**Core Section 1: Health Status**

**CHS.01** Would you say that in general your health is—

**Read:**

1 Excellent

2 Very Good

3 Good

4 Fair

5 Poor

**Do not read:**

7 Don’t know/Not sure

9 Refused

**Core Section 2: Healthy Days**

**CHD.01**

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 Note:** 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**.]**

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

**CHD.02**

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 Note:** 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**.]**

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

**CATI NOTE:** SKIP CHD.03 IF CHD.01 is 88 and CHD.02 is 88

**CHD.03**

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** Note: 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**.]**

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

**Core Section 3: Health Care Access**

**CHCA.01**

What is the current primary source of your health care coverage?

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

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

**CHCA.02**

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

**[**Interviewer Note: if the respondent had multiple doctor groups then it would be more than one—but 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 **[Read:** “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”**]**

7 Don’t know / Not sure

9 Refused

**CHCA.03**

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

**CHCA.04**

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:**

7 Don’t know / Not sure

8 Never

9 Refused

**Core Section 4: Exercise**

**CEXP.01**

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 do**.]**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**State Added: Hypertension Awareness**

**C05.01**

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

**Read if necessary: “**By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.”

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

1 Yes

2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]

3 No [GO TO NEXT SECTION]

4 Told borderline high or pre-hypertensive or elevated blood pressure [GO TO NEXT SECTION]

7 Don’t know / Not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

**C05.02**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**State Added: Cholesterol Awareness**

**C06.01**

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

**Read if necessary:**

1 Never [GO TO NEXT SECTION]

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

**Do not Read:**

7 Don’t know/ Not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

**C06.02**

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

**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

**C06.03**

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

**[Interviewer Note:** 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 / Not sure

9 Refused

**Core 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.

**CCHC.01**

(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

**CCHC.02**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.03**

(Ever told) (you had) a stroke?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.04**

(Ever told) (you had) asthma?

1 Yes

2 No [GO TO CCHC.06]

7 Don’t know / Not sure [GO TO CCHC.06]

9 Refused [GO TO CCHC.06]

**CCHC.05**

Do you still have asthma?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.06**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.07**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.08**

(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

**CCHC.09**

(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

**CCHC.10**

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

**CCHC.11**

(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’sgranulomatosis, polyarteritis nodosa)**]**

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CCHC.12**

(Ever told) (you had) diabetes?

**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 [GO TO NEXT SECTION]

3 No [GO TO NEXT SECTION]

4 No, pre-diabetes or borderline diabetes [GO TO NEXT SECTION]

7 Don’t know / Not sure [GO TO NEXT SECTION]

9 Refused [GO TO NEXT SECTION]

**CCHC.13**

How old were you when you were first told you had diabetes?

\_ \_ Code age in years [97 = 97 and older]

98 Don‘t know / Not sure

99 Refused

**Module 2: Diabetes**

**CATI NOTE:** Skip to next section if CCHC.12 is not equal to 1

**MDIAB.01**

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

1 Type 1

2 Type 2

7 Don’t know/ not sure

9 Refused

**MDIAB.02**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**MDIAB.03**

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.”

\_ \_ Number of times [76 = 76 or more]

88 None

98 Never heard of A-one-C test

77 Don’t know / Not sure

99 Refused

**MDIAB.04**

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

**Read if necessary:**

1 Within the past month (anytime less than 1 month ago)

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

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

4 2 or more years ago

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

**MDIAB.05**

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

**Read if necessary:**

1 Within the past month (anytime less than 1 month ago)

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

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

4 2 or more years ago

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

**MDIAB.06**

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

**Read if necessary:**

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

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

3 Within the last 3 years (2 years but less than 3 years ago)

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

5 Within the last 10 years (5 to 9 years but less than 10 years ago)

6 10 years ago or more

**Do not read:**

7 Don’t know / Not sure

8 Never

9 Refused

**MDIAB.07**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Core Section 7: Demographics (01-13)**

**CDEM.01**

What is your age?

\_ \_ Code age in years

07   Don’t know / Not sure

09 Refused

**CDEM.02**

Are you Hispanic, Latino/a, or Spanish origin?

