

2019

**Behavioral Risk Factor Surveillance System
Questionnaire**

CDC version: 2018-12-31

UWSC version: 2019-01-14

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OMB Header and Introductory Text [# Not part of standard intro, only read if needed.]

Read if necessary	Read	Interviewer instructions (not read)
<p>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).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2018</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>

Introduction - Landline Sample

Landline introduction	
<p>>intro2< Hello, I'm calling for the Wisconsin Department of Health Services. My name is (name). We are gathering information about the health of Wisconsin residents. This project is conducted by the Department of Health Services 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.</p> <p>Is this [fill phone number] ?</p> <p>[# If Yes [Go to home] [# If No [Go to wrong number sequence]</p>	
<p>>home< Is this a private residence?</p> <p>(IF NECESSARY: "By private residence, we mean someplace like a house or apartment.")</p> <p>(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.)</p> <p>[# If Yes Go to home_state] [# If NoGo to college]</p>	
	<p>>college< Do you live in college housing?</p> <p>(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.")</p> <p>[# If Yes, Go to home_state] [# If No, exit]</p>
<p>>home_state< Do you currently live in Wisconsin?</p> <p>[# If Yes, go to cel] [# If No, exit]</p>	

<p>>cell<</p> <p>Is this a cell telephone?</p> <p>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p> <p>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.")</p> <p>[# If Yes, exit] [# If No, go to q0hh]</p>	
<p>[# if home = private residence]</p> <p>>q0hh<</p> <p>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?</p> <p>— Number of adults</p> <p>[# If 1, go to single [# If >1, go to q0m or q0f (randomly assigned)]</p>	<p>[# if home = college]</p> <p>>cadult<</p> <p>Are you 18 years of age or older?</p> <p>[# If Yes, go to singsex] [# If No, exit]</p>
<p>[# if home = private residence]</p> <p>>single<</p> <p>Are you that adult?</p> <p>[# If Yes, go to singsex [# If No, go to select (for single-adult household)]</p>	
<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	

<p>[# if home = private residence]</p> <p>[# Either q0m or q0f will be asked at random, but not both.]</p> <p>>q0m< How many men, 18 or older, live in your household?</p> <p>_____ Number of men</p> <p>>q0f< How many women, 18 or older, live in your household?</p> <p>_____ Number of women</p>	<p>[# if home = college]</p> <p>[# After singsex, go to cnfd]</p>
<p>[# if home = private residence]</p> <p>>confirm<</p> <p>So there [is/are] [X] men and [X] women, 18 years or older, living in your household?</p>	
<p>[# if home = private residence]</p> <p>>select< [# version for multi-adult household]</p> <p>We have randomly selected [the Nth oldest/youngest man/woman of the household] as the person we would like to interview for our study.</p> <p>Many I speak with [the Nth oldest/youngest man/woman of the household]?</p> <p> [# If R is informant, go to cnfd.] [# If R is other adult, go to expl, then go to cnfd.]</p>	
<p>[# if home = private residence]</p> <p>>select< [# version for single adult household]</p> <p>May I please speak to that person?</p> <p> [# If "yes", go to expl]</p>	

[# if home = private residence]

>expl<

Hello, I'm calling for the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention. My name is [fill inam]. We're gathering information on the health of Wisconsin residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

>cnfd<

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 this survey, please call 608-267-9821.

Introduction - Cell Phone

<p>Cell introduction</p> <p>>cellsafe<</p> <p>Hello, I'm calling for the Wisconsin Department of Health Services. My name is (name). We are gathering information about the health of Wisconsin residents. This project is conducted by the Department of Health Services 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.</p> <p>Is it safe to talk with you?</p> <p>[# If Yes Go to intro2] [# If NoExit]</p>
<p>>intro2<</p> <p>(Hello, I'm calling for the Wisconsin Department of Health Services. My name is (name). We are gathering information about the health of Wisconsin residents. This project is conducted by the Department of Health Services 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.)</p> <p>Is this [fill phone number] ?</p> <p>[# If Yes Go to home] [# If NoGo to wrong number sequence]</p>
<p>>cell<</p> <p>Is this a cell telephone?</p> <p>(Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).</p> <p>Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood.")</p> <p>[# If Yes, go to cadult] [# If No, exit]</p>
<p>>cadult<</p> <p>Are you 18 years of age or older?</p> <p>[# If Yes, go to singsex] [# If No, exit]</p>

<p>>singsex<</p> <p>At this point we ask everyone, are you male or female?</p>	
<p>>pvtresid2<</p> <p>Do you live in a private residence?</p> <p>(BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT. 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.)</p> <p>(THE PERSON DOES NOT NEED TO BE PHYSICALLY LOCATED IN THEIR PRIVATE RESIDENCE.)</p> <p>(PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.)</p> <p>[# If Yes Go to home_state] [# If NoGo to college]</p>	
	<p>>college<</p> <p>Do you live in college housing?</p> <p>(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.")</p> <p>[# If Yes, Go to home_state] [# If No, exit]</p>
<p>>home_state<</p> <p>Do you currently live in Wisconsin?</p> <p>[# If Yes, go to landline] [# If No, goto rspstate]</p>	
<p>>rspstate<</p> <p>In what state do you live?</p> <p>[# If any of 50 states, DC, VI, PR, GU, go to landline] [# Else, exit]</p>	

>landline<

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

(BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS CONNECTED TO OUTSIDE TELEPHONE LINES THROUGH A CABLE OR CORD AND IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.)

(TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE.)

>numadult<

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

>cnfd<

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 this survey, please call 608-267-9821.

