



**2020**

**Arkansas Behavioral Risk Factor Surveillance System  
Questionnaire**

## Imported & Hidden Sample Variables

[ASK ALL]

**SAMPTYPE.** Imported Sample Variable: Sample Type

1 Landline  
2 Cell Phone

[ASK ALL]

**STATE.** Imported Sample Variable: State

AR Arkansas

[ASK ALL]

**HEALTHDEPT.** Imported Sample Variable: Health Department Name

AR Arkansas Department of Health

[ASK ALL]

**DEPTPHONE.** Imported Sample Variable: Department Phone Number

AR 1-866-784-7166

[ASK ALL]

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

Range 000-999 [NUMBER BOX]

[ASK ALL]

**HGENDER.** Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RESP SLCT, AND MOD19\_1

1 Male  
2 Female

[ASK ALL]

**LENGTH.** Imported Sample Variable: Interview Length

AR 22

**CMONTH.** System variable - Current month

01 January  
02 February  
03 March  
04 April

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

**CYEAR.** System variable - Current year

[NUMBER BOX]

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

# Behavioral Risk Factor Surveillance System

## 2020 Questionnaire

### Table of Contents

<b>Table of Contents</b> .....	<b>4</b>
Interviewer’s Script Landline.....	5
Interviewer’s Script Cell Phone .....	14
<b>Core Sections</b> .....	<b>21</b>
Section 1: Health Status .....	21
Section 2: Healthy Days .....	21
Section 3: Healthcare Access.....	22
<b>AR State Added Section 1: Medicaid</b> .....	23
Section 4: Exercise .....	24
Section 5: Inadequate Sleep .....	25
Section 6: Chronic Health Conditions.....	25
<b>AR State Added Section 2: Pre-Diabetes</b> .....	29
Section 7: Oral Health .....	30
Section 8: Demographics .....	31
Module 20: Sexual Orientation and Gender Identity (SOGI).....	35
<b>AR State-Added Section: County</b> .....	38
Section 9: Disability .....	49
Section 10: Tobacco Use .....	50
Module 8: E-Cigarettes.....	52
Section 11: Alcohol Consumption .....	53
Section 12: Immunization .....	55
Module 15: Adult Human Papillomavirus (HPV) Vaccination .....	57
Module 17: Place of Flu Vaccination .....	58
Section 13: Falls .....	59
Section 14: Seat Belt Use and Drinking and Driving .....	59
Section 15: Breast and Cervical Cancer Screening .....	60
Section 16: Prostate Cancer Screening .....	62
Module 14: Prostate Cancer Decision Making .....	64
Section 17: Colorectal Cancer Screening .....	65
Section 18: H.I.V./AIDS .....	69
<b>Optional Modules</b> .....	<b>70</b>
Module 6: Cognitive Decline.....	70
Module 12: Cancer Survivorship: Course of Treatment .....	73
Module 13: Cancer Survivorship: Pain Management.....	75
<b>Arkansas State Added Sections</b> .....	<b>76</b>
AR State Added Section: Oral Health Continued .....	76
AR State Added Section 4: Arthritis .....	78
AR State Added Section 5: Social Determinants of Health .....	79
AR State Added Section 6: E-Cigarettes.....	81
AR State Added Section 7: Sexual Violence.....	83

## Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 03/31/2021

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

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

### ANSWERING MACHINE MESSAGE TEXT:

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

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

### PRIVACY MANAGER MESSAGE TEXT:

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

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



[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

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

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

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

[ASK IF INT01=02]

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

1 Continue [ASSIGN DISPO U1]

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

**INT02.** Hello, I'm \_\_\_\_\_ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the

health of US residents. This call may be monitored or recorded for quality control. When we called previously the computer randomly selected the [RSA] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT "him"; IF HGENDER=2 INSERT "her"]?

01 Selected on the line

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

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]

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

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

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

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]

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

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]



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

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

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

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

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

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

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

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

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

[ASK IF STRES=2,7,9]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

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

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

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

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

[ASK IF HS2=1]

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

- 1 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=1 AND HS2=2]

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

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

**SEX1.** Are you male or female?

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

[IF SEX1=1 SET HGENDER=1 (Male); IF SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

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

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

**ONEADULT.** Are you the adult?

1 Yes

2 No

[ASK IF ONEADULT=1]

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

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF ASKGENDR=1 SET HGENDER=1 (Male); IF ASKGENDR=2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

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

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

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

1 Continue

[ASK IF ADULTS > 1]

**MEN.** How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

**NWOMEN.** CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

**WOMEN.** So the number of women in the household is [NWOMEN].

**INTERVIEWER NOTE:** Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

[ASK IF ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

**RSA.** System Generated Variable: Randomly Selected Adult

01 Oldest Female

02 2<sup>nd</sup> Oldest Female

03 3<sup>rd</sup> Oldest Female

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

[ASK IF ADULTS>1 AND SAMPTYPE=1]