**If yes, read:** Are you…

**[Interviewer Note:** One or more categories may be selected.]

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 No

7 Don’t know / Not sure

9 Refused

**CDEM.03**

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

**[Interviewer Note:** One or more categories may be selected.**]**

**[Interviewer Note:** If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading**.]**

**[Interviewer Note:** If respondent indicates that they are Hispanic for race, please read the race choices.**]**

**Please read:**

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

41 Asian Indian

42 Chinese

43 Filipino

44 Japanese

45 Korean

46 Vietnamese

47 Other Asian

50 Pacific Islander

51 Native Hawaiian

52 Guamanian or Chamorro

53 Samoan

54 Other Pacific Islander

**Do not read:**

60 Other

88 No additional choices

77 Don’t know / Not sure

99 Refused

**CDEM.04**

Are you…

**Please read:**

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married Or

6 A member of an unmarried couple

**Do not read:**

9 Refused

**CDEM.05**

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

**CDEM.06**

Do you own or rent your home?

**Read if necessary:** “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**.]**

**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

**CDEM.07**

In what county do you currently live?

\_ \_ \_ ANSI County Code

777 Don’t know / Not sure

999 Refused

888 County from another state

**CDEM.08**

What is the ZIP Code where you currently live?

\_ \_ \_ \_ \_

77777 Do not know

99999 Refused

IF CELLULAR TELEPHONE INTERVIEW SKIP TO CDEM.11

**CDEM.09**

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 [GO TO CDEM.11]

7 Don’t know / Not sure [GO TO CDEM.11]

9 Refused [GO TO CDEM.11]

**CDEM.10**

How many of these landline telephone numbers are residential numbers?

\_\_   Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**CDEM.11**

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

**Read if necessary:** “Include cell phones used for both business and personal use.”

\_\_   Enter number (1-5)

6 Six or more

7 Don’t know / Not sure

8 None

9 Refused

**[INTERVIEWER NOTE:** LAST QUESTION NEEDED FOR PARTIAL COMPLETE**]**

**CDEM.12**

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?

**Read if necessary:** “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

**CDEM.13**

Are you currently…?

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

**[Interviewer Note:** Do not code 7 for Don’t Know/Not Sure on this question**]**

**Read:**

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired Or

8 Unable to work

**Do not read:**

9 Refused

**Module 20: Industry and Occupation**

**CATI NOTE:** If CDEM.13 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. Else go to next module

**MIO.01**

**CATI NOTE:** If CDEM=13 = 4 (Out of work for less than 1 year) ask,“What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic.”

What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

**If respondent is unclear, ask:** “What is your job title?”]

**If respondent has more than one job ask:** “What is your main job?”

\_\_\_\_\_\_ Record answer

99 Refused

**MIO.02**

**CATI NOTE:** If Core CDEM.13 = 4 (Out of work for less than 1 year) ask,“What kind of business or industry did you work in? (For example, hospital, elementary school, clothing manufacturing, restaurant.)”

What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

\_\_\_\_\_\_ Record answer

99 Refused

**Core Section 7: Demographics (14-18)**

**CDEM.14**

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

\_  \_ Number of children

88 None

99 Refused

**CDEM.15**

Is your annual household income from all sources --

**CATI NOTE:** SEE CATI information on order of coding; start with category 05 and move up or down categories

**[Interviewer Note:** If respondent refuses at ANY income level, code ‘99’ (Refused**)]**

**Read as necessary:**

01 Less than $10,000?

02 Less than $15,000? ($10,000 to less than $15,000)

03 Less than $20,000? ($15,000 to less than $20,000)

04 Less than $25,000? ($20,000 to less than $35,000)

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 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

**Do not read:**

77 Don’t know / Not sure

99 Refused

**CATI NOTE**: SKIP TO CDEM.17 IF MALE (CP.05 = 1 or LL.09 = 1) OR Age >49

**CDEM.16**

To your knowledge, are you now pregnant?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CDEM.17**

About how much do you weigh without shoes?

**[Interviewer Note:** If respondent answers in metrics, put 9 in first column.]

**[Interviewer Note:** Round fractions up]

\_ \_ \_ \_ Weight (pounds/kilograms)

7777 Don’t know / Not sure

9999 Refused

**CDEM.18**

About how tall are you without shoes?