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C01.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			90

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C02.01	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?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			91-92
C02.02	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?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			93-94
C02.03	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?	POORHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96

Core Section 3: Healthcare Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C03.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?	HLTHPLN1	1 Yes	If using Healthcare Access (HCA) Module go to HCA.01, else continue		97
			2 No 7 Don't know/Not Sure 9 Refused			
C03.02	Do you have one person you think of as your personal doctor or health care provider?	PERSDOC2	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	98
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	MEDCOST	1 Yes 2 No 7 Don't know / Not sure 9 Refused			99
C03.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	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)		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

			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			
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[# UWSC adds SAMC01 Medicaid/BadgerCare item here]

Core Section 4: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
HYPER.01	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?		1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
HYPER.02	Are you currently taking prescription medicine for your high blood pressure?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 5: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHOL.01	Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood 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	If response = 1, 9. GOTO Next section.	Blood cholesterol is a fatty substance found in the blood.	

CHOL.02	Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?		1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response = 2, 7, 9 GOTO next section.	By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	
CHOL.03	Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?		1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 6: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	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?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes	Go to C06.06		
			2 No 7 Don't know / Not sure 9 Refused			
C06.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure			

			9 Refused			
C06.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.08	(Ever told) (you had) chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	CHCCOPD1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C06.10	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	CHCKDNY1	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	
C06.11	(Ever told) (you had) diabetes?	DIABETE3	1 Yes		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.	
			2 Yes, but female told only during pregnancy 3 No	Go to Pre-Diabetes Optional Module (if used). Otherwise,		

			4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	go to next section.		
C06.12	How old were you when you were told you have diabetes?	DIABAGE2	-- Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

[# After core06, ask mod01 pre-diabetes or mod02 diabetes, as needed]

Core Section 7: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C07.01	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH3	1 Yes		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)	
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
C07.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	
C07.03	Have you ever taken an educational course or class	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure			

	to teach you how to manage problems related to your arthritis or joint symptoms?		9 Refused			
C07.04	Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	LMTJOIN2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the question based on how you are when you are taking any of the medications or treatments you might use"	
C07.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	
C07.06	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	JOINPAIN	__ __ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			

	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?					
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Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
C08.01	What is your age?	AGE	__ Code age in years 07 Don't know / Not sure 09 Refused			
C08.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 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		One or more categories may be selected.	
C08.03	Which one or more of the following would you say is your race?	MRACE1	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	If more than one response to C08.03; continue. Otherwise, go to C08.05.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	

C08.04	Which one of these groups would you say best represents your race?	ORACE3	<p>Please read:</p> <p>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</p> <p>50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander</p> <p>Do not read:</p> <p>60 Other</p> <p>77 Don't know / Not sure 99 Refused</p>		<p>If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.</p> <p>If respondent has selected multiple races in previous and refuses to select a single race, code refused</p>	
C08.05	Are you...	MARITAL	<p>Please read:</p> <p>1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married</p> <p>Or</p> <p>6 A member of an unmarried couple</p> <p>Do not read:</p> <p>9 Refused</p>			
C08.06	What is the highest grade or year of school you completed?	EDUCA	<p>Read if necessary:</p> <p>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)</p>			

			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			
C08.07	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
C08.08	In what county do you currently live?	CTYCODE2	_ _ _ ANSI County Code 777 Don't know / Not sure 999 Refused			
			[# UWSC add Milwaukee city item]			
C08.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			
C08.10	Not including cell phones	NUMHHOL 3	1 Yes	If cellular telephone		

	or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?			interview skip to 8.14 (Veteran3)		
			2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		
C08.11	How many of these telephone numbers are residential numbers?	NUMPHON3	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			
C08.12	How many cell phones do you have for personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	
C08.13	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?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		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.	
C08.14	Are you currently...?	EMPLOY1	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		If more than one, say "select the category which best describes you".	

			7 Retired Or 8 Unable to work Do not read: 9 Refused			
			[# if c0184 employment is 1, 2, or 4, ask mod26 Industry & Occupation]			
C08.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			
C08.16	Is your annual household income from all sources—	INCOME2	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000) 07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused		If respondent refuses at ANY income level, code '99' (Refused)	
C08.17	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first	

					column. Round fractions up	
C08.18	About how tall are you without shoes?	HEIGHT3	<p>__ / __ Height (ft / inches/meters/centimeters)</p> <p>77/ 77 Don't know / Not sure</p> <p>99/ 99 Refused</p>		If respondent answers in metrics, put 9 in first column. Round fractions down	
C08.19	To your knowledge, are you now pregnant?	PREGNANT	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	Skip if M28.01, BIRTHSEX, is coded 1; or CP05=1 or LL12=1; or LL09 = 1 or LL07 =1 or C08.01, AGE, is greater than 49		
C08.20	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?	DEAF	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
C08.21	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			
C08.22	Because of a physical,	DECIDE	<p>1 Yes</p> <p>2 No</p>			

	mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?		7 Don't know / Not sure 9 Refused			
C08.23	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C08.24	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
C08.25	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 9: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
C09.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis,	

					kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes	
			2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days			
			3 Not at all	Go to C09.04		
			7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.04	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	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 77 Don't know / Not sure 99 Refused			
C09.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		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.	

