



2018

**Behavioral Risk Factor Surveillance System
Questionnaire**

Delaware

December 5, 2017



**Behavioral Risk Factor Surveillance System
2018 Delaware Questionnaire
Table of Contents**

Interviewer’s Script Sample	3
Landline Sample Screener	4
Cell Phone Sample Screener	9
Core Sections	13
Section 1: Health Status	13
Section 2: Healthy Days — Health-Related Quality of Life	13
Section 3: Health Care Access	14
Section 4: Exercise	15
Section 5: Inadequate Sleep	15
Section 6: Chronic Health Conditions	15
Module 2: Diabetes	19
Section 7: Oral Health	22
Section 8: Demographics	22
Section 9: Tobacco Use	30
DE State-Added 1: Tobacco Use	32
Module 6: E-Cigarettes	32
Section 10: Alcohol Consumption	33
Section 11: Immunization	34
Section 12: Falls	35
Section 13: Seat Belt Use and Drinking and Driving	36
Section 14: Breast and Cervical Cancer Screening	37
Section 15: Prostate Cancer Screening	39
Section 16: Colorectal Cancer Screening	40
Section 17: HIV/AIDS	42
Optional Modules	43
Module 12: Excess Sun Exposure	43
Module 13: Lung Cancer Screening	44
Module 14: Cancer Survivorship	46
Module 15: Prostate Cancer Screening Decision Making	51
Module 20: Industry and Occupation	52
Module 21: Sexual Orientation and Gender Identity	52
DE State-Added 2: Preconception Health/Family Planning	53
DE State-Added 3: Heroin and Opioids	56



Interviewer's Script Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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.

Interviewer's Script

HELLO, I am calling for the Delaware Division of Public Health. My name is (name) . We are gathering information about the health of Delaware 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.

CATI NOTE: Don't Know and Refused answer codes should be present only where specified in this script; do not add codes for Don't Know or Refused.

ABT SRBI MASTER QUESTIONNAIRE NOTE (remove from state questionnaires): For 2018, We will ask the screener questions in the order the CDC has set for each frame.

Landline Sample Screener

**CATI: (ASK LANDLINE SAMPLE SCREENER IF FRAME=1);
IF FRAME=2; GO TO CELL PHONE SCREENER**

CTELENUM Is this (phone number) ?
(LL.1)

1. Yes **GO TO PVTRESID**
2. No
7. (VOL) Don't Know/Not Sure
9. (VOL) Refused

If "No", "Don't Know", "Refused"

SOCTEL 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. **STOP**

PVTRESID. Is this a private residence?
(LL.2)

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, RVs or other locations in which the respondent lives for portions of the year.

1. Yes **GO TO STATERES**
2. No **GO TO COLGHOUS**
3. No, business phone only **THANK & END**

Thank you very much but we are only interviewing persons on residential phone lines at this time.

College Housing

COLGHOUS Do you live in college housing?
(LL.3)

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.”

- 1. Yes **GO TO STATERES**
- 2. No

If “No,”
SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

STATERES Do you currently live in ____Delaware____?
(LL.4)

Yes **[Go to CELLPH]**
No **[Go to STATE]**

IF FRAME=1 (landline) SCREEN-OUT AT ‘STATE’ . .
STATE Thank you very much, but we are only interviewing persons who live in the state of ____Delaware____ at this time. **STOP**

Cellular Phone

CELLPH Is this a cell telephone?
(LL.5)

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

Read only if necessary: “By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood.”

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO ‘CELLFON’. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

CATI: IF FRAME=1 (landline) and CELLFON=1 (not a cell phone), GO TO RESPONDENT SELECTION.
IF FRAME=1 (landline) and CELLFON=2 (yes cell phone), THANK & END.
THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. (STOP)

CATI VARIABLE, SET BRF3200=1.

CATI NOTE:

- **IF COLGHOUS=1 (College Housing = Yes) continue;**
- **Otherwise go to Adult Random Selection**

CADULT (LL.6) Are you 18 years of age or older?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

- 1 Yes, respondent is male
- 2 Yes, respondent is female
- 3 No

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

Adult Random Selection

CATI NOTE:

- **IF COLGHOUS=1, Set NUMADULT=1 and Skip to [Core Section Introduction]**

IF FRAME=1, ASK: 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?

NUMADULT (LL.7) ___ Number of adults

[INTERVIEWER: NUMBER OF ADULTS CANNOT BE ZERO IF RESPONDENT IS 18 OR OLDER: PLEASE RE-ASK QUESTIONS.]

[INTERVIEWER: Sex WILL BE ASKED AGAIN DEMOGRAPHICS SECTION]

If NUMADULT = 1, ASK:
NMADLT1 Are you the adult?

If "yes,"
Then you are the person I need to speak with. Enter 1 man or 1 woman below

If "no,"
Is the adult a man or a woman? Enter 1 man (in NUMMEN) or 1 woman (in NUMWOMEN) below. May I speak with [fill in (him/her) from previous question]? **Go to " To the correct respondent "**.

- **IF NUMADULT=2, 3, or 4, GO TO NUMMEN**
- **IF NUMADULT>4, ASK**

PNMADULT
Are they all 18 years of age or older, and all are currently living in the household, and the household is not a group home or institution.

1 Yes	GO TO NUMMEN
2 No	GO BACK TO NUMADULT AND RE-ASK IT
9 (VOL) Refused	GO TO NUMMEN

CATI VARIABLE, SET BRF2111=1.