**[Interviewer Note:** If respondent answers in metrics, put 9 in first column.]

**[Interviewer Note:** Round fractions down]

\_ \_ / \_\_ Height (ft / inches/meters/centimeters)

77/ 77 Don’t know / Not sure

99/ 99 Refused

**Core Section 8: Disability**

**CDIS.01**

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

**CDIS.02**

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

**CDIS.03**

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

**CDIS.04**

Do you have serious difficulty walking or climbing stairs?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CDIS.05**

Do you have difficulty dressing or bathing?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CDIS.06**

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

**State Added: Inadequate Sleep**

**CIAD.01**

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

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

\_ \_ Number of Hours (01-24)

77 Don’t know/ Not sure

99 Refused

**Core Section 11: Tobacco Use**

**CTOB.01**

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 **[GO TO CTOB.03]**

7 Don’t know/Not Sure **[GO TO CTOB.03]**

9 Refused **[GO TO CTOB.03]**

**CTOB.02**

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

**CTOB.03**

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

**Read if necessary:** “Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.”

1 Every day

2 Some days

3 Not at all

7 Don’t know / Not sure

9 Refused

**CTOB.04**

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?

**[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:** 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:** If respondent says “Not at all” ask that they 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 Used them in the past but do not currently use them at all

7 Don’t know / Not sure

9 Refused

**Core Section 13: 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.

**CALC.01**

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

2 \_ \_ Days in past 30 days

888 No drinks in past 30 days **[GO TO NEXT SECTION]**

777 Don’t know / Not sure **[GO TO NEXT SECTION]**

999 Refused **[GO TO NEXT SECTION]**

**CALC.02**

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

**Read if necessary:** “A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.”

\_ \_ Number of drinks

88 None

77 Don’t know / Not sure

99 Refused

**CALC.03**

**CATI NOTE:** CATI X = 5 for men, X = 4 for women

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X **[CATI: X = 5 for men, X = 4 for women]** or more drinks on an occasion?

\_ \_ Number of times

77 Don’t know / Not sure

88 No days

99 Refused

**CALC.04**

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

\_ \_ Number of drinks

77 Don’t know / Not sure

99 Refused

**Core Section 14: Immunization**

**CIMM.01**

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 **[GO TO CIMM.03]**

7 Don’t know / Not sure **[GO TO CIMM.03]**

9 Refused **[GO TO CIMM.03]**

**CIMM.02**

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?

\_ \_ / \_ \_ \_ \_ Month/ Year

77/7777 Don’t know/ Not sure

09/9999 Refused

**CIMM.04**

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

**Read if necessary**: “There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.”

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**Module 6: Tetanus Vaccination**

**MTDAP.01**

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?”]

1 Yes, received Tdap

2 Yes, received tetanus shot, but not Tdap

3 Yes, received tetanus shot but not sure what type

4 No, did not receive any tetanus shot in the past 10 years

7 Don’t know/Not sure

9 Refused

**State Added: 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.

**CFV.01**

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

**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 time per month.  Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.

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

**Read if respondent asks what to include or says ‘I don’t know’:** “include fresh, frozen or canned fruit. Do not include dried fruits.”

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**CFV.02**

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?

**Interviewer Note: 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.”

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

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**CFV.03**

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

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

**Read if respondent asks about spinach:** “Include spinach salads.”

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**CFV.04**

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

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

**Read if respondent asks about potato chips:** “Do not include potato chips.”

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**CFV.05**

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

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

**Read if respondent asks about what types of potatoes to include:** “Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes.”

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused  **CFV.06**

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

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

**Read if respondent asks about what to include:** “Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice.”

1\_ \_ Day

2\_ \_ Week

3\_ \_ Month

300 Less than once a month

555 Never

777 Don’t Know

999 Refused

**Core Section 15: HIV/AIDS**

**CHIV.01**

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.?

**Read if necessary:** “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 **[GO TO NEXT SECTION]**

7 Don’t know/ not sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**CHIV.02**

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

**[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**]**

**CATI Note:** If response is before January 1985, code 777777

\_ \_ /\_ \_ \_ \_ Code month and year

77/ 7777 Don’t know / Not sure

99/ 9999 Refused

**OPTIONAL MODULES AND STATE ADDED QUESTIONS**

**Module 12: Caregiver**

**MCGV.01**

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 8 and say“I’m so sorry to hear of your loss”**.]**

1 Yes

2 No **[GO TO NEXT MODULE]**

7 Don’t know/Not sure **[GO TO NEXT MODULE]**

8 Caregiving recipient died in past 30 days **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**MCGV.02**

What is their relationship to you?