Core Section 10: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
C10.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.	
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
C10.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK2	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
C10.03	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?	DRNK3GE5	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		
C10.04	During the past 30 days, what is	MAXDRNKS	__ Number of drinks			

	the largest number of drinks you had on any occasion?		77 Don't know / Not sure 99 Refused			
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Core Section 11: Exercise (Physical Activity)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C11.01	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?		1 Yes		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.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to C 11.08		
C11.02	What type of physical activity or exercise did you spend the most time doing during the past month?		___ Specify from Physical Activity Coding List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.03	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
C11.04	And when you took part in this activity, for how many minutes or hours did you		_:__ Hours and minutes 777 Don't know / Not sure			

	usually keep at it?		999 Refused			
C11.05	What other type of physical activity gave you the next most exercise during the past month?		___ ___ Specify from Physical Activity List		See Physical Activity Coding List. If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".	
			88 No other activity 77 Don't know/ Not Sure 99 Refused	Go to C11.08		
C11.06	How many times per week or per month did you take part in this activity during the past month?		1__ Times per week 2__ Times per month 777 Don't know / Not sure 999 Refused			
C11.07	And when you took part in this activity, for how many minutes or hours did you usually keep at it?		_:__ Hours and minutes 777 Don't know / Not sure 999 Refused			
C11.08	During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?		1__ Times per week 2__ Times per month 888 Never 777 Don't know / Not sure 999 Refused		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.	

Core Section 12: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>		<p>1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused</p>		<p>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.</p> <p>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?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	

C12.02	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?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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?"	
C12.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	
C12.04	How often did you eat any kind of fried potatoes, including French		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask	

	fries, home fries, or hash browns?		777 Don't Know 999 Refused		"Was that per day, week, or month?" Read if respondent asks about potato chips: "Do not include potato chips."	
C12.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	
C12.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?		1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		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."	

Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C13.01	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?	FLUSHOT6	1 Yes		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.	
			2 No 7 Don't know / Not sure 9 Refused	Go to C13.03		
C13.02	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?	FLSHTMY2	___/____ Month/Year 777777 Don't know/ Not sure 999999 Refused	Module on Place of Flu Shot Vaccination may be inserted after this question.		
C13.03	Have you received a tetanus shot in the past 10 years?	TETANUS1	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		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	

C13.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	
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Core Section 14: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	<p>The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>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?</p>	HIVTST6	1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to C14.03		

C14.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	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.	
C14.03	<p>I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p>	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

	Do any of these situations apply to you?					
	Do any of these situations apply to you?					

Optional Modules

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.11 2 , DIABETE3, is coded 1		
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.11, DIABETE3, is coded 1; If C06.11, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M02.01	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	To be asked following Core Q6.12; if response to Q6.12 is Yes (code = 1)		
M02.02	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 888 Never 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	
M02.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused			

M02.04	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			
M02.05	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	__ 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		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
M02.06	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	FEETCHK	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If M02.03 = 555 (No feet), go to M02.07		
M02.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEXAM1	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			
M02.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
M02.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 8: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M08.01	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	LCSFIRST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p> <p>888 Never smoked cigarettes regularly</p>	<p>If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M08.04.</p> <p>Go to M08.04</p>	<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p>	
M08.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>			
M08.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you	LCSNUMCG	<p>--- Number of cigarettes 777 Don't know/Not sure 999 Refused</p>		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs	

	usually smoke each day?				instead of number of cigarettes. Below is a conversion table: 0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs= 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs= 60 cigarettes/ 1.5 pack = 30 cigarettes	
M08.04	The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?	LCSC TSCN	Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused			

Module 20: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIPINFO/ CATI Note	Interviewer Note (s)	Column(s)
M20.01	<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is</p>	CIMEMLOS	1 Yes	<p>[# If respondent is 45 years of age or older continue with m2001, else go to next module without asking Module 20.]</p> <p>Go to M20.02</p>		
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M20.02		
			9 Refused	Go to next module		

	happening more often or is getting worse?					
M20.02	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M20.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M20.05		
M20.04	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			

M20.05	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M20.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 22: Adverse Childhood Experiences

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.				Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.	
M22.01	Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M22.02	Did you live with anyone who was a problem drinker or alcoholic?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M22.03	Did you live with anyone who used illegal street drugs or who abused prescription medications?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			

M22.04	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			
M22.05	Were your parents separated or divorced?		1 Yes 2 No 8 Parents not married 7 Don't Know/Not Sure 9 Refused			
M22.06	How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M22.07	Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it—		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M22.08	How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			

M22.09	How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M22.10	How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M22.11	How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it...		Read: 1 Never 2 Once 3 More than once Don't Read: 7 Don't know/Not Sure 9 Refused			
M22_X1	Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions.		1 Yes 2 No 7 Don't Know/Not Sure 9 Refused (if yes, go to m22_x2, else go to next section)			
M22_X2	You can dial 211 or 1-800-422-4453 to reach a referral service to locate an agency in your area.					

Module 23: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M23.01	The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?	***NEW***	1 Yes	If respondent is female and greater than 49 years of age, has had a hysterectomy (M09.07=1), is pregnant, or if respondent is male go to the next module. Continue		
			2 No	Go to M23.03		
			3 No partner/ not sexually active 4 Same sex partner 7 Don't know / Not sure 9 Refused	Go to next section		
M23.02	The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?	***NEW***	Read if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon) 04 IUD, Levonorgestrel (LNG) or other hormonal (ex.	Go to next module	If respondent reports using more than one method, please code the method that occurs first on the list. If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms." If respondent reports using an	

			<p>Mirena, Skyla, Liletta, Kylea) 05 IUD, Copper-bearing (ex. ParaGard) 06 IUD, type unknown 07 Shots (ex. Depo-Provera or DMPA) 08 Birth control pills, any kind 09 Contraceptive patch (ex. Ortho Evra, Xulane) 10 Contraceptive ring (ex. NuvaRing)</p>		<p>“I.U.D.” probe to determine if “levonorgestrel I.U.D.” or “copper-bearing I.U.D.”</p> <p>If respondent reports “other method,” ask respondent to “please specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.</p>	
			<p>11 Male condoms 12 Diaphragm, cervical cap, sponge 13 Female condoms 14 Not having sex at certain times (rhythm or natural family planning) 15 Withdrawal (or pulling out) 16 Foam, jelly, film, or cream 17 Emergency contraception (morning after pill) 18 Other method Do not read: 77 Don’t know/ Not sure 99 Refused</p>	Go to next module		
M23.03	Some reasons for not doing anything to keep you from getting pregnant the last time	***NEW***	<p>Read if necessary:</p> <p>01 You didn’t think you were going to have sex/no regular partner</p>		<p>If respondent reports “other reason,” ask respondent to “please specify” and ensure that their response does not fit into</p>	

