



2019

**Rhode Island 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

RI Rhode Island

[ASK ALL]

HEALTHDEPT. Imported Sample Variable: Health Department Name

RI Rhode Island Department of Health

[ASK ALL]

DEPTPHONE. Imported Sample Variable: Department Phone Number

RI 1-877-364-0821

[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, AND MOD28_1

1 Male
2 Female

[ASK ALL]

LENGTH. Imported Sample Variable: Interview Length

RI 27

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

Behavioral Risk Factor Surveillance System

2019 Questionnaire

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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.

[ANSWERING MACHINE MESSAGE TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE DISPOSITION]

AM_TEXT. Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of [insert 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 [insert DEPTPHONE] at your convenience. Thank you.

[PROMPT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER]

PM_TEXT. Privacy Manager (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=1]

INT01. 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.

Is this \$N?

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.

01 Yes – Continue

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF SELFLAG=1 AND SAMPTYPE=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 [STATE] residents. This call may be monitored or recorded for quality control.

When we called previously the computer randomly selected the [INSERT RSA] to be interviewed.

May I please speak to [IF HGENDER=01 INSERT "him] [IF HGENDER=02 INSERT "her"]

01 Selected on the line

[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.

01 Yes

02 No

03 No, this is a business

[ASK IF HS1=03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF HS1=02]

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.

01 Yes

02 No – Business

03 No – Group Home

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF COLLEGE=02,03,97,99]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STRES=02,97,99]

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

01 Continue [ASSIGN DISPO M7]

[ASK IF HS1=01 or COLLEGE=01]

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).

01 Yes, it is a cell phone

02 Not a cell phone

[ASK IF HS2=01]

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

01 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=01 AND HS2=02]

ADULT. Are you 18 years of age or older?

01 Yes

02 No

[ASK IF COLLEGE=01 AND HS2=02 AND ADULT=01]

SEX1. Are you male or female?

01 Male

02 Female

97 DON'T KNOW / NOT SURE

99 REFUSED

[IF SEX1=01 SET HGENDER=1 (Male); IF SEX1=02 SET HGENDER=2 (Female)]

[ASK IF HS1=01 AND HS2=02]

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=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

01 Yes
02 No

[ASK IF ONEADULT=01]

ASKGENDR. Are you male or female?

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED

[IF ASKGENDR=01 SET HGENDER=1 (Male); IF ASKGENDR=02 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=02]

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

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

[ASK IF ONEADULT=01]

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

- 01 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].

Is that correct?

- 01 Yes
- 02 No [GO BACK TO ADULTS]

[ASK IF ADULTS>1]

RSA. System Generated Variable: Randomly Selected Adult

- 01 Oldest Female
- 02 2nd Oldest Female
- 03 3rd Oldest Female
- 04 4th Oldest Female
- 05 5th Oldest Female
- 06 6th Oldest Female
- 07 7th Oldest Female
- 08 8th Oldest Female
- 09 9th Oldest Female
- 11 Oldest Male
- 12 2nd Oldest Male
- 13 3rd Oldest Male
- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male

20 No respondent selected

[ASK IF ADULTS>1 AND SAMPTYPE=1]

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

- 01 Yes, male
- 02 Yes, female
- 03 No, adult coming to the phone
- 04 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

[IF NBIRTH=01 SET HGENDER=1 (Male); IF NBIRTH=02 SET HGENDER=2 (Female)]

[ASK IF (RSA=01-09 AND NBIRTH=01) OR (RSA=11-19 AND NBIRTH=02)]

NBIRTHCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF NBIRTH=01 INSERT "Male"] [IF NBIRTH=02 INSERT "Female"]. I must correct this inconsistency.

01 Go Back [GO TO NBIRTH]

[ASK IF NBIRTH=03]

GENDER. Is the adult a man or a woman?

- 21 Male
- 22 Female

[IF GENDER=21 SET HGENDER=1 (Male); IF GENDER=22 SET HGENDER=2 (Female)]

[ASK IF \ NBIRTH=03]

NEWADULT. 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.

01 Continue

[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. [IF STATE=X INSERT "Any information you give me will not be connected to any personal information."; IF STATE=X INSERT "Any personal information that you provide will not be used to identify you."] If you have any questions about the survey, please call [DEPTPHONE]. Your continued participation in this telephone survey serves as express consent to be monitored or recorded.

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

01 Person Interested, Continue

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

Interviewer's Script Cell Phone

[ASK IF SAMPTYPE=2]

INT01. 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.

Is this a safe time to talk with you?

INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time

01 Yes – Continue

02 No – Not a safe time [GO TO CALL BACK SCREEN]

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]

PHONE. Is this \$N?

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

01 Yes

02 No

03 Not a safe time/driving [GO TO TERM]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF PHONE=02]

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.

01 Continue [GO TO TERM]

[ASK IF PHONE=01,97,99]

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).