**[Interviewer Note: If respondent provides care for more than one person, say:** “Please refer to the person whom you are providing the most care.”**]**

**Read selections if necessary or unable to code:**

01 Parent, stepparent, or parent-in-law

02 Grandparent, step grandparent or grandparent-in-law

03 Spouse or partner

04 Child or stepchild

05 Grandchild or step grandchild

06 Sibling, stepsibling, or sibling-in-law

07 Other relative

08 Friend or non-relative

**Do not read:**

77 Don’t know/Not sure

99 Refused

**MCGV.03**

What is the main health problem or disability that the person you care for has?

1 Alzheimer’s disease, dementia, or other cognitive impairment

2 Heart disease, hypertension, or stroke

3 Cancer

4 Diabetes

5 Injuries including broken bones or traumatic brain injury

6 Mental illness such as depression, anxiety, or schizophrenia

7 Developmental disorders such as autism, Down syndrome, or spina bifida

8 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease

9 Arthritis/rheumatism

10 Hearing or vision loss

11 Movement disorders such as Parkinson’s, spinal cord injury, multiple sclerosis or cerebral palsy

12 Old age, infirmity, or frailty

13 Other

77 Don’t know/Not sure

99 Refused

**CATI NOTE:** If MCARE.03 = 1 (Alzheimer’s disease, dementia or other cognitive impairment disorder), go to MCARE.05. Otherwise, continue

**MCGV.04**

Does the person you care for also have Alzheimer’s disease, dementia or other cognitive impairment disorder?

1 Yes

2 No

7 Don’t Know /Not Sure

9 Refused

**MCGV.05**

In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

1 Yes

2 No

7 Don’t Know /Not Sure

9 Refused

**MCGV.06**

In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

1 Yes

2 No

7 Don’t Know /Not Sure

9 Refused

**MCGV.07**

In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

1 Yes

2 No

7 Don’t Know /Not Sure

9 Refused

**MCGV.08**

In an average week, how many hours do you provide regular care or assistance? Would you say…

**Please read:**

1 Less than 20 hours per week (19 hours or less)

2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)

3 40 hours or more per week

**Do not read:**

7 Don’t Know/ Not Sure

9 Refused

**MCGV.09**

For how long have you provided regular care to this person?

**Read if necessary:**

1 Within the past 30 days (anytime less than 30 days ago)

2 Within the past 2 years (more than 30 days but less than 2 years ago)

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

4 5 years or more

**Do not read:**

7 Don’t Know/ Not Sure

9 Refused

**Module 14: Social Determinants of Health**

**MSDHE.01**

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

**Read:**

1      Very satisfied

2      Satisfied

3      Dissatisfied

4      Very dissatisfied

**Do not read:**

7      Don’t know/not sure

9      Refused

**MSDHE.02**

How often do you get the social and emotional support that you need? Is that…

**Read:**

1     Always

2      Usually

3      Sometimes

4      Rarely

5     Never

**Do not read:**

7     Don’t know/not sure

9     Refused

**MSDHE.03**

How often do you feel lonely?  Is it…

**Read:**

1      Always

2      Usually

3      Sometimes

4      Rarely

5      Never

**Do not read:**

7     Don’t know/not sure

9      Refused

**MSDHE.04**

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

**MSDHE.05**

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

**MSDHE.06**

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…

**Read:**

1      Always

2      Usually

3      Sometimes

4      Rarely

5      Never

**Do not read:**

7      Don’t know/not sure

9      Refused

**MSDHE.07**

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

**MSDHE.08**

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

**MSDHE.09**

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

**MSDHE.10**

How safe from crime do you consider your neighborhood to be? Would you say…

**Read:**

1      Extremely safe

2      Safe

3      Unsafe

4      Extremely unsafe

**Do not read:**

7      Don’t know/not sure

9      Refused

**State Added: Cardiovascular Health**

**CATI NOTE**: ASK IF CCHC.01 = 1

**SACHQ1**

I would like to ask you a few more questions about your cardiovascular or heart health.