**RESPSLCT.** The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

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

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

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

1 Yes, male  
2 Yes, female

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

5 No, adult refused [GO TO INT20 TERM]  
6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

**SELCK.** I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[IF RESPSLCT =1 SET HGENDER=1 (Male); IF RESPSLCT =2 SET HGENDER=2 (Female)]

[ASK IF SAMPTYPE=1]

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

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

1 Person Interested, Continue

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

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

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

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

### Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

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

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

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

[ASK IF PHONE=2]

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

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1,7,9]

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

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

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

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

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

[ASK IF CELLFON2=2]

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

- 1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=7,9]

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

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

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

- 1 Yes
- 2 No

[ASK IF CADULT=2]

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

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

**SEX2.** Are you male or female?

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

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

[ASK SEX2=7,9]

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

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

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

**READ ONLY IF NECESSARY:** BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

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



1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PVTRES D2=2]

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

**READ ONLY IF NECESSARY:** BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF COLLEGE2=2,3]

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

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES D2=7,9 OR COLLEGE2=7,9]

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

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES D2=1 OR COLLEGE2=1]

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

1 Yes

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF CSTATE=7,9]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

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

AL Alabama  
AK Alaska  
AZ Arizona  
AR Arkansas  
CA California  
CO Colorado  
CT Connecticut  
DE Delaware  
DC District of Columbia  
FL Florida  
GA Georgia  
HI Hawaii  
ID Idaho  
IL Illinois  
IN Indiana  
IO Iowa  
KS Kansas  
KY Kentucky  
LA Louisiana  
ME Maine  
MD Maryland  
MA Massachusetts  
MI Michigan  
MN Minnesota  
MS Mississippi

MO Missouri  
MT Montana  
NE Nebraska  
NV Nevada  
NH New Hampshire  
NJ New Jersey  
NM New Mexico  
NY New York  
NC North Carolina  
ND North Dakota  
OH Ohio  
OK Oklahoma  
OR Oregon  
PA Pennsylvania  
RI Rhode Island  
SC South Carolina  
SD South Dakota  
TN Tennessee  
TX Texas  
UT Utah  
VT Vermont  
VA Virginia  
WA Washington  
WV West Virginia  
WI Wisconsin  
WY Wyoming  
66 Guam  
72 Puerto Rico  
78 Virgin Islands  
77 Live outside US and participating territories  
99 Refused

[ASK IF RSPSTATE= 99]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

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

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

**READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.**

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

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

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

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

## Core Sections

### Section 1: Health Status

---

[ASK ALL]

#### **S1Q1. Section 1: Health Status**

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

### Section 2: Healthy Days

---

[ASK ALL]

#### **S2Q1. Section 2: Healthy Days**

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

### Section 3: Healthcare Access

---

[ASK ALL]

**S3Q1. Section 3: Healthcare Access**

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?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## AR State Added Section 1: Medicaid

[ASK IF STATE = AR AND S3Q1 = 1 AND CSTATE NE 2]

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

What is the primary source of your health care coverage? Is it...

**INTERVIEWER NOTE:** If the respondent indicates that they purchased health insurance through the health insurance marketplace (ARWORKS), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

#### READ ONLY IF NECESSARY:

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- 07 Some other source
- 08 No Coverage

#### DO NOT READ:

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

[ASK ALL]

**S3Q2.** Do you have one person you think of as your personal doctor or healthcare provider?

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

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

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

**READ LIST ONLY 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

8 NEVER  
7 DON'T KNOW  
9 REFUSED

#### Section 4: Exercise

---

[ASK ALL]

**S4Q1. Section 4: Exercise**

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



**INTERVIEWER:** If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.

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

### Section 5: Inadequate Sleep

---

[ASK ALL]

#### **S5Q1. Section 5: Inadequate Sleep**

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

**INTERVIEWER:** 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.

RANGE 1-24 [NUMBER BOX]

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

### Section 6: Chronic Health Conditions

---

[ASK ALL]

#### **S6Q1. Section 6: Chronic Health Conditions**

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

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q3.** (Ever told you had) a stroke?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q4.** (Ever told you had) asthma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S6Q4=1]

**S6Q5.** Do you still have asthma?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q6.** (Ever told you had) skin cancer?

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

[ASK ALL]

**S6Q7.** (Ever told you had) any other types of cancer?

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

[ASK ALL]

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

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

[ASK ALL]

**S6Q9.** (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q10.** (Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q11.** Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S6Q12.** (Ever told you had) diabetes?