	<p>you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant. What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?</p>		<p>02 You just didn't think about it 03 Don't care if you get pregnant 04 You want a pregnancy 05 You or your partner don't want to use birth control 06 You or your partner don't like birth control/side effects 07 You couldn't pay for birth control 08 You had a problem getting birth control when you needed it 09 Religious reasons 10 Lapse in use of a method 11 Don't think you or your partner can get pregnant (infertile or too old) 12 You had tubes tied (sterilization) 13 You had a hysterectomy 14 Your partner had a vasectomy (sterilization) 15 You are currently breast-feeding 16 You just had a baby/postpartum 17 You are pregnant now 18 Same sex partner 19 Other reasons Do not read:</p>		<p>another category. If response does fit into another category, please mark appropriately.</p>	
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			77 Don't know/Not sure 99 Refused			
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Module 26: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
M26.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____ Record answer 99 Refused	If C08.14 = 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. If C08.14 = 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." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	
M26.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____ Record answer 99 Refused	If Core Q8.14 = 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.”		
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Module 29: Sexual Orientation and Gender Identity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M29.01a	<p>The next two questions are about sexual orientation and gender identity.</p> <p>Which of the following best represents how you think of yourself?</p>	SOMALE	<p>READ: 1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else</p> <p>DO NOT READ: 7 = I don't know the answer/ The respondent did not understand the question 9 = Refused</p>	<p>Ask if Sex= 1.</p> <p>Read the number of the response to allow respondent to reply with a number.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.</p>	
M29.01b	<p>Which of the following best represents how you think of yourself?</p>	SOFEMALE	<p>READ: 1 = Lesbian or Gay 2 = Straight, that is, not gay</p>	<p>Ask if Sex=2.</p> <p>Read the number of the response to allow</p>	<p>Read if necessary: We ask this question in order to better</p>	

			<p>3 = Bisexual 4 = Something else DO NOT READ: 7 = I don't know the answer/ Respondent does not understand the question 9 = Refused</p>	<p>respondent to reply with a number.</p>	<p>understand the health and health care needs of people with different sexual orientations.</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p> <p>If the respondent does not understand the question topic, code 7.</p>	
M29.02	Do you consider yourself to be transgender?	TRNSGNDR	<p>1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused</p>	<p>If Yes, read responses 1-3.</p>	<p>Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches</p>	

					<p>their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming: Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman.</p> <p>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 30: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If C08.15 > 1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C08.15 is >1 and C08.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their</p>			<p>If C08.15 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		

	birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.					
M30.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	__/____ Code month and year 77/7777 Don't know / Not sure 99/9999 Refused			
M30.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 9 Refused			
M30.03	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 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		If yes, ask: Are they...	

M30.04	Which one or more of the following would you say is the race of the child?	RCSRACE1	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 77 Don't know / Not sure 99 Refused	[CATI NOTE: IF MORE THAN ONE RESPONSE TO M30.04; CONTINUE. OTHERWISE, GO TO M30.06.]	Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	
M30.05	Which one of these groups would you say best represents the child's race?	RCSBRAC2	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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	

			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			
M30.06	How are you related to the child? Are you a....	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 31: Childhood Asthma Prevalence

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M31.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma?	CASTHDX2	1 Yes	If response to C08.15 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.		
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
M31.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Field Size	Columns (beginning with 901; not to exceed 1399)	Question	Response Categories (Code = Response)
1	901 MEDICAID	>samc01< [# inserted after core03] Do you have health care coverage from Medicaid or BadgerCare? (IF NECESSARY: THESE ARE GOV'T PROGRAMS THAT PAY FOR HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	902 HMONG	>c0804b< [asked only if R chooses Asian as a race category in demographic section] Do you consider yourself Hmong?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	903 MILW	>c0808a< [# placed in core08, demographics] [if c0809 county is not Milwaukee, skip this item] Do you live in the city of Milwaukee?	1 = Yes 2 = No 7 = Don't know 9 = Refused
3	904-906	(left blank)	

1	907 PAINMED	[# PRESCRIPTION DRUG] >sapd01< The next questions are about medications and other drugs that some people use. In the past year, did you use any pain medications that were prescribed to you by a doctor? [if sapd01 NE 1, goto sapd05]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	908 MEDTYPE	>sapd01b< Was the pain medication that was prescribed for you one that contained an opioid pain reliever, such as hydrocodone, or was it some other kind of pain reliever? ("OH-pee-oyd", "hye-droh-COH-dohn") (OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.) [if sapd01b ne <1> goto sapd05]	1 = Yes, contained opioid 2 = No, did not contain opioid 7 = Don't know 9 = Refused