Following your heart attack, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**CATI NOTE:** ASK IF CCHC.03 = 1

**SACHQ2**

Following your stroke, did you go to any kind of outpatient rehabilitation? (This is sometimes called "rehab.")

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**State Added: Aspirin for CVD Prevention**

**SAACPQ1**

How often do you take an aspirin to prevent or control heart disease, heart attacks or stroke?  Would you say….

**Read:**

1 Daily

2 Some days

3 Used to take it but had to stop due to side effects, or

4 Do not take it

**Do not read:**

7 Don’t know / Not sure

9 Refused

**State Added: Arthritis**

**CATI NOTE:** Asked only if CCHC.11 = 1 (Only of those answering yes to arthritis question)

**SAARTH.01**

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

**SAARTH.02**

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

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SAARTH.03**

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, then the interviewer should reply:"Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”]

**1 Yes**

**2 No**

**7 Don’t know / Not sure**

**9 Refused**

**State Added: Tobacco**

**CATI NOTE:** ASK IF CTOB.02 = 1, 2

**SATQ1**

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

**CATI NOTE:** ASK IF CTOB.04 = 2, 3

**SATQ2**

During the past 12 months, have you stopped using e-cigarettes or other “vaping” products for a day or longer because you were TRYING to quit vaping?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**[Interviewer Note:** FOR EVERYONE**]**

**SATQ3**

The next questions are about your use of other tobacco products.

Do you now use oral nicotine pouches like Zyn, ON!, or Juice Head every day, some days or not at all?

**Read if necessary:** “Nicotine pouches are small, flavored pouches of nicotine that users place in their mouth. Nicotine pouches are different from other smokeless tobacco products such as snus, dip, or chewing tobacco, because they do not contain any tobacco leaf.”

1 Every day

2 Some days

4 Not at all

7 Don’t know/Not sure

9 Refused

**CATI NOTE:** ASK IF CTOB.03 < 3 OR SATQ3 < 3

**SATQ4**

During the past 12 months, have you stopped using nicotine pouches or smokeless tobacco – for a day or longer because you were TRYING to quit?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**CATI NOTE:** ASK IF SATQ1 = 1 OR SATQ4 = 1

**SATQ5**

Thinking back to the last time you tried to quit smoking or using tobacco products in the past 12 months, did you try to quit by switching to e-cigarettes or other vaping products?

1 Yes

2 No

7 Don’t know / Not sure

9 Refused

**SATQ6**

The next question is about secondhand smoking. 

On how many of the past 7 days did someone other than you smoke tobacco inside your home while you were there?

\_\_\_   NUMBER OF DAYS [1-7]

88 NONE

77 Don’t Know/Not Sure

99 Refused

**State Added: Gambling Behavior**

**SAGQ9**

For the purpose of these next questions, “gambling” means buying lottery tickets, gambling at a casino, playing cards or dice for money, betting on sports games, playing slot machines, video poker or other video gambling, gambling on the internet, betting on horses or dogs, playing bingo or keno.

Have you gambled in the past 12 months?

1 Yes

2 No **[GO TO NEXT MODULE]**

7 Don’t know/Not sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**SAGQ5**

In the past 12 months, how often have you participated in sports wagering online or in-person? Was it…

**[Interviewer Note:** Sports wagering is the activity of predicting sports results by betting money on the outcome**]**

**Read:**

1 At least one time per week,

2 Once or twice a month,

3 One to three days a year,

4 Never in the past 12 months

**Do not read:**

7 Don’t Know / Not Sure

9 Refused

**SAGQ2**

During the past 12 months, have you become restless, irritable or anxious when trying to stop cut/down on gambling?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**SAGQ3**

During the past 12 months, have you tried to keep your family or friends from knowing how much you gamble?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**SAGQ4**

During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or welfare?

1 Yes

2 No

7 Don’t know/Not sure

9 Refused

**State Added: Marijuana Use**

**SAMUQ1**

The following question is about marijuana or cannabis. Do not include Cannabidiol, hemp based, CBD-only or medical marijuana products in your response.