01 Yes

02 No

03 Not a safe time / driving [GO TO TERM]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CELLFON2=02]

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

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=97,99]

NOTCELL2. Thank you for your time.

01 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=01]

CADULT. Are you 18 years of age or older?

01 Yes

02 No

[ASK IF CADULT=02]

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

01 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=01]

SEX2. Are you male or female?

01 Male
02 Female

97 DON'T KNOW / NOT SURE
99 REFUSED

[IF SEX2=01 SET HGENDER=1 (Male); IF SEX2=02 SET HGENDER=2 (Female)]

[ASK SEX2=97,99]

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

01 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=01]

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.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF PVTRES2=02]

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.

01 Yes
02 No – business
03 No – group home
04 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF COLLEGE=02,03]

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

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=97,99 OR COLLEGE=97,99]

X4. Thank you very much for your time.

01 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=01 OR COLLEGE=01]

CSTATE. Do you currently live in [STATE]?

01 Yes

02 No

03 Not a safe time / driving [GO TO CALL BACK SCREEN]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE=97,99]

X5. Thank you very much for your time.

01 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=02]

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
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.

01 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)

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF PVTRES2=01]

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

RANGE 1-18 [NUMBER BOX]

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]. Your continued participation in this telephone survey serves as express consent to be monitored or recorded.

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

01 Continue
02 Driving / not a safe time [GO TO CALL BACK SCREEN]
99 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 —

01 Excellent
02 Very good
03 Good
04 Fair, or
05 Poor

97 DON'T KNOW / NOT SURE
99 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

97 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

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S2Q1 NE 88 AND 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

97 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?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

RI State Added Section 1: Health Insurance

[START TIMER ETT1]

[ASK IF STATE=RI AND S3Q1=01 AND CSTATE NE 02]

RI1_1: State Added Section 1: Health Insurance

Earlier you said you have health care coverage. 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 (HEALTHSource RI), 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.

PLEASE READ:

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, RiteCare or Rhody Partners

05 TRICARE (formerly CHAMPUS), VA, or Military

06 Alaska Native, Indian Health Service, Tribal Health Services

\$ Or

07 Some other source

08 None (no coverage)

DO NOT READ:

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF RI1_1=08 AND S3Q1=01]

RI1_1A: I want to make sure I have this right. Earlier you indicated you do have some kind of health care coverage; however now I have just recorded you have no primary source of health care coverage. Is this correct?

01 Yes, correct as is

02 No [GO BACK TO RI1_1]

[END TIMER ETT1]

[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?"

- 01 Yes, only one
- 02 More than one
- 03 No

97 DON'T KNOW / NOT SURE
99 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?

- 01 Yes
- 02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S3Q4. About how long as 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.

INTERVIEWER NOTE: READ LIST ONLY IF NECESSARY

- 01 Within the past year (anytime less than 12 months ago)
- 02 Within the past 2 years (1 year but less than 2 years ago)
- 03 Within the past 5 years (2 years but less than 5 years ago)
- 04 5 or more years ago

88 NEVER
97 DON'T KNOW
99 REFUSED

Section 4: Hypertension Awareness

[ASK ALL]

S4Q1. Section 4: Hypertension Awareness

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

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

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

- 01 Yes
- 02 Yes, but female told only during pregnancy
- 03 No
- 04 Told borderline high or pre-hypertensive

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

[ASK IF S4Q1=02 AND HGENDER=1]

S4Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

- 01 GO BACK [GO TO S4Q1]

[ASK IF S4Q1=01]

S4Q2. Are you currently taking prescription medicine for your high blood pressure?

- 01 Yes
- 02 No

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

RI State Added Section 2: Blood Pressure Screening

[ASK IF STATE=RI AND CSTATE NE 02]

RI2_1. State Added Section 2: Blood Pressure Screening

Has your healthcare provider doctor nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare provider professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 01 Yes
- 02 No

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

[ASK IF STATE=RI AND CSTATE NE 02]

RI2_2. Do you regularly check your blood pressure outside of your healthcare provider professional's office or at home?

- 01 Yes
- 02 No

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

Section 5: Cholesterol Awareness

[ASK ALL]

S5Q1. Section 5: Cholesterol Awareness

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

- 01 Never
- 02 Within the past year (anytime less than one year ago)
- 03 Within the past 2 years (1 year but less than 2 years ago)
- 04 Within the past 3 years (2 years but less than 3 years ago)
- 05 Within the past 4 years (3 years but less than 4 years ago)
- 06 Within the past 5 years (4 years but less than 5 years ago)
- 08 5 or more years ago

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

[ASK IF S5Q1 NE 01 OR 99]

S5Q2. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S5Q2=01]

S5Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your blood cholesterol?

01 Yes
02 No

97 DON'T KNOW
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?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q3. (Ever told you had) a stroke?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q4. (Ever told you had) asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S6Q4=01]

S6Q5. Do you still have asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q6. (Ever told you had) skin cancer?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S6Q9. (Ever told you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S6Q10. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S6Q11. (Ever told you had) diabetes?