2	909-910 WHYPRESC	>sapd01c< The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll read a list of reasons, and please tell me which was the main one. Was it for ... (IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.) pain related to cancer, post-surgical care, for an orthopedic problem, post-surgical care, for a non-orthopedic problem, back pain, joint pain or arthritis, dental pain including procedures, carpal tunnel syndrome, an injury causing short term pain, an injury causing long term pain, other physical conditions causing pain, to prevent or relieve withdrawal symptoms, or another reason?	01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or tendon; includes joint replacement) 03 = Post-surgical care, for a non-orthopedic problem 04 = Back pain (chronic or recurring acute pain) 05 = Joint pain or arthritis 06 = Dental pain including procedures 07 = Carpal tunnel syndrome 08 = An injury causing short term pain 09 = An injury causing long term pain 10 = Other physical conditions causing pain 11 = To prevent or relieve withdrawal symptoms 12 = Another reason (specify) 77 = Don't know 99 = Refused
99	911-1009	[specify reason from sapd01c] >sapd01d<	[# 99-char text string]

1	1010	>sapd02< The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1011	>sapd03< The last time you filled a prescription for pain medication was there any medication left over?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1012	>sapd04< [if sapd03 NE 1, skip to sapd05] What did you do with the leftover prescription pain medication? (NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING) [all answers here go to sapd05]	1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused

1	1013	<p>>sapd05<</p> <p>Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor.</p> <p>In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter.</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1014	<p>>sapd06<</p> <p>[if sapd05 NE 1, skip to next section]</p> <p>How did you obtain the prescription pain medication?</p> <p>(NOTE: This refers to the last time you used prescription pain medication not prescribed for you.)</p> <p>(NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING)</p>	<p>1 = Given to me for free from a friend or relative 2 = Taken from owner without his or her knowledge 3 = Purchased from friend or relative 4 = Purchased from street dealer 5 = Purchased online 6 = Other 7 = Don't know 9 = Refused</p>
2	1015-1016	(left blank)	

1	1017	>sapd0800< [# new] Have you ever used heroin, even just one time? [# if no/dk/ref, goto next section]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1018	>sapd0850< [# new] Have you used heroin in the past 12 months?	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	1019-1020	(left blank)	
2	1021-1022	{# MARIJUANA} >samj0100< [# new] During the past 30 days, on how many days did you use marijuana or cannabis?	01-30 = Number of days 88 = None 77 = Don't know 99 = Refused
0		[For Rs that used marijuana during the past 30 days] >samj0200< [# new series] In which of the following ways did you use marijuana?	
1	1023	>samj0210< Smoke it? (for example, in a joint, bong, pipe, or blunt)	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	1024	>samj0220< Eat it? (for example, in brownies, cakes, cookies, or candy)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1025	>samj0230< Drink it? (for example, in tea, cola, or alcohol)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1026	>samj0240< Vaporize it? (for example, in an e-cigarette-like vaporizer or another vaporizing device)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1027	>samj0250< Dab it? (for example, using waxes or concentrates)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1028	>samj0260< Use it some other way?	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	1029-1030	(left blank)	
1	1031	[# STATE-ADDED TOBACCO] >satb0100< Our next questions are about tobacco. Are you exposed to other people's tobacco smoke while you are in your home?	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	1032	<p>>satb0220<</p> <p>How often are you exposed to other people's tobacco smoke while in outdoor public places such as parks, beaches, sporting events, or other outdoor venues?</p>	<p>1 = Often 2 = Sometimes 3 = Rarely 4 = Never</p> <p>7 = Don't know 9 = Refused</p>
1	1033	<p>>satb0300<</p> <p>[# from 2017]</p> <p>Not counting decks, porches, or garages, which statement best describes the rules about smoking inside your home: smoking is not allowed anywhere inside your home, smoking is allowed in some places or at some times, smoking is allowed anywhere inside your home, or there are no rules about smoking inside your home?</p>	<p>1 = Smoking is not allowed anywhere inside your home 2 = Smoking is allowed in some places or at some times 3 = Smoking is allowed anywhere inside your home 4 = There are no rules about smoking inside your home</p> <p>7 = Don't know 9 = Refused</p>
1	1034	<p>[If R is current or former smoker]</p> <p>>satb0450< [# from 2017]</p> <p>[If R is current smoker] Do you</p> <p>[if R is former smoker] Did you</p> <p>smoke menthol cigarettes?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

0		<p>>satb0500_int<</p> <p>[# satb0500 series uses 2017 version with multiple cessation services]</p> <p>There are a number of services available to help people who want to quit smoking cigarettes or quit using other tobacco products.</p> <p>Are you aware of any of the following services available to help people quit using tobacco?</p>	
1	1035	<p>>satb0500a<</p> <p>The Wisconsin Tobacco Quitline</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1036	<p>>satb0500b<</p> <p>The First Breath Program for Pregnant Women</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1037	<p>>satb0500c<</p> <p>Freedom from Smoking</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1038	<p>>satb0500d<</p> <p>Any other cessation programs in your community or at local clinics?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

1	1039	<p>[if c0901 smoking status is not 1, skip to ctri01]</p> <p>[if c0902 smoke-now status is 3 "not at all", skip to satb0800, used-quitline]</p> <p>[if c0903 "quit in last 12 months?" is yes, skip to satb0800, used-quitline]</p> <p>>satb0700<</p> <p>Have you ever stopped smoking for one day or longer because you were trying to quit smoking?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
1	1040	<p>[If R never quit smoking so satb0700 GT 1, skip to **ctri01 (2018 was satb1300)]</p> <p>[if satb0500a (aware of WTQL) is NE 1, skip to satb1000]</p> <p>>satb0800<</p> <p>[If R is current smoker] You mentioned earlier that you have stopped smoking for one day or longer during the past 12 months.</p> <p>Please think about ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... your last quit attempt that lasted one day or longer. ...</p> <p>[if R is former smoker and has quit]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