NUMMEN (LL.8) How many of these adults are men?

___ Number of men

NUMWOMEN (LL.9) How many of these adults are women?

___ Number of women

CATI VARIABLE, SET BRF2112=1.

IF NUMMEN+NUMWOMEN DOES NOT EQUAL NUMADULT, WE NEED TO RE-ASK THE QUESTIONS. DISPLAY THE FOLLOWING TEXT SCREEN, THEN GO BACK TO NUMMEN:

[INTERVIEWER: THE TOTAL NUMBER OF ADULTS IS NOT EQUAL TO NUMBER OF MEN AND WOMEN. PLEASE RE-ASK QUESTIONS.]

1. Continue **GO BACK TO NUMMEN**

- **IF NUMADULT<5 AND NUMWOMEN<3 AND NUMMEN<3, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:**

RNAME The person in your household that I need to speak with is the (first/second) (male/female) adult.

[CATI: this should display as a text screen and then go to INTRO1]

- IF NUMADULT>4 OR NUMMEN>2 OR NUMWOMEN>2, ASK “ALLNA” TO GET THE NAMES OF EACH ADULT IN THE HOUSEHOLD. REFER TO NUMMEN AND NUMWOMEN TO DETERMINE HOW MANY OF EACH SEX TO ASK FOR A NAME (0 TO 10).

(IF NUMMEN=1-10) ASK FOR THE NAME OF THE “OLDEST MALE”, THEN THE “SECOND OLDEST MALE, THEN “THIRD OLDEST MALE”, ETC.

(IF NUMWOMEN=1-10) ASK FOR THE NAME OF THE “OLDEST FEMALE”, THEN THE “SECOND OLDEST FEMALE, THEN “THIRD OLDEST FEMALE”, ETC.

ALLNA Could you please name all the (male/female) members of the household from oldest to youngest?

[ENTER NAME OF ___ OLDEST (MALE/FEMALE) ADULT]

AFTER ALL NAMES HAVE BEEN ENTERED, RANDOMLY SELECT ONE OF THE HOUSEHOLD ADULTS, THEN SAY:

RNAME The person in your household that I need to speak with is (display name of selected adult).

[CATI: this should display as a text screen and then go to INTRO1]

INTRO1 May I speak with (him/her)?

- 1 Continue
- 2 Callback
- 3 (VOL) Refused
- 4 Not available duration
- 5 Language barrier / not Spanish
- 6 Physical / Mental incapacity / health / deaf
- 7 Screen out location

To the correct respondent:

HELLO, I am calling for the Delaware Division of Public Health. My name is (name). We are gathering information about the health of Delaware 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.

Cell Phone Sample Screener

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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.

CATI: (ASK CELL PHONE SAMPLE SCREENER IF FRAME=2); IF FRAME=1; GOTO CORE

IF FRAME=2 (CELL PHONE) ASK SAFE

SAFE Is this a safe time to talk with you?
(CP.1)

Yes **[GO TO CTELENUM]**
No **CALLBACK**

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CTELENUM Is this (phone number) ?
(CP.2)

1 Yes **[GO TO CELLPH]**
2 No **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**
7 (VOL) Don't Know/Not Sure
9 (VOL) Refused

[CATI NOTE: IF "NO", "Don't Know" or "REFUSED": 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. STOP]

CATI VARIABLE, SET BRF3200=1.

Cellular Phone

CELLPH Is this a cell telephone?
(CP.3)

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

Read only if necessary: "By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

- 1. Yes
- 2. No

CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).

[CATI NOTE: IF "NO" : THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELLULAR TELEPHONES. STOP]

CELLFON

- 1 No, not a cellular telephone.
- 2 Yes

**CATI: IF FRAME=2 (cell phone) and CELLFON=1 (not a cell phone), THANK & END.
IF FRAME=2 (cell phone) and CELLFON=2 (yes cell phone), ASK CADULT.**

Adult

CADULT Are you 18 years of age or older?
(CP.4)

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY. ASK GENDER IF NECESSARY.

INTERVIEWER: Sex WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION

- 1 Yes, respondent is male **[GO TO PRIVATE RESIDENCE]**
- 2 Yes, respondent is female **[GO TO PRIVATE RESIDENCE]**
- 3 No **[GO TO SOCOLAD]**

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

CATI VARIABLE, SET BRF2210=1.

PVTRESID. Do you live in a private residence?
1(CP.5)

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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

- 1. Yes **GO TO STATERES**
- 2. No **GO TO COLGHOUS**
- 3. No, business phone only **THANK & END**

Thank you very much but we are only interviewing persons on residential phone lines at this time.

CATI VARIABLE, SET BRF2210=1.

College Housing

COLGHOUS Do you live in college housing?
(CP.6)

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.”

- 1. Yes **GO TO STATERES**
- 2. No

If “No,”
SOPVTRES Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

STATERES Do you currently live in ____Delaware____?
(CP.7)

- Yes **[Go to LANDLINE]**
- No **[Go to RSPSTATE]**

RSPSTATE In what state do you currently live?

(CP.8)

_____ ENTER STATE
99 REFUSED [THANK & END]

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

(CP.9)

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

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
7 DON'T KNOW / NOT SURE
9 REFUSED

[CATI NOTE: IF COLLEGE HOUSING = "YES", DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

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

(CP.10)

___ Number of adults

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

Core Sections

[INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

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 877-551-6138.