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

01 Yes

02 Yes, but female told only during pregnancy

03 No

04 No, pre-diabetes or borderline diabetes

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF HGENDER=1 AND S6Q11=02]

S6Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected as male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S6Q11]

[ASK IF S6Q11=01]

S6Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

RI State Added Section 3: Prediabetes

[ASK IF STATE=RI AND S6Q11 NE 01 AND CSTATE NE 02]

RI3_1. State Added Section 3: Prediabetes

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

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=RI AND S6Q11=01 AND CSTATE NE 02]

RI3_2. Have you ever taken a course or class in how to manage your diabetes yourself?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Section 7: Arthritis

[ASK ALL]

S7Q1. Section 7: Arthritis

(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).

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q2. 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.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: If a respondent question arises about medication, say "Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is "yes" mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S7Q1=01]

S7Q6. 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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

01 ENGLISH
02 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]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S6Q12>s8q1 AND S8Q1<> 997,999 AND S6Q12 NE 997,999]

S8Q1CHK. You said you are [S8Q1] years of age and told you had diabetes at age [S6Q12]. I must correct this inconsistency.

01 GO BACK [GO TO S8Q1]

[ASK ALL]

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

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

02 Yes

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S8Q2=02]

[MUL=4]

S8Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

01 Mexican, Mexican American, Chicano/a

02 Puerto Rican

03 Cuban

04 Another Hispanic, Latino/a, or Spanish origin

05 NO [EXCLUSIVE]

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s8q3 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

97 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

97 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

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

[ASK IF S8Q3=MUL]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3 AND 97 & 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
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3A=MUL AND (S8Q3=10 OR S8Q4=40)]

[IF S8Q3A NE MUL AND S8Q4=40, AUTO PUNCH S8Q3A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3A AND 97, 99]

S8Q4A. Is that...

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

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q3PI=MUL AND (S8Q3=10 OR S8Q4=50)]

[IF S8Q3PI NE MUL AND S8Q4=50, AUTO PUNCH S8QSPI RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT S8Q3PI AND 97,99]

S8Q4PI. Is that...

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

97 DON'T KNOW/ NOT SURE
99 REFUSED

Module 29: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 02]

MOD29_1A. Module 29: 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 97

PLEASE READ:

01 1- Gay
02 2- Straight, that is, not gay
03 3- Bisexual
04 4- Something else

DO NOT READ:

97 I don't know the answer / the respondent did not understand the question
99 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 02]

MOD29_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 97.

PLEASE READ:

01 1- Lesbian or Gay

02 2- Straight, that is, not gay

03 3- Bisexual

04 4- Something else

DO NOT READ:

97 I don't know the answer / the respondent did not understand the question

99 REFUSED

[ASK IF CSTATE NE 02]

MOD29_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.

01 1 - Yes, Transgender, male-to-female

02 2 - Yes, Transgender, female to male

03 3 - Yes, Transgender, gender nonconforming

04 4 - No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S8Q5. Are you...?

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married, Or
- 06 A member of an unmarried couple

- 99 REFUSED

[ASK ALL]

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

INTERVIEWER NOTE: READ ONLY IF NECESSARY

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)
- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)
- 99 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")

- 01 Own
- 02 Rent
- 03 Other arrangement

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

[START TIMER ETT4]

[ASK IF STATE=RI AND CSTATE NE02]

RI4_1: State-Added Section 4: City/Town

What city or town do you live in?

008A7 Abbott Run
018A5 Adamsville
017A7 Albion
023A9 Allenton
029A9 Alton
020A9 Anawan Cliffs
023B9 Annaquatucket
001A1 Annawomacutt
006A3 Anthony
035A3 Apponang
019A5 Aquidneck
011A9 Arcadia
038A3 Arctic
006B3 Arkwright
007A7 Arlington
008B7 Arnold Mills
035B3 Arnold Neck
014A9 Ashaway
008C7 Ashton
007B7 Auburn
011B9 Austin
036A9 Avondale
008D7 Ballou District
023C9 Barber Heights
014B9 Barberville
001B1 Barrington
001C1 Bay Spring
002A1 Beach Terrace
015A5 Beavertail
007C7 Bellefonte
023D9 Belleville
008E7 Berkley
014C9 Bethel
026A7 Beverage Hill
026B7 Birch Hill
011C9 Black Plain
022A9 Block Island
020B9 Bonnet Shores
013A7 Bowdish
010A7 Boyden Heights
005A9 Bradford
025A7 Branch Village
021A5 Brenton Village
033B5 Bridgeport
003A7 Bridgeton
018B5 Briggs Point