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

1 Yes  
2 Yes, but female told only during pregnancy  
3 No  
4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF HGENDER=1 AND S6Q12=2]

**S6Q12A. INTERVIEWER:** You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q12]

### AR State Added Section 2: Pre-Diabetes

---

[ASK IF STATE = AR AND S6Q12 NE 1 AND CSTATE NE 2]

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

Have you had a test for high blood sugar or diabetes within the past year?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF S6Q12=4 THEN AR2\_2=1]

[ASK IF STATE = AR AND (S6Q12 NE 1,4 AND CSTATE NE 2)]

**AR2\_2.**

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

1 Yes

2 Yes, during pregnancy

3 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S6Q12=1]

**S6Q13.** How old were you when you were told you had diabetes?

RANGE 1-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE  
99 REFUSED

## Section 7: Oral Health

---

[ASK ALL]

### S7Q1. Section 7: Oral Health

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or dental clinic for any reason?

#### 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

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

[ASK ALL]

**S7Q2.** Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

**READ IF NECESSARY:** If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

#### READ IF NECESSARY:

- 1 1 to 5
  - 2 6 or more but not all
  - 3 All
- 
- 8 None

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**LANG1. INTERVIEWER: DO NOT ASK QUESTION:**

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

1 ENGLISH  
2 SPANISH

## Section 8: Demographics

---

[ASK ALL]

**S8Q1. Section 8: Demographics**

What is your age?

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

RANGE 18-99 [NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S6Q13>s8q1 AND S8Q1<> 777,999 AND S6Q13 NE 98,99]

**S8Q1CHK.** You said you are [S8Q1] years of age and told you had diabetes at age [S6Q13]. I must correct this inconsistency.

1 GO BACK [GO TO S8Q1]

[ASK ALL]

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

5 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q2=2]

[MUL=4]

**S8Q2B.** Are you...

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

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

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

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

10 White

20 Black or African American

30 American Indian or Alaska Native

40 Asian

50 Pacific Islander

60 OTHER

77 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q3=40]



[MUL=7]

**S8Q3A.** Is that ...

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

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

[ASK IF S8Q3=50]

[MUL=4]

**S8Q3PI.** Is that...

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

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
  
- 60 Other
- 77 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 99 REFUSED [EXCLUSIVE]

[ASK IF NBR(S8Q3)>1]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 60, 77 & 99]

**S8Q4.** Which one of these groups would you say best represents your race?

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

- 10 White

20 Black or African American  
30 American Indian or Alaska Native  
40 Asian  
50 Pacific Islander  
  
60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(S8Q3A)>1 AND (NBR(S8Q3)==1 OR S8Q4=40)]  
[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 77, 99]  
**S8Q4A.** Is that...

41 Asian Indian  
42 Chinese  
43 Filipino  
44 Japanese  
45 Korean  
46 Vietnamese  
47 Other Asian  
  
60 Other  
77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF NBR(S8Q3PI)>1 AND (NBR(S8Q3)==1 OR S8Q4=50)]  
[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8Q3PI RESPONSE]  
[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 77,99]  
**S8Q4PI.** Is that...

51 Native Hawaiian  
52 Guamanian or Chamorro  
53 Samoan  
54 Other Pacific Islander  
  
60 Other  
77 DON'T KNOW/ NOT SURE  
99 REFUSED

## Module 20: Sexual Orientation and Gender Identity (SOGI)

---

[ASK IF HGENDER=1 AND CSTATE NE 2]

### MOD20\_1A. Module 20: Sexual Orientation and Gender Identity (SOGI)

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

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

**INTERVIEWER NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7

**PLEASE READ:**

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

**DO NOT READ:**

- 7 I don't know the answer
- 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

**MOD20\_1B.** The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

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

**INTERVIEWER NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.

**PLEASE READ:**

- 1 1- Lesbian or Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual

4 4- Something else

**DO NOT READ:**

7 I don't know the answer

9 REFUSED

[ASK IF CSTATE NE 2]

**MOD20\_2.** Do you consider yourself to be transgender?

If yes, ask: “Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?”

**READ IF NECESSARY:** Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

**INTERVIEWER NOTE:** If asked about definition of gender non-conforming: Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

**INTERVIEWER NOTE:** Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S8Q5.** Are you...?

**PLEASE READ:**

1 Married

2 Divorced

- 3 Widowed
- 4 Separated
- 5 Never married
- 6 A member of an unmarried couple
  
- 9 REFUSED

[ASK ALL]

**S8Q6.** What is the highest grade or year of school you completed?

**READ ONLY 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)
  
- 9 REFUSED

[ASK ALL]

**S8Q7.** Do you own or rent your home?

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

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

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

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

[ASK IF STATE=AR, IN, RI, WA AND CSTATE NE 2]

**S8Q8.** Aggregated state-specific county response

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

**AR State-Added Section: County**

[ASK IF STATE=AR AND CSTATE NE 2]

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

In what county do you currently live?