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

**[Interviewer Note:** Answer “No” If respondent asks whether Cannabidiol, CBD, or medical marijuana should be included in their answer**]**

\_ \_     01-30 Number of Days

88 None

77 Don’t know/not sure

99 Refused

**State Added: Substance Use**

**SAOUQ1**

During the past 30 days, how many days, if any, did you use opioids, like heroin or oxycodone?

**[Interviewer Note:** 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.]

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

**SAOUQ2**

During the past 30 days, how many days, if any, did you use methamphetamine or meth?

**[Interviewer Note:** 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.]

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

**SAOUQ3**

How many days within the last 30 days do you feel your life was negatively affected by your use of substances (such as legal/illegal drugs and/or alcohol)?

\_ \_ Number of days (01-30)

88 None

77 Don’t know/not sure

99 Refused

If you would like assistance or more information about substance use issues, please contact Your Life Iowa by visiting www.yourlifeiowa.org.

**State Added: Brain Injury**

**SABIQ2**

For these next questions, please think about injuries you have had during your entire lifetime, especially those that affected your head or neck. It might help to remember times you went to the hospital or emergency room. Think about injuries you may have received from a car or motorcycle wreck, bicycle crash, being hit by something, falling down, being hit by someone, playing sports, or an injury during military service.

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

1 Yes

2 No **[GO TO NEXT MODULE]**

7 Don't Know/Not Sure **[GO TO NEXT MODULE]**

9 Refused **[GO TO NEXT MODULE]**

**SABIQ3**

How old were you the first time you were knocked out or lost consciousness?

[   ] = Years old 1-125

777 Don't Know/Not Sure

999 Refused

If you, or somebody you know, have questions or needs support after a brain injury, please visit the Brain Injury Alliance of Iowa website at www.biaia.org.

**State Added: Cancer Prevention**

**SACP.01**

To your knowledge, what behaviors or exposures increase your risk for developing cancer?

**[Interviewer Note:** One or more categories may be selected.]

**Do not read:**

11 Using tobacco products

12 Being exposed to radon

13 Drinking alcohol

14 Eating an unhealthy diet

15 Overweight and obesity

16 HPV

17 Hepatitis B / Hepatitis C

18 UV Radiation (sun or tanning bed)

19 Drinking water (nitrates)

20 Pesticides/herbicides

21 Air pollution

22 Occupational chemical exposures

23 Other

77 Don’t know/Not sure

99 Refused

**SACP.02**

Has your household air been tested for the presence of radon gas in the past 5 years?

1 Yes

2 No **[GO TO NEXT SECTION]**

7 Don't Know/Not Sure **[GO TO NEXT SECTION]**

9 Refused **[GO TO NEXT SECTION]**

**SACP.03**

Were the radon levels in your household above the Environmental Protection Agency's recommended action level of 4 picocuries per liter?

**Read if necessary:**

1 Yes

2 No **[GO TO NEXT SECTION]**

**Do not read:**

7 Don't Know/Not Sure

9 Refused

**SACP.04**

Have the radon levels been reduced or fixed?

1 Yes

2 No

7 Don't Know/Not Sure

9 Refused

**State Added: Volunteerism**

**SAVLTRQ1**

During the past year, have you volunteered your time to serve a charitable organization, group, or community?

**Read if necessary:** “Volunteering is providing unpaid work to benefit a charitable organization, program, club, community or faith based group, cause or non-family member in need.”

1   Yes

2   No **[GO TO NEXT SECTION]**

7   Don’t know/Not sure **[GO TO NEXT SECTION]**

9   Refused **[GO TO NEXT SECTION]**

**SAVLTRQ2**

On average, how many hours did you volunteer a month or per year?

1 \_ \_ Hours per month

2 \_ \_ Hours per year

777 Don’t know/Not sure

999 Refused

**Closing Statement**

**Cell Phone**

That was my last question.  Everyone’s answers will be combined to help us provide information about the health practices of people in your state.  Also, I want to let you know that my supervisor will be checking my work and may be calling you back in a few weeks just to see how the interview went.  Thank you very much for your time and cooperation.

**Landline**

That was my last question.  Everyone’s answers will be combined to help us provide information about the health practices of people in Iowa.  Also, I want to let you know that my supervisor will be checking my work and may be calling you back in a few weeks just to see how the interview went.  Thank you very much for your time and cooperation.