014E9 Brightman Hill
002B1 Bristol
027A5 Bristol Ferry
002C1 Bristol Highlands
002D1 Bristol Narrows
023E9 Brownings Hill
035C3 Brush Neck Cove, Buttonwoods
010B7 Bullocks Point
014F9 Burdickville
034A1 Burr Hill
003B7 Burrillville
014G9 Canonchet
005B9 Carolina
021B5 Castle Hill
002E1 Castle Island
027B5 Cedar Island
015B5 Cedar Point
038B3 Centerville
004A7 Central Falls
024A7 Centredale
014H9 Champlin Hill
029C9 Chariho
005C9 Charlestown
013B7 Chepachet
035U4 Chepiwanoxet
035E3 Chenlwanoxet
030A7 Chopmist Hill
013C7 Clarkville
012A7 Clayville (Foster)
030B7 Clayville (Scituate)
038C3 Clyde
021C5 Coasters Harbor
017B7 Cobble Hill
023F9 Cocumcussoc
021D5 Coddington Point
034B1 Coggeshell
023G9 Cold Spring
035F3 Coles, Conimicut, Cowesett
027C5 Common Fence Point
007D7 Comstock Gardens
015C5 Conanicut
027D5 Corey Lane
006C3 Coventry
006D3 Coventry Center
007E7 Cranston
010C7 Crescent Park
038D3 Crompton
005D9 Cross Mill
025B7 Crystal Lake
008F7 Cumberland
008G7 Cumberland Hill
026C7 Darlington
023H9 Davisville
007F7 Dean Estates

027E5 Despair Island
008H7 Diamond Hill
035I3 Dryden Heights, DUBY GROVE
036C9 Dunn's Corner
013D7 Durfee Hill
015D5 Dutch Island
027F5 Dyer Island
028A7 Dyerville
007G7 Eagle Park
033C5 Eagleville
009A3 East Greenwich
032A9 East Matunuck
010D7 East Providence
031A7 East Smithfield
034C1 East Warren
019B5 Easton Point
003C7 Echo Lake
007H7 Eden Park, Edgewood
028C7 Elmhurst
028D7 Elmwood
011D9 Escoheag (Exeter)
037A3 Escoheag (West Greenwich)
031B7 Esmond
011E9 Exeter
017C7 Fairlawn (Lincoln)
026D7 Fairlawn (Pawtucket)
039A7 Fairmont
028E7 Federal Hill
011F9 Fisherville
007J7 Fiskeville (Cranston)
030C7 Fiskeville (Scituate)
033D5 Fogland Point
007K7 Forest Hills
025C7 Forestdale
021E5 Fort Adams
010E7 Fort Hill
021F5 Forty Steps
012B7 Foster
012C7 Foster Center
016A7 Fountain Spring
023I9 Fox Island
028F7 Fox Point
015E5 Freebody Hill
009B3 Frenchtown
024B7 Fruit Hill
020C9 Galilee
007L7 Garden City
035K3 Gaspee Point
003D7 Gazzaville
024C7 Geneva (North Providence)
028G7 Geneva (Providence)
031C7 Georgiaville
003E7 Glendale
030D7 Glenn Rock

039B7 Globe
013E7 Gloucester
021G5 Goat Island
035L3 Goddard Park, Governor Francis
032B9 Gould Crossing
015F5 Gould Island (East Passage)
027G5 Gould Island (Sakonnet River)
016B7 Graniteville
008I7 Grant Mills
033E5 Grayville
020D9 Great Island
032C9 Green Hill
006E3 Greene
031D7 Greenville
035N3 Greenwood
016C7 Greystone (Johnston)
024D7 Greystone (North Providence)
023J9 Hamilton
039C7 Hamlet
001D1 Hampden Meadows
013F7 Harmony
006F3 Harris
003F7 Harrisville
036D9 Haversham
029D9 Hillsdale
035O3 Hillsgrove
027H5 Hog Island
027I5 Homestead
006G3 Hope (Coventry)
007M7 Hope (Cranston)
030E7 Hope (Scituate)
027J5 Hope Island
011G9 Hope Valley
037B3 Hopkins Hill
006H3 Hopkins Hollow
012D7 Hopkins Mills
014J9 Hopkinton
007N7 Horn Hill, Howard
035P3 Hoxie
016D7 Hughesdale
027K5 Hummocks
003G7 Huntsville
027L5 Island Park
030F7 Jackson
015G5 Jamestown
038E3 Jericho
020E9 Jerusalem
016F7 Johnston
010F7 Kent Heights
005E9 Kenyon
034D1 Kickamuit
032D9 Kingston
037C3 Kitt's Corner
007P7 Knightsville