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

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

123 St. Francis  
137 Stone  
139 Union  
141 Van Buren  
143 Washington  
145 White  
147 Woodruff  
149 Yell  
777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF STATE=AR, IN, NH, RI, WA AND S8Q8 NE 77,99 AND CSTATE NE 2]

**S8Q8C.** I just want to confirm, you said you live in the county of [S8Q8]. Is that correct?

1 Yes, correct county  
2 No, incorrect county [GO BACK TO XX\_cnty]

[ASK IF CSTATE=2]

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

1 Gave Response [TEXT BOX]  
  
7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK ALL]

**S8Q9.** What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE  
99999 REFUSED

[ASK IF S8Q9 NE 77777,99999]

**S8Q9C.** I just want to confirm, you said your zip code is [S8Q9]. Is that correct?



- 1 Yes, correct zip code
- 2 No, incorrect zip code [GO BACK TO S8Q9]

[ASK IF SAMPTYPE=1]

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

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

[ASK IF S8Q10=1 AND SAMPTYPE=1]

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

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

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

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

RANGE 1-5 [NUMBER BOX]

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

[ASK ALL]

**S8Q13.** Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

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

[ASK ALL]

**S8Q14.** Are you currently...?

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

**PLEASE READ:**

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

[ASK ALL]

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

RANGE 1-87 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S8Q15=1-87]

**S8Q15CHK.** Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-87 INSERT "children"] under 18 living in your household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S8Q15]
  
- 9 REFUSED

[ASK ALL]

**S8Q16A.** Is your annual household income from all sources—

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

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

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

[ASK IF S8Q16A=01]

**S8Q16B.** Less than \$20,000 (\$15,000 to less than \$20,000)?

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

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

[ASK IF S8Q16B=01]

**S8Q16C.** Less than \$15,000 (\$10,000 to less than \$15,000)?

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

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

99 REFUSED

[ASK IF S8Q16C=01]

**S8Q16D.** Less than \$10,000?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16A=02]

**S8Q16E.** Less than \$35,000 (\$25,000 to less than \$35,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16E=02]

**S8Q16F.** Less than \$50,000 (\$35,000 to less than \$50,000)?

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

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q16F=02]

**S8Q16G.** Less than \$75,000 (\$50,000 to less than \$75,000)?

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

01 Yes  
02 No

77 DON'T KNOW / NOT SURE  
99 REFUSED

<b>Response</b>	<b>Piping</b>	<b>IF:</b>
01	Less than \$10,000	S8Q16D=01
02	Less than \$15,000 (\$10,000 to less than \$15,000)	S8Q16D=02
03	Less than \$20,000 (\$15,000 to less than \$20,000)	S8Q16C=02
04	Less than \$25,000 (\$20,000 to less than \$25,000)	S8Q16B=02
05	Less than \$35,000 (\$25,000 to less than \$35,000)	S8Q16E=01
06	Less than \$50,000 (\$35,000 to less than \$50,000)	S8Q16F=01
07	Less than \$75,000 (\$50,000 to less than \$75,000)	S8Q16G=01
08	\$75,000 or more	S8Q16G=02 AND NOT(STATE=AK,CT,VT,WA)
77	Don't Know	S8Q16A=77 OR S8Q16B=77 OR S8Q16C=77 OR S8Q16D=77 OR S8Q16E=77 OR S8Q16F=77 OR S8Q16G=77
99	Refused	S8Q16A=99 OR S8Q16B=99 OR S8Q16C=99 OR S8Q16D=99 OR S8Q16E=99 OR S8Q16F=99 OR S8Q16G=99

**[ASK ALL]**

**S8Q16.** Aggregated response to income question

04 Less than \$25,000 (\$20,000 to less than \$25,000)  
03 Less than \$20,000 (\$15,000 to less than \$20,000)  
02 Less than \$15,000 (\$10,000 to less than \$15,000)

- 01 Less than \$10,000
- 05 Less than \$35,000 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more
- 09 Less than \$100,000 (\$75,000 to less than \$100,000)
- 10 \$100,000 or more
  
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S8Q16 NE 77,99]

**S8Q16AA.** Your Annual Household Income is [S8Q16]. Is This Correct?

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

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

**S8Q17.** To your knowledge, are you now pregnant?

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

[ASK ALL]

**PS8Q18.** About how much do you weigh without shoes?

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

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

[ASK IF PS8Q18=P]

**S8Q18.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18=50-79 OR S8Q18=351-776]

**S8Q18\_A.** Just to double-check, you indicated [S8Q18] pounds as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=K]

**S8Q18M.** About how much do you weigh without shoes?

**INTERVIEWER NOTE:** Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK IF S8Q18M=23-352 AND PS8Q18=K]

**S8Q18AM.** Just to double-check, you indicated [S8Q18M] kilograms as your weight. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q18M]

[ASK ALL]

**PS8Q19.** About how tall are you without shoes?

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

F Feet  
M Centimeters

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF PS8Q19=F]