		<p>... the time you quit smoking. ...</p> <p>Did you use the Wisconsin Tobacco Quit Line service ...</p> <p>[if R is current smoker and has quit previously]</p> <p>... to help you in your quit attempt?</p> <p>[if R is former smoker and has quit]</p> <p>... to help you quit?</p>	
1	1041	<p>>satb1000<</p> <p>[if (c0904 LE <6>) or (c0903 EQ <1>) or (satb0700 EQ <1>)] continue [else][skip to **ctri01 (2018 was satb1300)][endif]</p> <p>[if c0904 LE <6>]</p> <p>When you quit smoking ...</p> <p>[if (c0903 EQ <1>) or (satb0700 EQ <1>)]</p> <p>The last time you tried to quit smoking ...</p> <p>Did you use a class or program to help you quit?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
99	1042-1140	<p>>satb1100<</p> <p>[if satb1000 NE 1, skip to **ctri01 (2018 was satb1300)]</p> <p>What program did you use?</p>	[99-character text string?]
1	1141	(left blank)	

1	1142	>ctri01< In the past 12 months, have you seen a doctor, nurse or other healthcare professional to get any kind of care for yourself?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1143	[if R is not current smoker, or did not smoke in the past year (c0901 NE 1 or (c0902 EQ 3 & c0904 GT 4))skip to satb2200 smokeless- status] >ctri02< In the past 12 months, were you advised to quit smoking by a doctor or other health provider?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1144	(left blank)	
1	1145	[If R does currently use SLT, skip to satb2700; else ask satb2200] >satb2200< Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?	1 = Yes 2 = No 7 = Don't know 9 = Refused
3	1146-1148	(left blank)	

2	1149-1150	<p>>satb2700<</p> <p>[# from 2017]</p> <p>The State of Wisconsin has passed a law that prohibits smoking in most public places, including all workplaces, public buildings, offices, restaurants, and bars. Are you in favor of this law, opposed to this law, or are you neither in favor nor opposed to it?</p> <p>[If favor] Are you slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Are you slightly opposed to the law, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>01 = Strongly opposed</p> <p>02 = Somewhat opposed</p> <p>03 = Slightly opposed</p> <p>04 = Neither favor or oppose</p> <p>05 = Slightly in favor</p> <p>06 = Somewhat in favor</p> <p>07 = Strongly in favor</p> <p>77 = Don't know</p> <p>99 = Refused</p>
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2	1151-1152	<p>>satb2750<</p> <p>Would you be in favor of, or opposed to, a law that prohibits using e-cigarettes and other electronic vaping devices in indoor public places. Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it?</p> <p>[If favor] Would that be slightly in favor of it, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Would that be slightly opposed to it, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor</p> <p>77 = Don't know 99 = Refused</p>
1	1153	<p>>saca01< {# from 2016}</p> <p>How often do you currently visit casinos in Wisconsin? Would you say weekly, monthly, a few times a year, once a year or less, or do you not visit casinos?</p>	<p>1 = Weekly 2 = Monthly 3 = A few times a year 4 = Once a year or less 5 = Do not visit casinos 7 = Don't know 9 = Refused</p>

1	1154	<p>>saca02< {# from 2016}</p> <p>If casinos in Wisconsin were to go smoke-free, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you?</p> <p>(NOTE: IF R SAYS "DO NOT VISIT", PROMPT WITH: "We're asking how that change might affect your decision in the future." IF R STILL WON'T CHOOSE MORE/LESS/NO, ENTER DK.)</p>	<p>1 = I would be more likely to visit 2 = I would be less likely to visit 3 = It would make no difference in how likely I am to visit 7 = Don't know 9 = Refused</p>
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2	1155-1156	<p>>satb2800<</p> <p>[# asked in 2-part structure: favor/oppose, then intensity, and combined into 7-point scale]</p> <p>Would you be in favor of, or opposed to, a law that prohibits smoking in public outdoor places such as parks, beaches, sporting events, or other outdoor venues? Would you be in favor of this law, opposed to this law, or neither in favor nor opposed to it?</p> <p>[If favor] Would you be slightly in favor of the law, somewhat in favor of it, or strongly in favor of it?</p> <p>[If opposed] Would you be slightly opposed to the law, somewhat opposed to it, or strongly opposed to it?</p> <p>[Answers will be combined into a single 7-point scale]</p>	<p>01 = Strongly opposed 02 = Somewhat opposed 03 = Slightly opposed 04 = Neither favor or oppose 05 = Slightly in favor 06 = Somewhat in favor 07 = Strongly in favor</p> <p>77 = Don't know 99 = Refused</p>
4	1157-1160	(left blank)	
1	1161	<p>>samu01<</p> <p>[# section from 2017]</p> <p>Do any members of your household [IF R SMOKES: other than you] currently smoke?</p> <p>(NOTE: INCLUDE CIGARETTES, CIGARS, OR PIPE SMOKING)</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	1162	<p>>samu02<</p> <p>In the next few questions, when we refer to a multi-unit building, we mean a building with more than one individual housing unit.</p> <p>Do you live a multi-unit building?</p> <p>(NOTE: ELIGIBLE BUILDINGS CAN INCLUDE APARTMENTS, CONDOS, TOWNHOMES, DORMS, OR OTHER SIMILAR BUILDINGS. RENTING/OWNING DOESN'T MATTER.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1163	<p>[If samu02 is not Yes, skip to next section]</p> <p>>samu03<</p> <p>Does your building prohibit smoking in individual housing units?</p> <p>(THIS MEANS WITHIN SOMEONE'S OWN APARTMENT/CONDO/ETC., NOT IN OUTDOOR OR COMMON AREAS.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