Section 1: Health Status

GENHLTH (1.1) Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Qualified Level 1

CATI VARIABLE, SET BRF2120=1.

Section 2: Healthy Days — Health-Related Quality of Life

PHYSHLTH 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?

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

MENTHLTH 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?

- Number of days
- 88 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next section]**
- 77 Don't know / Not sure
- 99 Refused

POORHLTH 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?

- Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 3: Health Care Access

HLTHPLN1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

PERSDOC2. Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: 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

MEDCOST. 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

CHECKUP1 About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER NOTE: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

READ IF NECESSARY:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 4: Exercise

EXERANY3 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 5: Inadequate Sleep

SLEPTIM1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.

- Number of hours [01-24]
- 7 7 Don't know / Not sure
- 9 9 Refused

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."

CVDINFR4 (Ever told) you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CVDCRHD4 (Ever told) you had angina or coronary heart disease?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CVDSTRK3 (Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

ASTHMA3 (Ever told) you had asthma?

- 1 Yes
- 2 No [Go to CHCSCNCR]
- 7 Don't know / Not sure [Go to CHCSCNCR]
- 9 Refused [Go to CHCSCNCR]

ASTHNOW Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCSCNCR (Ever told) you had skin cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CHCCOPD (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

HAVARTH3 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- 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)

ADDEPEV2 (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

CHCKIDNY Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIABETE3 (Ever told) you have diabetes?

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

INTERVIEWER NOTE: If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI note: If **DIABETE3 = 1 (Yes)**, go to next question (**DIABAGE2**). If any other response to **DIABETE3**, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

DIABAGE2 How old were you when you were told you have diabetes?

- __ Code age in years [**97 = 97 and older**]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI: IF **DIABAGE2 > 52 AND DIABAGE2 < 98**, CONFIRM; ELSE GO to Diabetes Optional Module (if used). Otherwise, go to next section

CNFD BAG INTERVIEWER: Is [**DISPLAY RESPONSE TO DIABAGE2**] the correct age when respondent was diagnosed with diabetes?

- 1 Yes, age is correct **GO TO next section**
- 2 No **GO TO DIABAGE2**

Module 2: Diabetes

NOTE: To be asked following Core DIABAGE2; if response is "Yes" (code = 1) and Core DIABETE3 is "Yes" (code = 1).

INSULIN Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

BLDSUGAR About how often do you check your blood for glucose or sugar?

INTERVIEWER NOTE: Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

Interviewer Note: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98' times per day.

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

[if (BLDSUGAD > 5 AND < 76) OR (BLDSUGAW > 35 AND < 76) ASK:]

XBLDSGR I would like to confirm you check your blood for glucose or sugar [INSERT # FROM BLDSUGAD/BLDSUGAW] times per [day/week]. Is that correct?

- 1 Yes **[Go to FEETCHK2]**
- 2 No **[Go to BLDSUGAD/BLDSUGAW]**

FEETCHK2 Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 5 5 5 No feet
- 8 8 8 Never

7 7 7 Don't know / Not sure
 9 9 9 Refused

[If (FTCHK2D > 5 AND < 76) OR (FTCHK2W > 35 AND < 76) ASK:]

XFTCH2 I would like to confirm you check your feet for any sores or irritations **[INSERT # FROM FTCHK2D/FTCHK2W]** times per [day/week]. Is that correct?

1 Yes **[Go to DOCTDIAB]**
 2 No **[Go to FTCHK2D/FTCHK2W]**

DOCTDIAB About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

— — Number of times **[76 = 76 or more]**
 8 8 None
 7 7 Don't know / Not sure
 9 9 Refused

[if (DOCTDIAB > 52 AND < 77) ASK:]

XDTDIAB I would like to confirm you have seen a health professional for your diabetes **[INSERT # FROM DOCTDIAB]** times in the past 12 months. Is that correct?

1 Yes **[Go to CHKHEMO3]**
 2 No **[Go to DOCTDIAB]**

CHKHEMO3 . About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A-one-C"?

INTERVIEWER NOTE: A test for "A one C" measures the average level of blood sugar over the past three months.

— — Number of times **[76 = 76 or more]**
 8 8 None
 9 8 Never heard of "A one C" test
 7 7 Don't know / Not sure
 9 9 Refused

CATI note: If FEETCHK2 = 555 (No feet), go to EYEEXAM.

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

— — Number of times **[76 = 76 or more]**
 8 8 None
 7 7 Don't know / Not sure

9 9 Refused

[if (FEETCHK > 52 AND < 77) ASK:]

XFTCHK

I would like to confirm a health professional has checked your feet for sores or irritations [INSERT # FROM FEETCHK] times in the past 12 months. Is that correct?

- 1 Yes **[Go to EYEEXAM]**
- 2 No **[Go to FEETCHK]**

EYEEXAM

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only 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

DIABEYE

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

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIABEDU

Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Oral Health

LASTDEN3 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 a dental clinic for any reason?

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 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

RMVTETH3 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

INTERVIEWER NOTE: 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

Section 8: Demographics

SEX (What was your sex at birth? Was it...) **[READ LIST]**
(What is your sex?) ...

CATI NOTE: STATES MAY ADOPT ONE OF THE TWO FORMATS OF THE QUESTION. IF FIRST FORMAT IS USED, READ OPTIONS.

- 1 Male
- 2 Female
- 9 Refused

AGE What is your age?

- Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

{CATI: if (DIABAGE2 = 01-97 and AGE = 18-99) AND (DIABAGE2 > AGE), continue; else go to HISPANC3}

UPDTAGDI I'm sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with Diabetes at age **{CATI: fill-in response from DIABAGE2}**. What was your age when you were **FIRST** diagnosed with diabetes?

- Update age **GO TO AGE**
- Update diabetes age **GO TO DIABAGE2**

HISPANC3 Are you Hispanic, Latino/a, or Spanish origin?

If yes, ask: Are you...

INTERVIEWER NOTE: One or more categories may be selected.

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

Do not read:

- 5 No
- 8 No additional choices (DP code only)
- 7 Don't know / Not sure
- 9 Refused

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

Interviewer Note: Select all that apply.

INTERVIEWER NOTE: IF 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. **(NOTE FOR ALEC: THIS IS CORRECT THAT IT IS NOT IN THE PROGRAM)**

Please read:

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian

50 Pacific Islander

Do not read:

60 Other
 88 No additional choices
 77 Don't know / Not sure
 99 Refused

IF MRACEA=40 OR 50, ASK MRACEB. ELSE SKIP TO MRACE2

CATI: IF MRACEA=40, SHOW CODES 41-47, 99. IF MRACEA=50, SHOW CODES 51-54, 99.

MRACEB Would you say you are . . . [READ LIST, MULTIPLE RECORD]

41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian
 51 Native Hawaiian
 52 Guamanian or Chamorro
 53 Samoan
 54 Other Pacific Islander

 99 (VOL) Refused

MRACE2: CATI dummy variable to hold the respondent race.

CATI CODE RESPONSES FROM MRACEA AND MRACEB. IF MRACEA=40 AND MRACEB=99, CODE MRACE2=40. IF MRACEA=0 AND MRACEB=90, CODE MRACE2=50.

10 White
 20 Black or African American
 30 American Indian or Alaska Native
 40 Asian
 50 Pacific Islander
 60 Other
 77 (VOL) Don't know/Not sure
 88 No additional choices (DP code only)
 99 (VOL) Refused
 41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian
 51 Native Hawaiian
 52 Guamanian or Chamorro
 53 Samoan
 54 Other Pacific Islander

CATI note: If more than one response to MRACE2; continue. Otherwise, go to MARITAL.

SHOW RESPONSES IN MRACE2

ORACE3 Which one of these groups would you say best represents your race?

- 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

- 60 Other
- 77 (VOL) Don't know/Not sure
- 88 No additional choices (DP code only)
- 99 (VOL) Refused

MARITAL Are you...?

Please read:

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

Do not read:

- 9 Refused

EDUCA 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)

Do not read:

- 9 Refused

RENTHOM1 Do you own or rent your home?

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

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

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: We ask this question in order to compare health indicators among people with different housing situations.

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

CTYCODE1 In what county do you currently live?

- — — ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

ZIPCODE What is the ZIP Code where you currently live?

- — — — ZIP Code [**RANGE: 19701-19980**]
- 7 7 7 7 7 Don't know / Not sure
- 8 8 8 8 8 Other State Zip Code (SPECIFY)
- 9 9 9 9 9 Refused

CATI NOTE: IF FRAME 2, SKIP TO VETERAN3 (QSTVER GE 20)

NUMHHOL2 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 **[Go to CPDEMO1]**
- 7 Don't know / Not sure **[Go to CPDEMO1]**
- 9 Refused **[Go to CPDEMO1]**

NUMPHON2 How many of these telephone numbers are residential numbers?

- Residential telephone numbers **[6 = 6 or more]**
- 7 Don't know / Not sure
- 9 Refused

CPDEMO1 How many cell phones do you have for personal use?

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

- Enter number (1-5)
- 6 Six or more
- 7 Don't know / Not sure
- 8 None
- 9 Refused

VETERAN3 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

EMPLOY1 Are you currently...?

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

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year

- 5 A Homemaker
- 6 A Student
- 7 Retired, **or**
- 8 Unable to work

Do not read:

- 9 Refused

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

- — Number of children
- 8 8 None
- 9 9 Refused

CATI VARIABLE, SET BRF1200=1.

Qualified Level 2

INCOME2 Is your annual household income from all sources—

If respondent refuses at ANY income level, code '99' (Refused)

- 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

WEIGHT2 About how much do you weigh without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183.

ROUND FRACTIONS UP

— — — —	Weight
(pounds/kilograms)	
7 7 7 7	Don't know / Not sure
9 9 9 9	Refused

HEIGHT3 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187.

ROUND FRACTIONS DOWN

— — / — —	Height
(f t / inches/meters/centimeters)	
7 7 / 7 7	Don't know / Not sure
9 9 / 9 9	Refused

If SEX=1, go to S8.22, if female respondent is 50 years old or older, go to text screen prior to S8.21]

PREGNANT To your knowledge, are you now pregnant?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

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

S8.22 Are you deaf or do you have serious difficulty hearing?

1	Yes
2	No
7	Don't know / Not Sure
9	Refused

BLIND 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

DECIDE 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

DIFFWALK Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFDRES Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DIFFALON 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 9: Tobacco Use

SMOKE100 Have you smoked at least 100 cigarettes in your entire life?