**S8Q19.** About how tall are you without shoes?

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

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

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S8Q19=300-407 OR S8Q19=609-711]

**S8Q19A.** Just to double check, you indicated you are [S8Q19] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q19]

[ASK IF PS8Q19=M]

**S8Q19M.** About how tall are you without shoes?

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

RANGE 90-254 [NUMBER BOX]

777 DON'T KNOW / NOT SURE  
999 REFUSED

[ASK IF S8Q19M=90-254 AND PS8Q19=M]

**S8Q19AM.** Just to double check, you indicated you are [S8Q19M] centimeters tall. IS THIS CORRECT?

1 Yes  
2 No [GO BACK TO S8Q19M]



## Section 9: Disability

[ASK ALL]

### S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Section 10: Tobacco Use

---

[ASK ALL]

**S10Q1. Section 10: Tobacco Use**

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

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q1=1]

**S10Q2.** Do you now smoke cigarettes every day, some days, or not at all?

**DO NOT READ:**

1 Every day

2 Some days

3 Not at all

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S10Q2=1,2]

**S10Q3.** 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

[ASK IF S10Q2=3]

**S10Q4.** How long has it been since you last smoked a cigarette, even one or two puffs?

**READ ONLY IF NECESSARY:**

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

02 Within the past 3 months (1 month but less than 3 months ago)

03 Within the past 6 months (3 months but less than 6 months ago)

04 Within the past year (6 months but less than 1 year ago)

05 Within the past 5 years (1 year but less than 5 years ago)

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

07 10 years or more

08 Never smoked regularly

**DO NOT READ:**

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK ALL]

**S10Q5.** 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. [IF STATE = AK, INSERT: iq'mik (also known as blackbull) is a form of smokeless tobacco that is chewed. It is made by mixing fire-cured tobacco leaves and "punk ash", which is the ash generated by burning a fungus that grows on birch trees.]

**DO NOT READ:**

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

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Module 8: E-Cigarettes

[ASK IF CSTATE NE 2]

### MOD8\_1. Module 8: E-Cigarettes

Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

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

**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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD8\_1=1]

**MOD8\_2.** Do you now use e-cigarettes or other electronic vaping products every day, some days, or not 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.

1 Every day  
2 Some days  
3 Not at all

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 11: Alcohol Consumption

---

[ASK ALL]

### **S11Q1. Section 11: Alcohol Consumption**

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

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

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

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

[ASK IF S11Q1 NE 888,777,999]

**S11Q2.** One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-99 [NUMBER BOX]

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

[ASK IF S11Q2=12-99]

**S11Q2A.** I am sorry, you just said that you consume [S11Q2] drinks per day. Is that correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S10Q2]

[ASK IF S11Q1 NE 888,777,999]

**S11Q3.** Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S11Q3=16-76]

**S11Q3A.** I am sorry, you said that in the past month there were [S11Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

1 Correct as is  
2 No, Re-ask question [GO BACK TO S11Q3]

[ASK IF S11Q1 NE 888,777,999]

**S11Q4.** During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S11Q4=16-76]

**S11Q4A.** I am sorry, you said that in the past 30 days you had [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=88 AND HGENDER=2 AND S11Q4=4-76) OR (S11Q3=88 AND HGENDER=1 AND S11Q4=5-76)]

**S11Q4B.** I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q4]

[ASK IF (S11Q3=1-76 AND HGENDER=2 AND S11Q4=1-3) OR (S11Q3=1-76 AND HGENDER=1 AND S11Q4=1-4)]

**S11Q4C.** I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S11Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S11Q3]

## Section 12: Immunization

---

[ASK ALL]

### **S12Q1. Section 12: Immunization**

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

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

- 1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S12Q1=1]

**S12Q2M.** During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S12Q1=1 OR S12Q2CHK=1]

**S12Q2Y.**

Code YEAR (RANGE 2019-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE

9999 REFUSED

[ASK IF S12Q1=1 AND S12Q2M<CMONTH AND S12Q2Y<CYEAR]

**S12Q2CHK.** I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes



2 No

[ASK IF S8Q1 = 50-99]

**S12Q3.** Have you ever had the shingles or zoster vaccine?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

**S12Q4.** Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

## Module 15: Adult Human Papillomavirus (HPV) Vaccination

---

[ASK IF S8Q1=18-49 AND CSTATE NE 2]

**MOD15\_1. Module 15: HPV Vaccination**

Have you ever had the Human Papilloma virus vaccination or HPV vaccination?

**INTERVIEWER NOTE:** Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh- seel); Cervarix (Sir-var- icks)

**Interviewer Note:** A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, or [IF HGENDER=2 INSERT "Gardasil or Cervarix"; IF HGENDER=1 INSERT "Gardasil"].