2	1164-1165	<p>>samu04< [randomize the order of the choices read aloud]</p> <p>Which of the following kinds of buildings would you prefer to live in: one that prohibits smoking in the individual housing units OR one that allows/permits smoking in the individual housing units?</p> <p>(NOTE: ACCEPT EITHER "would prefer" OR "do prefer" ANSWERS HERE)</p> <p>[if R prefers one or the other]</p> <p>Would you say you slightly prefer it, somewhat prefer it, or strongly prefer it?</p>	<p>01 = Strongly prefer allows 02 = Somewhat prefer allows 03 = Slightly prefer allows 04 = Neither 05 = Slightly prefer prohibits 06 = Somewhat prefer prohibits 07 = Strongly prefer prohibits</p> <p>77 = Don't know 99 = Refused</p>
2	1166-1167	(left blank)	

1	1168	<p>>satb3100<</p> <p>[# from 2017 mod06, with "Juuls" added to note]</p> <p>Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?</p> <p>(Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include Juuls, 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.)</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1169	<p>[for Rs that have ever used e-cigarettes]</p> <p>>satb3110<</p> <p>[# from 2018 mod06]</p> <p>Do you now use e- cigarettes or other electronic vaping products every day, some days, or not at all?</p>	<p>1 = Every day 2 = Some days 3 = Not at all 7 = Don't know 9 = Refused</p>

1	1170	<p>>cig01<</p> <p>[this is for Rs that are not current smokers or former smokers, so, c0901 NE 1]</p> <p>Have you ever tried cigarette smoking, even one or two puffs?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1171	<p>>ecig0110<</p> <p>[to be placed after cig01] [to be asked of Rs who have ever tried cigarette smoking (cig01=1 or c0901=1), and who have ever tried e-cigarettes (**satb3100=1)]</p> <p>Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products?</p> <p>I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping" products</p> <p>I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes</p>	<p>1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products 2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes 7 = Don't know 9 = Refused</p>
2	1172-1173	(left blank)	

1	1174	>satb3200< Do you think electronic cigarettes are <u>less</u> harmful to your health than regular cigarettes?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1175	>satb3220< How often are you exposed to the vapor from other people's e-cigarettes or other electronic vaping devices while in indoor public places?	1 = Often 2 = Sometimes 3 = Rarely 4 = Never 7 = Don't know 9 = Refused
1	1176	>satb3260< [# new] Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause no harm, a little harm, some harm, or a lot of harm?	1 = No harm 2 = A little harm 3 = Some harm 4 = A lot of harm 7 = Don't know 9 = Refused
2	1177-1178	(left blank)	
1	1179	>satb5010< [to be asked of Rs who have children less than 18 years of age (Core **8.16 GE 1 and Core **8.16 NE 88 or 99)] Have you ever talked to your children about tobacco products?	1 = Yes 2 = No 3 = No, my children are too young to understand (if R volunteers) \$ = R has no children (if volunteered) 7 = Don't know 9 = Refused

0		> satb5020_int< [to be asked if satb5010 = 1] What kinds of tobacco products have you talked to your children about?	
1	1180	>satb5020a< ... regular cigarettes?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1181	>satb5020b< ... electronic cigarettes, e- cigarettes, or other electronic vaping devices?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1182	>satb5020c< ... cigars or cigarillos?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1183	>satb5020d< ... pipes or hookahs?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1184	>satb5020e< ... smokeless tobacco, such as chewing tobacco, snuff, snus, or dip?	1 = Yes 2 = No 7 = Don't know 9 = Refused
5	1185-1189	(left blank)	

0		>sash_int< [# new] The next questions are about a sensitive topic that some people may feel uncomfortable with. At the end of the section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can skip any question you do not want to answer.	
1	1190	>sash0100< [# new] During the past year, did you ever do something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose? (DO NOT PROBE)	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1191	>sash0200< [# new] In the past year, have you ever seriously thought about attempting suicide? (DO NOT PROBE) [#if no/dk/ref, skip to next section]	1 = Yes 2 = No 7 = Don't know 9 = Refused

1	1192	>sash0300< [# new] In the past year, have you attempted suicide? (DO NOT PROBE) [#if no/dk/ref, skip to next section]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1193	>sash0400< [# new] Did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse? (DO NOT PROBE)	1 = Yes 2 = No 7 = Don't know 9 = Refused
0		>sash_refer< [# new] As I mentioned, I will give you a phone number for an organization that can provide information and referral for addressing these issues. You can dial the National Crisis Line at 1-800-273-8255, OR you can speak directly to your doctor or health care provider.	
2	1194-1195	(left blank)	

1	1196	<p>[# MENTAL HEALTH TREATMENT]</p> <p>>samh01<</p> <p>Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
3	1197-1199	(left blank)	
1	1200	<p>[# FISH CONSUMPTION]</p> <p>>safc01<</p> <p>Have you eaten any fish in the last 30 days?</p> <p>(NOTE: THIS INCLUDES ALL TYPES OF FRESHWATER AND SALTWATER FISH, WHETHER FRESH, CANNED, SMOKED, OR FROZEN. DO NOT INCLUDE SHELLFISH SUCH AS CRAB, CLAMS, OR SHRIMP.)</p> <p>[If safc01 NE Yes, goto safc_end]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>
2	1201-1202	<p>>safc02<</p> <p>Approximately how many times did you eat fish in the last 30 days?</p>	<p>00-76 = Times</p> <p>77 = Don't know 99 = Refused</p>
1	1203	<p>>safc03<</p> <p>Were any of the fish you ate caught by you or someone you know? These are sometimes called 'sport-caught' fish.</p> <p>[if safc03 NE Yes, goto safc_end]</p>	<p>1 = Yes 2 = No</p> <p>7 = Don't know 9 = Refused</p>