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

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1 Yes
- 2 No

[Go to USENOW3]

- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

SMOKDAY2 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 [Go to LASTSMK2]
- 7 Don't know / Not sure [Go to USENOW3]
- 9 Refused [Go to USENOW3]

STOPSMK2 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes [GO TO USENOW3]
- 2 No [GO TO USENOW3]
- 7 Don't know / Not sure [GO TO USENOW3]
- 9 Refused [GO TO USENOW3]

LASTSMK2 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

USENOW3 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus (rhymes with 'goose')

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

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure

9 Refused

DE State-Added 1: Tobacco Use

CATI NOTE: Ask State-Added 1 if Delaware resident, if not, continue to next section.

DE1_1 Do you currently smoke little cigars, cigarillos, or regular cigars every day, some days, or not at all?

INTERVIEWER NOTE: If the respondent asks about “some days,” it can also be described as “on at least one day in the past month.”

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

DE1_2 Do you allow any smoking in your home?

INTERVIEWER NOTE: Read responses 1-3 if necessary.

- 1 Yes
- 2 No
- 3 Sometimes or in some places
- 7 Don't know / Not sure
- 9 Refused

Module 6: E-Cigarettes

S10.1 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.

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't know / Not sure **[go to next section]**
- 9 Refused **[go to next section]**

S10.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure

Section 10: Alcohol Consumption

ALCDAY5 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?

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days **[GO TO NEXT SECTION]**
- 7 7 7 Don't know / Not sure **[GO TO NEXT SECTION]**
- 9 9 9 Refused **[GO TO NEXT SECTION]**

AVEDRNK2 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 NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

[if AVEDRNK2 > 9 AND < 77 ASK:]

CHKAVEDRNK2 I would like to confirm that during the past 30 days, on the days you drank, you drank on average **[insert # from AVEDRNK2]** drinks. Is that correct?

- 1 Yes **[Go to DRNK3GE5]**
- 2 No **[Go back to AVEDRNK2]**

DRNK3GE5 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** **[CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN]** or more drinks on an occasion?

- _ _ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

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

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI: IF DRNK3GE5=88 AND SEX=1, MAXDRNKS CANNOT BE 5-76. IF DRNK3GE5=88 AND SEX=2, MAXDRNKS CANNOT BE 4-76.

[if MAXDRNKS > 9 AND < 77 ASK:]

- CHKMXDRNKS** I would like to confirm that during the past 30 days, the largest number of drinks you had was **//INSERT # FROM MAXDRNKS//** drinks. Is that correct?
- 1 Yes **[Go to NEXT SECTION]**
 - 2 No **[Go back to MAXDRNKS]**

Section 11: Immunization

FLUSHOT6 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

- 1 Yes
- 2 No **[Go to PNEUVAC3]**
- 7 Don't know / Not sure **[Go to PNEUVAC3]**
- 9 Refused **[Go to PNEUVAC3]**

FLSHTMY2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

- __ / __ __ __ Month / Year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

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

INTERVIEWER NOTE: If respondent is unsure, probe with "How would you describe the place where you went to get your most recent flu vaccine"?

Read only 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)
- 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

PNEUVAC3 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 pneumina shots: Polysaccharide (poly-sack-ah-ride), also known as Pneumovax, and conjugate, also known as prevnar.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12: Falls

If respondent is 45 years or older continue, otherwise go to next section.

FALL12MN In the past 12 months, how many times have you fallen?

INTERVIEWER NOTE: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- Number of times **[76 = 76 or more]**
- 8 8 None **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

FALLINJ2 **[Fill in "Did this fall (from FALL12MN) cause an injury?"]. (If only one fall from FALL12MN and response is "Yes" (caused an injury); code 01. If response is "No," code 88) that limited your regular activities for at least a day?**

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

How many of these falls caused an injury that limited your regular activities for at least a day?

- — Number of falls **[76 = 76 or more]**
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

CATI: If FALLINJ2>0 and FALLINJ2<77 and FALLINJ2> FALL12MN, CONFIRM RESPONSE; OTHERWISE GO TO NEXT SECTION.

CNFFAL INTERVIEWER: Number of falls causing an injury [DISPLAY RESPONSE TO FALLINJ2] cannot exceed number of falls [DISPLAY RESPONSE TO FALL12MN].

- 1 Correct number of falls **GO TO FALL12MN** (and then re-ask FALLINJ2)
- 2 Correct number of falls causing injury **GO TO FALLINJ2**

Section 13: Seat Belt Use and Drinking and Driving

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

Please read:

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

Do not read:

- 7 Don't know / Not sure
- 8 Never drive or ride in a car
- 9 Refused

CATI note: If SEATBELT = 8 (Never drive or ride in a car), go to Section 14; otherwise continue.

CATI note: If ALCDAY5= 888 (No drinks in the past 30 days); go to next section.

DRNKDRI2 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- — Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 14: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

HADMAM 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 **[Go to HADPAP2]**
- 7 Don't know / Not sure **[Go to HADPAP2]**
- 9 Refused **[Go to HADPAP2]**

HOWLONG How long has it been since you had your last mammogram?

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 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
- 7 Don't know / Not sure
- 9 Refused

HADPAP2 Have you ever had a Pap test?

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

- 1 Yes
- 2 No **[Go to PRE HPVST1]**
- 7 Don't know / Not sure **[Go to PRE HPVST1]**
- 9 Refused **[Go to PRE HPVST1]**

LASTPAP2 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
- 7 Don't know / Not sure
- 9 Refused

HPVTST1 An HPV 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 **[Go to PRE HADHYST2]**
- 7 Don't know/Not sure **[Go to PRE HADHYST2]**
- 9 Refused **[Go to PRE HADHYST2]**

HPVTST2 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
- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to PREGNANT = 1 (is pregnant); then go to next section.