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

[ASK IF MOD15\_1=1]

**MOD15\_2.** How many HPV shots did you receive?

RANGE 1-2 [NUMBER BOX]

- 3 All shots
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

#### Module 17: Place of Flu Vaccination

---

[ASK IF S12Q1=1 AND CSTATE NE 2]

**MOD17\_1. Module 17: Place of Flu Vaccination**

At what kind of place did you get your last flu shot or vaccine?

**READ IF NECESSARY:**

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient or outpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

**DO NOT READ:**

10 RECEIVED VACCINATION IN CANADA/MEXICO  
77 DON'T KNOW / NOT SURE  
99 REFUSED

### Section 13: Falls

[ASK IF S8Q1>44]

#### **S13Q1. Section 13: Falls**

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

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S13Q1=1-76]

**S13Q2.** How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

INTERVIEWER NOTE: 76= 76 or more

RANGE 1-76 [NUMBER BOX]

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

### Section 14: Seat Belt Use and Drinking and Driving

[ASK ALL]

#### **S14Q1. Section 14: Seat Belt Use and Drinking and Driving**

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

**PLEASE READ:**

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

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

[ASK IF S14Q1=1-5, 7,9 AND S11Q1 NE 888]

**S14Q2.** During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

RANGE 1-76 [NUMBER BOX]

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

## Section 15: Breast and Cervical Cancer Screening

---

[ASK IF HGENDER=2]

### **S15Q1. Section 15: Breast and Cervical Cancer Screening**

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

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

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

[ASK IF S15Q1=1]

**S15Q2.** How long has it been since you had your last mammogram?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF HGENDER=2]

**S15Q3.** Have you ever had a Pap test?

**INTERVIEWER NOTE:** A Pap test is a test for cancer of the cervix.

- 1 Yes
- 2 No

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

[ASK IF S15Q3=1]

**S15Q4.** How long has it been since you had your last Pap test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF HGENDER=2]

**S15Q5.** An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test?

**INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (PAP-UH-LOH-MUH VIRUS)**

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

[ASK IF S15Q5=1]

**S15Q6.** How long has it been since you had your last H.P.V. test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF HGENDER=2 AND S8Q17 NE 1]

**S15Q7.** Have you had a hysterectomy?

**INTERVIEWER NOTE: A hysterectomy is an operation to remove the uterus (womb).**

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

**Section 16: Prostate Cancer Screening**

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q1. Section 16: Prostate Cancer Screening**

Has a doctor, nurse, or other health professional ever talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test?

**INTERVIEWER NOTE:** A prostate-specific antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q2.** Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?

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

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q3.** Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?

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

[ASK IF (S8Q1>39 OR S8Q1=777, 999) AND HGENDER=1]

**S16Q4.** Have you ever had a P.S.A. test?

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

[ASK IF S16Q4=1]

**S16Q5.** How long has it been since you had your last P.S.A. test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF S16Q4=1]

**S16Q6.** What was the main reason you had this P.S.A. test – was it ...?

**PLEASE READ:**

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer
- 4 Because you were told you had prostate cancer
- 5 Some other reason

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

[Module 14: Prostate Cancer Decision Making](#)

---

[ASK IF (((S8Q1>39 OR S8Q1=777,999) AND HGENDER=1) OR (S16Q4=1 AND HGENDER=1)) AND CSTATE NE 2]

**MOD14\_1. Module 14: Prostate Cancer Decision Making**

Which one of the following best describes the decision to have the P.S.A. test done?

**PLEASE READ:**

- 1 You made the decision alone
- 2 Your doctor, nurse, or health care provider made the decision alone
- 3 You and one or more other persons made the decision together
- 4 You don't know how the decision was made



9 REFUSED

[ASK IF MOD14\_1=3]

**MOD14\_2.** Who made the decision with you?

**INTERVIEWER: SELECT ONE RESPONSE. IF RESPONDENT OFFERS MORE THAN ONE RESPONSE ASK FOR PRIMARY PERSON WHO MADE DECISION.**

**READ IF NECESSARY:**

- 1 Doctor / nurse / health care provider
- 2 Spouse / significant other
- 3 Other family member
- 4 Friend / non-relative
  
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 17: Colorectal Cancer Screening

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q1. Section 17: Colorectal Cancer Screening**

The next questions are about the five different types of tests for colorectal cancer screening.

A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

**INTERVIEWER NOTE:** Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.

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

[ASK IF S17Q1=1]

**S17Q2.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q3.** A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?