023K9 Lafayette
037D3 Lake Mishnock
035Q3 Lakewood
003H7 Laurel Hill
027M5 Lawton Valley
026E7 Lebanon
011H9 Lewis City
011I9 Liberty
017D7 Lime Rock
017E7 Lincoln
035R3 Lincoln Park
017F7 Lincoln Woods
038F3 Lippitt
018C5 Little Compton
014K9 Locustville
035S3 Longmeadow
017G7 Lonsdale
017H7 Louisquisset (Lincoln)
024E7 Louisquisset (North Providence)
024F7 Lymansville
028H7 Manton
008J7 Manville (Cumberland)
017I7 Manville (Lincoln)
025D7 Manville (North Smithfield)
039D7 Manville (Woonsocket)
003I7 Mapleville
024G7 Marieville
032E9 Matunuck
035T3 Meadow View
027N5 Melville
016G7 Merino
007Q7 Meshanticut
007R7 Meshanticut Park
019C5 Middletown
011J9 Millville
037E3 Mishnock
036E9 Misquamicut
003J7 Mohegan
022B9 Mohegan Bluffs
008K7 Monastery Heights
032F9 Mooresfield
012E7 Moosup Valley
016H7 Morgan Mills
014L9 Moscow
016I7 Moswansicut Lake
023L9 Mount View
031F7 Mountindale
028I7 Mount Pleasant
033F5 Nannaquaket
036F9 Napatree Point
020F9 Narragansett
020G9 Narragansett Pier
010G7 Narragansett Terrace
003K7 Nasonville

035U3 Natick, Nausauket, Nesansett
022C9 New Harbor
022D9 New Shoreham
021H5 Newport
037F3 Nooseneck
023M9 North Ferry
012F7 North Foster
023N9 North Kingstown
024H7 North Providence
012G7 North Scituate
025E7 North Smithfield
033G5 North Tiverton
035V3 Norwood
001E1 Nyatt
003L7 Oak Valley
003M7 Oakland
035W3 Oakland Beach, Old Warwick
007S7 Oaklawn
021I5 Ochre Point
022E9 Old Harbor
028J7 Olneyville
010H7 Omega
035X3 Palace Garden
003N7 Pascoag
027O5 Patience
026F7 Pawtucket
007T7 Pawtuzet
032G9 Peace Dale
032H9 Perryville
007U7 Pettaconsett
006I3 Phenix
010I7 Phillipsdale
012H7 Pine Ridge
036G9 Pleasant Hill
036H9 Pleasant View
023O9 Plum Beach
027P5 Pocasset Heights
020H9 Point Judith
012I7 Ponagansett
007V7 Pontiac (Cranston)
035Y3 Pontiac (Warwick), Potowomut
002F1 Popasquash Point
023P9 Poplar Point
027Q5 Portsmouth
014M9 Potter Hill
006J3 Potterville
025F7 Primrose
028K7 Providence
027R5 Prudence Island
027S5 Quaker Hill
023Q9 Quidnessett
006K3 Quidnick
017J7 Quinnville
005F9 Quonochontaug

023R9 Quonset Point
006L3 Rice City
029G9 Richmond
038I3 River Point
035Z3 River View
010J7 Riverside
037G3 Robin Hollow
030H7 Rockland
014N9 Rockville
032I9 Rocky Brook
035D3 Rocky Point
021J5 Rose Island
003O7 Round Top
010K7 Rumford
001F1 Rumstick Point
019D5 Sachuest
018D5 Sakonnet
003P7 Sand Beach
020I9 Sand Hill Cove
022F9 Sandy Point (New Shoreham)
035G3 Sandy Point (Warwick)
036J9 Sandy Point (Westerly)
011K9 Saunderstown
030I7 Saundersville
003Q7 Saxonville
017K7 Saylesville
020K9 Scarborough
030J7 Scituate
002G1 Seal Island
005G9 Shannock (part)
029H9 Shannock (part)
035H3 Shawomet
036K9 Shelter Harbor
028L7 Silver Lake
010L7 Silver Spring
016K7 Simmonsville
003R7 Slatersville (Burillville)
025G7 Slatersville (North Smithfield)
011L9 Slocum (part)
028M7 Smith Hill
031G7 Smithfield
032J9 Snug Harbor
039E7 Social
007W7 Sockanosset
007X7 South Auburn
020L9 South Ferry
012J7 South Foster
032K9 South Kingstown
027T5 South Portsmouth
028N7 South Providence
034E1 South Warren
031H7 Spragueville
035J3 Spring Green
013I7 Spring Grove

006M3 Spring Lake
010M7 Squantum
028O7 Starvegoat Island
031I7 Stillwater
006N3 Summit
009C3 Sun Valley
003S7 Tarklin
027U5 The Glen
027V5 The Hummocks
016L7 Thornton
007Y7 Thornton
006O3 Tiogue
033H5 Tiverton
033I5 Tiverton Four Corners
028P7 Tockwotton
021K5 Tonomy Hill
034F1 Touissert
032L9 Tower Hill
032M9 Tuckertown
018E5 Tunipus
027W5 Turkey Hill
025H7 Union Village
029I9 Usquepaug
008L7 Valley Falls
006P3 Vernon (Coventry)
012K7 Vernon (Foster)
020M9 Wakefield
002H1 Walker Island
003T7 Wallum Lake
024I7 Wanslucuck
034G1 Warren
035M3 Warwick, Warwick Downs, Warwick Neck
006Q3 Washington
007Z7 Washington Park (Cranston)
028Q7 Washington Park (Providence)
036L9 Watch Hill
010N7 Watchemoket
025I7 Waterford
036M9 Weekapaug
038J3 Wescott
020N9 Wesquage
007I7 West Arlington
001G1 West Barrington
013J7 West Gloucester
031J7 West Greenville
037H3 West Greenwich
011M9 West Kingston
038K3 West Warwick
036N9 Westerly
003U7 Whipple
036O9 White Rock
006R3 Whitman
037I3 Wickaboxet
023U9 Wickford