1	1204	>safc04< Are you familiar with the safe-eating guidelines for fish caught in Wisconsin? These are sometimes called 'fish consumption advisories' or 'health advisories' and are published by the Wisconsin Department of Natural Resources and the Wisconsin Department of Health Services.	1 = Yes 2 = No 7 = Don't know 9 = Refused
2	1205-1206	(left blank)	
1	1207	[# CARBON MONOXIDE] >saco0100< [# new] A carbon monoxide or "CO" detector checks the level of carbon monoxide in your home. It is different than a smoke detector. Some CO detectors are part of a combined alarm system that also includes a smoke detector. Do you have a carbon monoxide detector in your home? [# if no/dk/ref, goto next section]	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1208	>saco0200< [# new] Do you have a CO detector on every floor of your home, including the basement?	1 = Yes 2 = No 7 = Don't know 9 = Refused
1	1209	>saco0300< [# new] How often do you test your CO detectors to	1 = Never 2 = Once a month 3 = Every 1-6 months

		<p>see if they are working properly?</p> <p>Would you say never, once a month, every 1-6 months, every 6-12 months, or less often than once a year?</p>	<p>4 = Every 6-12 months</p> <p>5 = Less often than once a year</p> <p>7 = Don't know</p> <p>9 = Refused</p>
1	1210	<p>>saco0400<</p> <p>[# new]</p> <p>Are you aware of any laws in Wisconsin that require carbon monoxide detectors in places where people live?</p>	<p>1 = Yes</p> <p>2 = No</p> <p>7 = Don't know</p> <p>9 = Refused</p>
3	1211-1213	(left blank)	
1	1214	<p>[# new item]</p> <p>[# only asked for cases in the letter=yes condition]</p> <p>>saal0010<</p> <p>Do you recall receiving a letter in the mail about this survey?</p>	<p>1 = Yes</p> <p>2 = No</p> <p>7 = Don't know</p> <p>9 = Refused</p>
5	1215-1219	(left blank)	
0		<p>[# ASTHMA FOLLOW-UP RECRUITING]</p> <p>[Ask only if R or child is asthma-eligible]</p>	
1	1220	<p>[Interviewer-only item]</p> <p>>afu_intcert<</p> <p>INTERVIEWER: ARE YOU CERTIFIED FOR ASTHMA?</p> <p>[if afu_intcert EQ 1, skip to afu_yn2, else go to afu_yn]</p>	<p>1 = Yes</p> <p>2 = No</p>

1	1221	<p>>afu_yn<</p> <p>We would like to call you again in a few weeks to talk in more detail about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>May we call you back to ask additional asthma-related questions at a later time?</p> <p>[this item is also stored in column *** in main data layout]</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>
1	1222	<p>>afu_yn2<</p> <p>We would like to ask some more detailed questions about {your/your child's} experiences with asthma. The information will be used to help develop and improve the asthma programs in Wisconsin.</p> <p>Would you like to do that interview now, or should we call back another time?</p>	<p>1 = Do interview now 2 = Call back later 3 = Refused asthma interview</p>
0		<p>[if afu_yn EQ 1, use "when we call back" wording below]</p> <p>{if afu_yn2 EQ 2, use "when we call back" wording below]</p> <p>[if afu_yn2 EQ 1, use "if we need to call back" wording below]</p>	

1	1223	<p>>afu < [Asthma follow-up focal person, randomly generated by CATI system, not read to R]</p> <p>[this item is also stored in column *** in main data layout]</p>	<p>1 = Adult 2 = Child</p>
0		<p>>CHILDname< [name not delivered in data]</p> <p>Can I please have your child's first name, initials or nickname so we refer to the right child [when we / if we need to] call back?</p> <p>[if c0816 gt <1> This is the [fill rkid_age2] year old child which is the [fill rkid_fill] child. [endif]</p>	
0		<p>>ADULTname< [name not delivered in data]</p> <p>Can I please have your first name, initials or nickname so we know who to refer to [when we / if we need to] call back?</p>	
1	1224	<p>>MOSTKNOW<</p> <p>Are you the parent or guardian in the household who knows the most about [fill CHILDname]'s asthma?</p>	<p>1 = Yes 2 = No 7 = Don't know 9 = Refused</p>

0		<p>>MKPname< [name not delivered in data]</p> <p>Can I please have the first name, initials or nickname of the person who knows the most about [fill CHILDname]'s asthma so we will know who to ask for [when we / if we need to] call back?</p>	
1	1225	<p>>afu_phone1< [phone number not delivered in data]</p> <p>[When we / If we need to] call back, what's the best phone number for us to call?</p> <p>[Display the current number on screen as a choice]</p>	<p>1 = Same number as this case 2 = Different number</p>
0		<p>>afu_phone2< [phone number not delivered in data]</p> <p>[enter new phone number here]</p>	
0		<p>>afu_time< [time information not delivered]</p> <p>[When / If we need to call back] would be a good time to call back and speak with [you/MKP]?</p> <p>For example, evenings, days, weekends?</p>	<p>[# open-end text answer]</p>

0		<p>>afu_cnf<</p> <p>The information you gave us today and any [you/MKP] give us in the future will be kept confidential. We will keep [your/their/child's] name and phone number [and your child's name] on file, separate from the answers separate from the answers collected today. Even though you agreed today, [you/MKP] may refuse to participate in the future.</p>	
1	1226	<p>>afu_link<</p> <p>Some of the information that you shared with us today could be useful when combined with the information we will ask for during the follow-up interview. If the information from the two interviews is combined, identifying information such as your name, [if afu EQ <2>][fill CHILDname]'s name, [endif] and your phone number will not be included.</p> <p>May we combine your answers from today with the answers from the asthma interview?</p>	<p>1 = Yes 2 = No 9 = Refused</p>
173	1227-1399	(left blank)	
1	1400	End of record	