- 1 Yes
- 2 No

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

[ASK IF S17Q3=1]

**S17Q4.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777, 999)]

**S17Q5.** Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

**INTERVIEWER NOTE:** This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

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

[ASK IF S17Q5=1]

**S17Q6.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

**S17Q7.** Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

**INTERVIEWER NOTE:** This is also called a FIT-DNA test, a stool DNA test, or Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

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

[ASK IF S17Q7=1]

**S17Q8.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

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

[ASK IF (S8Q1=45-99 OR S8Q1=777,999)]

**S17Q9.** For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

**INTERVIEWER NOTE:** Unlike a regular colonoscopy, you do not need medication to make you sleepy during this test.

- 1 Yes
- 2 No

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

[ASK IF S17Q9=1]

**S17Q10.** How long has it been since you had this test?

**READ ONLY IF NECESSARY:**

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

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Section 18: H.I.V./AIDS

[ASK ALL]

### S18Q1. Section 18: H.I.V./AIDS

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

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

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF S18Q1=1]

**S18Q2M.** Not including blood donations, in what month and year was your last H.I.V. test?

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

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

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

12 December

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

77 DON'T KNOW / NOT SURE  
99 REFUSED

[ASK IF S18Q1=1]

**S18Q2Y.**

Code YEAR (RANGE 1985-2020) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE  
9999 REFUSED

[ASK ALL]

**S18Q3.** I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

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

Do any of these situations apply to you?

1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Optional Modules

### [Module 6: Cognitive Decline](#)

[ASK IF (S8Q1>=45 OR S8Q1=777,999) AND CSTATE NE 2]

#### **MOD6\_1. Module 6: Cognitive Decline**

The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the

name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD6\_1=1,7]

**MOD6\_2.** During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...

**PLEASE READ:**

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

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD6\_1=1,7]

**MOD6\_3.** As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...

**PLEASE READ:**

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

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD6\_3=1,2,3]

**MOD6\_4.** When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...

**PLEASE READ:**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD6\_1=1,7]

**MOD6\_5.** During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...

**PLEASE READ:**

1 Always  
2 Usually  
3 Sometimes  
4 Rarely  
5 Never

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD6\_1=1,7]

**MOD6\_6.** Have you or anyone else discussed your confusion or memory loss with a health care professional?



1 Yes  
2 No

7 DON'T KNOW / NOT SURE  
9 REFUSED

## Module 12: Cancer Survivorship: Course of Treatment

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

### MOD12\_1. Module 12: Cancer Survivorship: Course of treatment

Are you currently receiving treatment for cancer?

**READ ONLY IF NECESSARY:** By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

**READ ONLY IF NECESSARY:**

1 Yes  
2 No, I've completed treatment  
3 No, I've refused treatment  
4 No, I haven't started treatment  
5 Treatment was not necessary

**DO NOT READ:**

7 DON'T KNOW / NOT SURE  
9 REFUSED

[ASK IF MOD12\_1=1,2]

MOD12\_2. What type of doctor provides the majority of your health care? Is it a ...

**INTERVIEWER NOTE:** If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

**READ IF NECESSARY:** An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.

**PLEASE READ:**

01 Cancer Surgeon  
02 Family Practitioner

- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other

**DO NOT READ:**

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD12\_1=1,2]

**MOD12\_3.** Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

**READ ONLY IF NECESSARY:** "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12\_1=1,2]

**MOD12\_4.** Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF MOD12\_4=1]

**MOD12\_5.** Were these instructions written down or printed on paper for you?

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

[ASK IF MOD12\_1=1,2]

**MOD12\_6.** With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

**READ ONLY IF NECESSARY:** "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

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

[ASK IF MOD12\_1=1,2]

**MOD12\_7.** Were you ever denied health insurance or life insurance coverage because of your cancer?

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

[ASK IF MOD12\_1=1,2]

**MOD12\_8.** Did you participate in a clinical trial as part of your cancer treatment?

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

### Module 13: Cancer Survivorship: Pain Management

[ASK IF ((S6Q6=1) OR (S6Q7=1) OR (S16Q6=4)) AND CSTATE NE 2]

### MOD13\_1. Module 13: Cancer Survivorship: Pain Management

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

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

[ASK IF MOD13\_1=1]

MOD13\_2. Would you say your pain is currently under control ...?

**PLEASE READ:**

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

**DO NOT READ:**

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

### Arkansas State Added Sections

AR State Added Section: Oral Health Continued

[ASK IF STATE = AR AND CSTATE NE 2]

AR3\_1. AR State Added Section 3: Oral Health Continued

Have you ever been told by a dentist, doctor, or other health professional that you have tooth decay or cavities?