023V9 Wickford Junction
023W9 Wild Goose Point
036P9 Winnapaug
005H9 Wood River Jctn.
026G7 Woodlawn
007O7 Woodridge
029L9 Woodville
011O9 Woody Hill
039F7 Woonsocket
025J7 Woonsocket Hill
014P9 Wyoming
011P9 Yawgoo Valley
014Q9 Yawgoog
77777 DON'T KNOW / NOT SURE
99999 REFUSED

[ASK IF STATE=RI AND RI4_1 NE 77777,99999]

RI4_1B: I just want to confirm, you said you live in the town of [RI4_1]. Is that correct?

- 01 Yes, correct town
- 02 No, incorrect town [GO BACK TO RI4_1]

[ASK IF CSTATE=02]

CNTY. In what county do you currently live?

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

[ASK ALL]

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

RANGE 00000-99996 [NUMBER BOX]

- 99997 DON'T KNOW / NOT SURE
- 99999 REFUSED

[ASK IF S8Q9 NE 99997,99999]

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

- 01 Yes, correct zip code
- 02 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?

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

[ASK IF S8Q10=01 AND SAMPTYPE=1]

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

RANGE 1-6 [NUMBER BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF SAMPTYPE =1]

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]

06 Six or more

97 DON'T KNOW / NOT SURE

98 NONE

99 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.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

S8Q14. Are you currently...?

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

- 01 Employed for wages
- 02 Self-employed
- 03 Out of work for 1 year or more
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired
- \$ Or
- 08 Unable to work

- 99 REFUSED

Module 26: Industry and Occupation

[ASK IF S8Q14=01,02,04 AND CSTATE NE 02]

MOD26_1. Module 26: Industry and Occupation

[IF STATE=WA INSERT "Now I am going to ask you about your work."] What kind of work [IF S8Q14=01,02 INSERT "do"; IF S8Q14=04 INSERT "did"] you do? For example, registered nurse, janitor, cashier, auto mechanic.

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

- 01 Enter Response [TEXT BOX]

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

[ASK IF S8Q14=01,02,04 AND CSTATE NE 02]

MOD26_2. What kind of business or industry [IF S8Q14=01,02 INSERT "do"; IF S8Q14=04 INSERT "did"] you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response [TEXT BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

Module 27: Food Stamps

[ASK IF CSTATE NE 02]

MOD27_1. Module 27: Food Stamps

In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

INTERVIEWER NOTE: Food Stamps or SNAP (Supplemental Nutrition Assistance Program) is a government program that provides plastic cards, also known as EBT (Electronic Benefit Transfer) cards, that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps.

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

RANGE 1-15 [NUMBER BOX]

88 NONE

99 REFUSED

[ASK IF S8Q15=1-15]

S8Q15CHK. Just to be sure - you have [S8Q15] [IF S8Q15=1 INSERT "child"; IF S8Q15=2-15 INSERT "children"] under 18 living in your household. Is that correct?

01 Yes
02 No [GO BACK TO S8Q15]

99 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

97 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

97 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

97 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

97 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

97 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

97 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

97 DON'T KNOW / NOT SURE

99 REFUSED

Response	Piping	IF:
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
97	Don't Know	S8Q16A=97 OR S8Q16B=97 OR S8Q16C=97 OR S8Q16D=97 OR S8Q16E=97 OR S8Q16F=97 OR S8Q16G=97
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

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q16 NE 97,99]

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

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

[ASK ALL]

PS8Q17. About how much do you weigh without shoes?

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

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS8Q17=P]

S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-776 [NUMBER BOX]

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

S8Q17_A. Just to double-check, you indicated [S8Q17] pounds as your weight. IS THIS CORRECT?

01 Yes
02 No [GO BACK TO S8Q17]

[ASK IF PS8Q17=K]

S8Q17M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

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

S8Q17AM. Just to double-check, you indicated [S8Q17M] kilograms as your weight. IS THIS CORRECT?

01 Yes

02 No [GO BACK TO S8Q17M]

[ASK ALL]

PS8Q18. About how tall are you without shoes?