HADHYST2 Have you had a hysterectomy?

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 15: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

PCPSAREC 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

PCPSADI1 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

PCPSARE1 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

PSATEST1 Have you EVER HAD a P.S.A. test?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't Know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

PSATIME 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

PCPSARSN 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

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 16: Colorectal Cancer Screening

CATI note: If respondent is \leq 49 years of age, go to next section.

BLDSTOOL A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **[Go to HADSIGM3]**
- 7 Don't know / Not sure **[Go to HADSIGM3]**
- 9 Refused **[Go to HADSIGM3]**

LSTBLDS3 How long has it been since you had your last blood stool test using a home kit?

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

HADSIGM3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

HADSGCO1 For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and 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. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure
- 9 Refused

LASTSIG3 How long has it been since you had your last sigmoidoscopy or colonoscopy?

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 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 17: HIV/AIDS

The next few questions are about the national health problem of HIV, 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.

HIVTST6 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- | | | |
|---|-----------------------|------------------|
| 1 | Yes | |
| 2 | No | [Go to HIVRISK3] |
| 7 | Don't know / Not sure | [Go to HIVRISK3] |
| 9 | Refused | [Go to HIVRISK3] |

HIVTSTD3 Not including blood donations, in what month and year was your last HIV test?

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

CATI INSTRUCTION: 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.

- | | |
|------------|-----------------------|
| __ / __ __ | Code month and year |
| 77 / 7777 | Don't know / Not sure |
| 99 / 9999 | Refused / Not sure |

HIVRISK3 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 |

IF STATERES=1 (Delaware RESIDENT) CONTINUE, ELSE SKIP TO CLOSING STATEMENT.

Transition to Modules and/or State-Added Questions

Optional Modules

Module 12: Excess Sun Exposure

NUMBURN2 During the past 12 months, how many times have you had a sunburn?

___ ___ ___ (0-365) Number

7 7 7 Don't know/Not sure

9 9 9 Refused

M12_2. When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....

INTERVIEWER NOTE: PROTECTION FROM THE SUN MAY INCLUDE USING SUNSCREEN, WEARING A WIDE-BRIMMED HAT, OR WEARING A LONG-SLEEVED SHIRT

PLEASE READ:

- 1 Always
- 2 Most of the time
- 3 Sometimes
- 4 Rarely
- 5 Never

DO NOT READ:

- 6 Don't stay outside for more than one hour on warm sunny days
- 8 Don't go outside at all on warm sunny days
- 7 Don't know/ Not sure
- 9 Refused

M12_3. On weekdays, in the summer, how long are you outside per day between 10am and 4pm?

INTERVIEWER NOTE: FRIDAY IS A WEEKDAY

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01

DO NOT READ:

- 01 Less than half an hour

- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

- 77 Don't know/ Not sure
- 99 Refused

M12_4. On weekends in the summer, how long are you outside each day between 10am and 4pm?

INTERVIEWER NOTE: FRIDAY IS A WEEKDAY

INTERVIEWER NOTE: IF RESPONDENT SAYS NEVER CODE 01

DO NOT READ:

- 01 Less than half an hour
- 02 (More than half an hour) up to 1 hour
- 03 (More than 1 hour) up to 2 hours
- 04 (More than 2 hours) up to 3 hours
- 05 (More than 3 hours) up to 4 hours
- 06 (More than 4 hours) up to 5 hours
- 07 (More than 5) up to 6 hours

- 77 Don't know/ Not sure
- 99 Refused

Module 13: Lung Cancer Screening

CATI NOTE: IF CORE SMOKE100=1 (YES) AND SMOKDAY2= 1, 2, OR 3 (EVERY DAY, SOME DAYS, OR NOT AT ALL) CONTINUE, ELSE GO TO LCSCTSCN.

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

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

INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL)..

- ___ Age in Years **(Range 001 - 100)**
- 7 7 7 Don't know/Not sure
- 888 Never smoked cigarettes regularly [GO TO LCSCTSCN]
- 9 9 9 Refused

{CATI: If (LCSFIRST = 01-99 and AGE = 18-99) AND (LCSFIRST > AGE), continue; else go to LCSSLAST}

[CATI INSTRUCTION/ INTERVIEWER NOTE: (IF RESPONDENT INDICATES AGE INCONSISTENT WITH PREVIOUSLY ENTERED AGE) THE RESPONDENT INDICATED THEIR AGE TO BE ___ YEARS OLD. YOU INDICATED THEY STARTED SMOKING REGULARLY AT THE AGE OF ___ YEARS. PLEASE 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.]

UPDTAGAS I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and first started to smoke cigarettes regularly at age {CATI: fill-in response from LCSFIRST}. What was your age when you FIRST started to smoke cigarettes regularly?

Update age **GO TO AGE**
 Update smoking age **GO TO LCSFIRST**

LCSLAST How old were you when you last smoked cigarettes regularly?

INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL)..

___ Age in Years (**Range 001-100**)
 7 7 7 Don't know/Not sure
 9 9 9 Refused

{CATI: If (LCSLAST = 01-99 and AGE = 18-99) AND (LCSLAST > AGE), continue; else go to LCSNUMCG}

UPDTAGAS I'm sorry, you indicated you were {CATI: fill-in response from AGE} years old, and last smoked cigarettes regularly at age {CATI: fill-in response from LCSSLAST}. What was your age when you LAST smoked cigarettes regularly?