**INTERVIEWER NOTE:** Tooth decay is a dental cavity or a hole in the tooth.

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

ASK IF STATE = AR AND AR3\_1 = 1 AND CSTATE NE 2]

**AR3\_2.** Do you have untreated tooth decay or cavities?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

ASK IF STATE = AR AND AR3\_2 = 1 AND CSTATE NE 2]

**AR3\_3.** Have you ever been told by a dentist, doctor, or other health professional that you have gum disease or periodontal disease?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

ASK IF STATE = AR AND AR3\_3 = 1 AND CSTATE NE 2]

**AR3\_4.** Have you had treatment for periodontal, or gum disease in the past or present?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

ASK IF STATE = AR AND S8Q15 = 1-87 AND CSTATE NE 2]

**AR3\_5.** A dental sealant is a thin, plastic coating placed on the chewing surfaces of teeth to prevent tooth decay. [IF S8Q15 = 1 FILL "Has your child", IF S8Q15= 2-87 FILL "Have any of your children"] between the ages of 6 – 16 years old ever had a dental sealant on at least one tooth?

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

#### AR State Added Section 4: Arthritis

[ASK IF STATE = AR AND S6Q9=1 AND CSTATE NE 2]

##### **AR4\_1. AR State Added Section 4: Arthritis**

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

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

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

[ASK IF STATE = AR AND S6Q9=1 AND CSTATE NE 2]

**AR4\_2.** 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

[ASK IF STATE = AR AND S6Q9=1 AND CSTATE NE 2]

**AR4\_3.** Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

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

[ASK IF STATE = AR AND S6Q9=1 AND CSTATE NE 2]

**AR4\_4.** Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

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

#### AR State Added Section 5: Social Determinants of Health

---

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_1. AR State Added Section 5: Social Determinants of Health**

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

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

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_2.** In the last 12 months, how many times have you moved from one home to another?

RANGE 01-52 [NUMBER BOX]

- 88 None (Did not move in the past 12 months)
- 77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_3.** How safe from crime do you consider your neighborhood to be? Would you say...

**PLEASE READ:**

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

**DO NOT READ:**

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

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_4.** For the next two statements, please tell me whether the statement was often true, sometimes true, or never true for you in the last 12 months (that is, since last [CMONTH]). The first statement is, "The food that I bought just didn't last, and I didn't have money to get more."

**PLEASE READ:**

- 1 Often true
- 2 Sometimes true
- 3 Never true

**DO NOT READ:**

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

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_5.** I couldn't afford to eat balanced meals. Was that often, sometimes or never true for you in the last 12 months?

**PLEASE READ:**

- 1 Often true
- 2 Sometimes true
- 3 Never true

**DO NOT READ:**

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



[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_6.** In general, how do your finances usually work out at the end of the month? Do you find that you usually:

**PLEASE READ:**

- 1 End up with some money left over
- 2 Have just enough money to make ends meet
- 3 Not have enough money to make ends meet

**DO NOT READ:**

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

[ASK IF STATE = AR AND CSTATE NE 2]

**AR5\_7.** Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress?

**PLEASE READ:**

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**DO NOT READ:**

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

#### AR State Added Section 6: E-Cigarettes

---

[ASK IF STATE = AR AND MOD8\_1 = 1 AND CSTATE NE 2]

**AR6\_1. AR State Added Section 6: E-Cigarettes**

On the average, how much do you spend each week on e-cigarettes or vapor products?

RANGE 1-250 [NUMBER BOX]

- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF STATE = AR AND CSTATE NE 2]

**AR6\_2.** During the past 30 days, on how many days did you smoke cigars, cigarillos, little cigars, or premium cigars?

RANGE 0-30 [NUMBER BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE = AR AND S10Q2 = 1 or 2 AND CSTATE NE 2]

**AR6\_3.** During the last 12 months, did you use the following product to try to stop smoking cigarettes:

Using Nicotine Replacement Therapies, such as the nicotine gum, lozenge, or patch?

1 Nicotine Gum

2 Nicotine Lozenge

3 Nicotine Patch

4 Other

5 None

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE = AR AND S10Q2 = 1 or 2 AND CSTATE NE 2]

**AR6\_4.** (During the last 12 months, did you use the following product to try to stop smoking cigarettes):

Using electronic cigarettes or electronic vapor products such as JUUL, PHIX, Sourin, Blue, Mojo, V2, etc.?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE = AR AND S10Q2 = 1 or 2 AND CSTATE NE 2]

**AR6\_5.** During the last 12 months, did you use the following product to try to stop smoking cigarettes:

Quitting Cold Turkey (also referred to as Unassisted Quitting?)

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

#### AR State Added Section 7: Sexual Violence

[ASK IF STATE=AR AND CSTATE NE 2]

#### AR7\_1. State Added Section 7: Sexual Violence

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other sexual experiences. This information will allow us to better understand sexual violence and sexual contact and may help others in the future. You may or may not have had these experiences yourself, but we ask everyone these questions so we can get a better idea of how common they are.

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, you may call the National Sexual Assault Hotline, 1-800-656-4673.

My first questions are about unwanted sexual experiences you may have had. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent (for example being groped or fondled)?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE =AR AND CSTATE NE 2]

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

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

[ASK IF AR7\_2=1]

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

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

[ASK ALL]

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

- 1 Continue