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

F Feet

M Centimeters

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PS8Q18=F]

S8Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions 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]

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

S8Q18A. Just to double check, you indicated you are [S8Q18] FEET / INCHES TALL. IS THIS CORRECT?

01 Yes

02 No [GO BACK TO S8Q18]

[ASK IF PS8Q18=M]

S8Q18M. 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]

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

S8Q18AM. Just to double check, you indicated you are [S8Q18M] centimeters tall. IS THIS CORRECT?

- 01 Yes
- 02 No [GO BACK TO S8Q18M]

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

S8Q19. To your knowledge, are you now pregnant?

- 01 Yes
- 02 No

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

[ASK ALL]

S8Q20. 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?

- 01 Yes
- 02 No

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

[ASK ALL]

S8Q21. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q22. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q23. Do you have serious difficulty walking or climbing stairs?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S8Q24. Do you have difficulty dressing or bathing?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK OF ALL]

S8Q25. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

Section 9: Tobacco Use

[ASK ALL]

S9Q1. Section 9: Tobacco Use

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q1=01]

S9Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:

01 Every day

02 Some days

03 Not at all

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q2=01,02]

S9Q3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q2=03]

S9Q4. 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:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S9Q5. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

INTERVIEWER NOTE: Snus rhymes with 'goose'. 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:

01 Every day
02 Some days
03 Not at all

97 DON'T KNOW / NOT SURE
99 REFUSED

RI State Added Section 5: E-Cigarettes

[ASK IF STATE=RI AND CSTATE NE 02]

RI5_1: State Added Section 5: E-Cigarettes

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

READ ONLY 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.

- 01 Yes
- 02 No

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

[ASK IF RI5_1=01]

RI5_2: Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

- DO NOT READ:**
- 01 Every day
 - 02 Some days
 - 03 Not at all

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

Section 10: Alcohol Consumption

[ASK ALL]

S10Q1. Section 10: 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?

INTERVIEWER NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S10Q1 NE 888,997,999]

S10Q2. 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 1-76 [NUMBER BOX]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S10Q2=12-76]

S10Q2A. I am sorry, you just said that you consume [S10Q2] drinks per day. Is that correct?

01 Correct as is
02 No, Re-ask question [GO BACK TO S10Q2]

[ASK IF S10Q1 NE 888,997,999]

S10Q3. 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
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S10Q3=16-76]

S10Q3A. I am sorry, you said that in the past month there were [S10Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q3]

[ASK IF S10Q1 NE 888,997,999]

S10Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S10Q4=16-76]

S10Q4A. I am sorry, you said that in the past 30 days you had [S10Q4] drinks on one occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF (S10Q3=88 AND HGENDER=2 AND S10Q4=4-76) OR (S10Q3=88 AND HGENDER=1 AND S10Q4=5-76)]

S10Q4B. 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?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q4]

[ASK IF S10Q3=1-76 AND HGENDER=2 AND S10Q4=1-3) OR (S10Q3=1-76 AND HGENDER=1 AND S10Q4=1-4)]

S10Q4C. 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 [S10Q4] drinks on one occasion. Is this correct?

- 01 Correct as is
- 02 No, Re-ask question [GO BACK TO S10Q3]

Section 11: Exercise (Physical Activity)

[ASK ALL]

S11Q1. Section 11: Exercise (Physical Activity)

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

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

- 01 Yes
- 02 No

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

[ASK IF S11Q1=01]

S11Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking

- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding

- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer)
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 98 Other [TEXT BOX]

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

[ASK IF S11Q2 =01-76,98]

S11Q3. How many times per week or per month did you take part in this activity during the past month?

1__ Days per week (RANGE 101-150)
2__ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S11Q2=01-76,98]

S11Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

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

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

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S11Q1=01]

S11Q5. What other type of physical activity gave you the next most exercise during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise

- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates
- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders

- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)
- 88 No other activity
- 98 Other [TEXT BOX]

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

[ASK IF S11Q5=01-76,98]

S11Q6. How many times per week or per month did you take part in this activity during the past month?

1__ Days per week (RANGE 101-150)

2__ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

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

[ASK IF S11Q5=01-76,98]

S11Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30

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

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

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S11Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

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

1__ Days per week (RANGE 101-150)
2__ Days in past 30 days (RANGE 201-250) [NUMBER BOX]

888 NONE
997 DON'T KNOW / NOT SURE
999 REFUSED

Section 12: Fruits and Vegetables

[ASK ALL]

S12Q1. Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

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

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW':
"Include fresh, frozen or canned fruit. Do not include dried fruits."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.

INTERVIEWER NOTE: Enter quantity in days, weeks, or months

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends."

INTERVIEWER NOTE: Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

READ IF RESPONDENT ASKS ABOUT SPINACH: “Include spinach salads.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “**WAS THAT PER DAY, WEEK, OR MONTH?**”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO

INCLUDE: “Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S12Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
888 Never
997 DON'T KNOW / NOT SURE
999 REFUSED

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

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

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=01]

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

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

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

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S13Q1=01 OR S13Q2CHK=01]

S13Q2Y.