Update age **GO TO AGE**
 Update smoking age **GO TO LCSSLAST**

{CATI: If (LCSSLAST < LCSFIRST), continue; else go to LCSNUMCG}

UPDTAGAS I'm sorry, you indicated you were {CATI: fill-in response from LCSSLAST} years old when you last smoked cigarettes regularly, but you were {CATI: fill-in response from LCSFIRST} old when you first smoked cigarettes regularly. What was the age when you FIRST started to smoke cigarettes regularly?

Go back to LCSFIRST

LCSNUMCG On average, when you [smoke/smoked] regularly, about how many cigarettes [do/did] you usually smoke each day?

INTERVIEWER NOTE: REGULARLY IS AT LEAST ONE CIGARETTE OR MORE ON DAYS THAT A RESPONDENT SMOKES (EITHER EVERY DAY OR SOME DAYS) OR SMOKED (NOT AT ALL)..

INTERVIEWER NOTE: RESPONDENTS MAY ANSWER IN PACKS INSTEAD OF NUMBER OF CIGARETTES. BELOW IS A CONVERSION TABLE:

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	

— —	Number of cigarettes
7 7 7	Don't know/Not sure
9 9 9	Refused

LCSCCTSCN 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?

Read only 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 14: Cancer Survivorship

CATI note: If CHCSCNCR or CHCOCNCR = 1 (Yes) or PCPSARSN = 4 (Because you were told you had prostate cancer) continue, else go to next module.

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

CNCRDIFF How many different types of cancer have you had?

Do not read:

- 1 Only one
- 2 Two
- 3 Three or more
- 7 Don't know / Not sure **[GO TO NEXT MODULE]**
- 9 Refused **[GO TO NEXT MODULE]**

CNCRAGE At what age were you told that you had cancer?

— —	Code age in years	(97 = 97 and older)
9 8	Don't know / Not sure	

9 9 Refused

CATI note: If CNCRDIFF = 2 (Two) or 3 (Three or more), ask: “At what age were you first diagnosed with cancer?”

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

{CATI: if (CNCRAGE = 01-97 and AGE = 18-99) AND (CNCRAGE > AGE), continue; else go to CNCRTYPE }

UPDTAGCA I’m sorry, you indicated you were **{CATI: fill-in response from AGE}** years old, and were first diagnosed with cancer at age **{CATI: fill-in response from CNCRAGE}**. What was your age when you were **FIRST** diagnosed with cancer?

Update age **GO TO AGE**
 Update cancer age **GO TO CNCRAGE**

CATI note: If Core CHCSCNCR = 1 (Yes) and CNCRDIFF = 1 (Only one): ask “Was it “Melanoma” or “other skin cancer?” **then code 21 if “Melanoma” or 22 if “other skin cancer”**

CNCRTYP1 What type of cancer was it?

If CNCRDIFF = 2 (Two) or 3 (Three or more), ask: “With your most recent diagnoses of cancer, what type of cancer was it?”

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer) [1-30]:

Breast

01 Breast cancer

Female reproductive (Gynecologic)

02 Cervical cancer (cancer of the cervix)
 03 Endometrial cancer (cancer of the uterus)
 04 Ovarian cancer (cancer of the ovary)

Head/Neck

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

Gastrointestinal

10 Colon (intestine) cancer
 11 Esophageal (esophagus)
 12 Liver cancer
 13 Pancreatic (pancreas) cancer
 14 Rectal (rectum) cancer
 15 Stomach

Leukemia/Lymphoma (lymph nodes and bone marrow)

- 16 Hodgkin's Lymphoma (Hodgkin's disease)
- 17 Leukemia (blood) cancer
- 18 Non-Hodgkin's Lymphoma

Male reproductive

- 19 Prostate cancer
- 20 Testicular cancer

Skin

- 21 Melanoma
- 22 Other skin cancer

Thoracic

- 23 Heart
- 24 Lung

Urinary cancer:

- 25 Bladder cancer
- 26 Renal (kidney) cancer

Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

Do not read:

- 77 Don't know / Not sure
- 99 Refused

CSRVRT1 Are you currently receiving treatment for cancer?

.INTERVIEWER NOTE: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Read if necessary:

- | | | |
|---|---------------------------------|----------------------------|
| 1 | Yes | [GO TO NEXT MODULE] |
| 2 | No, I've completed treatment | |
| 3 | No, I've refused treatment | [GO TO NEXT MODULE] |
| 4 | No, I haven't started treatment | [GO TO NEXT MODULE] |
| 7 | Don't know / Not sure | [GO TO NEXT MODULE] |
| 9 | Refused | [GO TO NEXT MODULE] |

CSRVDOC1 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.)."

INTERVIEWER NOTE: AN ONCOLOGIST IS A MEDICAL DOCTOR WHO MANAGES A PERSON'S CARE AND TREATMENT AFTER A CANCER DIAGNOSIS.

Please read [1-10]:

- 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

CSRVSUM 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

CSRVRTRN 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 [GO TO CSRVINSR]
- 7 Don't know / Not sure [GO TO CSRVINSR]
- 9 Refused [GO TO CSRVINSR]

CSRVINST Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

CSRVINSR With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

INTERVIEWER NOTE: "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

CSRVDEIN Were you EVER denied health insurance or life insurance coverage because of your cancer?

