module 15: Tobacco Cessation**

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

#### **READ IF NECESSARY**

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

#### **DO NOT READ**

77 DON'T KNOW / NOT SURE  
99 REFUSED

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

**MOD15\_2.** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Module 16: Other Tobacco Use

---

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

### MOD16\_1. Module 16: Other Tobacco Use

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

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

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

**MOD16\_2.** Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

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

[ASK IF CSTATE NE 2]

**MOD16\_3.** The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

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

## Module 28: COVID Vaccination

---

[ASK IF CSTATE NE 2]

**MOD28\_1. Module 28: COVID Vaccination**

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

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

[ASK IF MOD28\_1=2 AND CSTATE NE 2]

**MOD28\_2.** Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

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

[ASK IF MOD28\_1=1 AND CSTATE NE 2]

**MOD28\_3.** How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five or more
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD28\_3=1, 7, 9 AND CSTATE NE 2]

**MOD28\_4.** Which of the following best describes your COVID-19 vaccination status?

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

- 1 Already received all recommended doses, including the updated bivalent booster
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 29: Social Determinants and Health Equity

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[ASK IF CSTATE NE 2]

**MOD29\_1. Module 29: Social Determinants and Health Equity**

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

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD29\_2.** How often do you get the social and emotional support that you need? Is that...

**PLEASE READ**

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

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_3.** How often do you feel lonely? Is it...

**PLEASE READ**

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

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_4.** In the past 12 months have you lost employment or had hours reduced?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_5.** During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_6.** During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

**PLEASE READ**

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

**DO NOT READ**

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

[ASK IF CSTATE NE 2]

**MOD29\_7.** During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?

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

[ASK IF CSTATE NE 2]

**MOD29\_8.** During the last 12 months was there a time when an electric, gas, oil or water company threatened to shut off services?

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

[ASK IF CSTATE NE 2]

**MOD29\_9.** During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE NE 2]

**MOD29\_10.** Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it ...

**PLEASE READ**

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

**DO NOT READ**

7 DON'T KNOW / NOT SURE  
9 REFUSED

Module 30: Reactions to Race

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[ASK IF CSTATE NE 2]

**MOD30\_1. Module 30: Reactions to Race**

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

**INTERVIEWER:** If respondent requests clarification of this question say “We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself.”

**INTERVIEWER:** Do not offer “Mixed Race” as a category but use as a code if respondent offers it.

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 08 Some other group

- 07 Mixed Race
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF CSTATE NE 2]

**MOD30\_2.** How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

**INTERVIEWER:** The responses can be interpreted as mean “at least” the indicated time frequency. If a respondent cannot decide between two categories, choose the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, choose “once a month” as the response.

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly

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

[ASK IF CSTATE NE 2]

**MOD30\_3.** Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races



- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

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

[ASK IF S8Q13=1,2,4 AND CSTATE NE 2]

**MOD30\_4.** Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

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

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

[ASK IF CSTATE NE 2]

**MOD30\_5.** Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than people of other races?

**INTERVIEWER:** If the respondent indicates that they do not know about other people's experiences when seeking health care, say "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."

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

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

[ASK IF CSTATE NE 2]

**MOD30\_6.** Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

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

### Cell Suspends in Main BRFSS

[PROGRAMMER: PUT ALL THESE QUESTIONS ON 1 SCREEN: CB,CBTIME, INT02\_CB, TEXTCB,TEXTTY]

[ASK IF BRFSS\_FLAG=1]

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

- 1 Today
- 2 Later time

[ASK IF CBTIME = 1,2 AND SAMPTYPE=1 AND (YOU=1 OR RESPSLCT=1)]

**INT02\_CB.** Can I please have either your first name or initials, so we will know who to ask for when we call back?

- 01 Gave Response [TEXT BOX]
  
- 97 DON'T KNOW
- 99 REFUSED

[ASK IF SAMPTYPE=2 AND CBTIME = 2]

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

- 1 Yes
- 2 No
- 3 Unknown – respondent hung up

[ASK IF TEXTCB=1]

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

01 Continue

**CB:** INTERVIEWER PROBE FOR A CALLBACK TIME.

Thank you very much we will call back at a more convenient time.

**LANG.** INTERVIEWER: Select Language

EN ENGLISH

[Routing Notes](#)

Initial Sample Variables	
GOTOASTHMA_	IF ASTHMASTART_ =1, GO TO ASTHMASTART_ (routes past main BRFSS if already completed, non-cleaning response)
Intros	
Core and SAQs	
CLOSE	CLOSE skips to INT61 (Both logic and response are non-cleaning)
Modules	
INT61	INT61=61 (complete)
GOTOEND_	CONTINUE IF ASTHMA_FLAG=1,2,3 AND NOT(AACLOSE=1) AND NOT(CACLOSE=1), ELSE GO TO END (non-cleaning)
ASTHMASTART_	ASTHMASTART_ =1 if Qualified for Asthma Follow-Up Survey <i>after</i> completing the initial BRFSS interview and prior to Asthma survey.)
Asthma Sample Variables	
AHESHE	
ASM_ANAME	All Asthma Sample vars are populated <i>after</i> initial BRFSS interview, then re-evaluated on a callback.
CHESHE	
HISHER	
ASM_CNAME	
CDATEM1Y	
CDATEM1YM	
CDATEM1YD	
CDATEM1YY	
AAASKASTHMA_	IF (ASTHMA_FLAG=1 AND BRFFSS_FLAG=1) OR (ASTHMA_FLAG=1,3 AND BRFFSS_FLAG=2,3 AND ACFLAG=01,02) GO TO INT06 (Adult Intro)
CAASKASTHMA_	IF (ASTHMA_FLAG=2 AND BRFFSS_FLAG=1) OR (ASTHMA_FLAG=2,3 AND BRFFSS_FLAG=2,3 AND ACFLAG=03,04) GO TO INT08 (Child Intro)
ASTHMA_END_	IF ASTHMA_FLAG=3 AND BRFFSS_FLAG=1 GO TO ASTHMA_END (Did not agree to right now in main BRFSS interview.)
GOTO_END_	ALL GO TO END (if not already redirected to an asthma survey, non-cleaning logic)
Adult Asthma	AACLOSE skips to INT61 (non-cleaning response skip)
Child Asthma	CACLOSE skips to INT61 (non-cleaning response skip)
INT	Nobody sees INT, but when suspending, this is the spot they will hit first and will then be asked the first question where base logic is met
Asthma Suspends in Main BRFSS	
ASTHMA_END	
AST2A_CB	
ATP2	
ASTHMA_CB	
ASTHMA_CLOSE	
Termination Screens	
Procedures	
F6	
F7	
LANG	
F8	
SELFLAG	
HGENDER	
ORIG_GENDER	
ALTZ	
FAQ's	