(14.10)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

CSRVCLIN 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

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

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

CSRVCTL1 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)

- Do not read:**
- 4 Not under control, WITHOUT medication (or treatment)
 - 7 Don't know / Not sure
 - 9 Refused

Module 15: Prostate Cancer Screening Decision Making

CATI NOTE: If PSATEST1= 1 (has had a P.S.A. test) continue, else go to next module.

PCPSADEC 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 **[Go to next module]**
- 2. Your doctor, nurse, or health care provider made the decision alone **[Go to next module]**
- 3. You and one or more other persons made the decision together
- 4. You don't remember how the decision was made **[Go to next module]**

Do not read:

- 9 Refused

PCDMDECN Who made the decision with you?

INTERVIEWER NOTE: 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

DO NOT READ:

- 7. Don't know / Not sure
- 9. Refused

Module 20: Industry and Occupation

CATI NOTE: If **EMPLOY1= 1** or **4** (Employed for wages or out of work for less than 1 year) or **2** (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

[CATI NOTE: IF CORE EMPLOY1 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]

TYPEWORK What kind of work **[IF EMPLOY1=1 or 2, READ “do”./ IF EMPLOY1=4, READ “did”]** you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask “What [is/was] your job title?”

INTERVIEWER NOTE: If respondent has more than one job then ask, “What [is/was] your main job?”

[Record answer] _____
99 Refused

TYPEINDS What kind of business or industry **[IF EMPLOY1=1 or 2, READ “do”./ IF EMPLOY1=4, READ “did”]** you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer] _____
99 Refused

Module 21: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: 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.

SOGI1 Do you consider yourself to be 1-Straight, 2-Lesbian or Gay, 3-Bisexual or 4-other orientation?:

DO NOT READ:

1 Straight
1 Lesbian or gay
2 Bisexual

- 4 Other
- 7 Don't know/Not sure
- 9 Refused

SOGI2 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?”

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

Please read:

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

Do not read:

- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: If asked about definition of transgender: 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.

DE State-Added 2: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT (PREGNANT=1), OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

DE2_1 Did you or your partner do anything the last time you had sex to keep you from getting pregnant?

- 1 Yes
- 2 No [GO TO DE2_3]
- 3 No partner/not sexually active [GO TO DE2_4]
- 4 Same sex partner [GO TO DE2_4]
- 5 **Has had a hysterectomy** [GO TO DE2_4]
- 7 Don't know/Not sure [GO TO DE2_3]

9 Refused

[GO TO DE2_3]

DE2_2 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING “CONDOMS,” PROBE TO DETERMINE IF “FEMALE CONDOMS” OR MALE CONDOMS.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO DE2_4]
- 02 Male sterilization (vasectomy) [GO TO DE2_4]
- 03 Contraceptive implant (ex. Implanon) [GO TO DE2_4]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO DE2_4]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO DE2_4]
- 06 IUD, type unknown [GO TO DE2_4]
- 07 Shots (ex. Depo-Provera) [GO TO DE2_4]
- 08 Birth control pills, any kind [GO TO DE2_4]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO DE2_4]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO DE2_4]
- 11 Male condoms [GO TO DE2_4]
- 12 Diaphragm, cervical cap, sponge [GO TO DE2_4]
- 13 Female condoms [GO TO DE2_4]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO DE2_4]
- 15 Withdrawal (or pulling out) [GO TO DE2_4]
- 16 Foam, jelly, film, or cream [GO TO DE2_4]
- 17 Emergency contraception (morning after pill) [GO TO DE2_4]
- 18 Other method [GO TO DE2_4]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

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

DE2_3 What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER REASON,” ASK RESPONDENT TO “PLEASE SPECIFY” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed 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

- 77 Don't know/Not sure
- 99 Refused

DE2_4 How do you feel about having a child now or sometime in the future? Would you say...

Please read:

- 01 You don't want to have one
- 02 You do want to have one, less than 12 months from now
- 03 You do want to have one, between 12 months & less than 2 years from now
- 04 You do want to have one, between 2 years to less than 5 years from now
- 05 You do want to have one, five or more years from now
- 06 You do want to have one, but you are not sure when
- 07 Unable to have children/hysterectomy

Do Not Read

- 77 Don't Know/Not Sure
- 99 Refused

DE State-Added 3: Heroin and Opioids

Use of heroin and other opiates or opioids has become a major epidemic in Delaware and the nation. The following question is being asked to determine how widespread the impact of heroin is in our state.

DE3_1 Does any family member or friend of your family currently use heroin or other opiates?

INTERVIEWER NOTE: If necessary please read, “Opiates or opioids are pain-relieving medications including Codeine, morphine, OxyContin, Vicodin, and Percocet.”

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

DE3_2 Is any family member or friend of your family currently in treatment for a heroin or other opiate/opioid addiction?

INTERVIEWER NOTE: If necessary please read, “treatment may include medications including Suboxone, methadone, and naltrexone (Vivitrol).”

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Module Closing Statement: Thank you for answering these questions. If you or anyone you know would like assistance with substance abuse related issues, please call “Help Is Here” at 800-652-2929 in New Castle County, or 800-345-6785 in Kent or Sussex counties.

CLOSING STATEMENT

That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in **[IF STATERES=1, DISPLAY “Delaware”, ELSE DISPLAY “this state”]**. Thank you very much for your time and cooperation.

ASTSTAT = 1

Language Indicator

[INTERVIEWER: DO NOT READ THIS TO RESPONDENT]

Lang1. In what language was this interview completed?
(QSTLANG)

- 1 English
- 2 Spanish