Code YEAR (RANGE 2018-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q2Y>0 AND S13Q2Y<CYEARM1]

S13Q2CHK. 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?

01 Yes
02 No

[ASK ALL]

S13Q3. Have you received a tetanus shot in the past 10 years?

INTERVIEWER NOTE: If yes ask: "Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?"

01 Yes, received Tdap
02 Yes, received tetanus shot, but not Tdap
03 Yes, received tetanus shot but not sure what type
04 No, did not receive any tetanus shot in the past 10 years

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK ALL]

S13Q4. 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."

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Section 14: H.I.V./AIDS

[ASK ALL]

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

The next few questions are about the national health problem of H.I.V., the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

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.?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S14Q1=01]

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

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

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 97 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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=01]

S14Q2Y.

Code YEAR (RANGE 1985-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK ALL]

S14Q3. 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?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Optional Modules

Module 8: Lung Cancer Screening

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND CSTATE NE 02)]

MOD8_1. Module 8: Lung Cancer Screening

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

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).

RANGE 1-100 [NUMBER BOX]

888 NEVER SMOKE CIGARETTES REGULARLY
997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF S8Q1<MOD8_1 AND S8Q1 NE 997,999 AND MOD8_1 NE 888,997,999 AND CSTATE NE 02]

MOD8_1C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD8_1] years old when you first started to smoke cigarettes regularly.

I need to correct this inconsistency.

01 Continue [GO BACK TO MOD8_1]

[ASK IF (S9Q1=01 AND S9Q2=01,02,03 AND MOD8_1 NE 888 AND CSTATE NE 02)]

MOD8_2. 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).

RANGE 1-100 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF MOD8_1=1-100 AND (MOD8_2<MOD8_1 OR (S8Q1=18-99 AND (S8Q1<MOD8_2))) AND CSTATE NE 02]

MOD8_2C. Previously you indicated you were [S8Q1] years old, but stated you were [MOD8_2] years old when you last smoked cigarettes regularly.

I need to correct this inconsistency.

01 Continue [GO BACK TO MOD8_2]

[ASK IF S9Q1=01 AND S9Q2=01,02,03 AND MOD8_1 NE 888 AND CSTATE NE 02]

MOD8_3. On average, when you [IF S9Q2=01,02 INSERT “smoke”; IF S9Q2=03 INSERT “smoked”] regularly, about how many cigarettes [IF S9Q2=01,02 INSERT “do”; IF S9Q2=03 INSERT “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	

RANGE 1-776 [NUMBER BOX]

997 DON'T KNOW / NOT SURE
999 REFUSED

[ASK IF CSTATE NE 02]

MOD8_4. 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:

- 01 Yes, to check for lung cancer
- 02 No (did not have a CT scan)
- 03 Had a CT scan, but for some other reason

DO NOT READ:

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

Module 20: Cognitive Decline

[ASK IF (S8Q1>=45 OR S8Q1=997,999) AND CSTATE NE 02]

MOD20_1. Module 20: 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?

- 01 Yes
- 02 No

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

[ASK IF MOD20_1=01,97]

MOD20_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:

- 01 Always
- 02 Usually

03 Sometimes
04 Rarely
05 Never

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_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:

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_3=01,02,03]

MOD20_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:

01 Always
02 Usually
03 Sometimes
04 Rarely
05 Never

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD20_1=01,97]

MOD20_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:

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

DO NOT READ:

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

[ASK IF MOD20_1=01,97]

MOD20_6. Have you or anyone else discussed your confusion or memory loss with a health care professional?

- 01 Yes
- 02 No

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

Module 22: Adverse Childhood Experiences

[ASK IF CSTATE NE 02]

MOD22_T. Module 22: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

01 Continue

[ASK IF CSTATE NE 02]

MOD22_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_2. Did you live with anyone who was a problem drinker or alcoholic?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_4. (Before you were 18 years of age), did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_5. Were your parents separated or divorced?

- 01 Yes
- 02 No
- 08 Parents not married

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF CSTATE NE 02]

MOD22_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 02]

MOD22_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 02]

MOD22_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 02]

MOD22_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:

- 01 Never
- 02 Once
- 03 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 02]

MOD22_C. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 01 Yes
- 02 No

[ASK IF MOD22_C=01 AND CSTATE NE 02]

MOD22_HOT. There are several numbers available that may be helpful. You can dial 1-800-4-A-CHILD (1-800-422-4453) to reach the National Hotline for Child Abuse. You can also dial 1-800-656-HOPE (1-800-656-4673) to reach the Rape, Abuse, and Incest National Network hotline.

- 01 Continue

Module 23: Family Planning

[ASK IF ((HGENDER=2 AND S8Q1=18-49 AND S8Q19=02) or (HGENDER=2 AND S8Q1=18-49 AND MOD9_7=02 AND S8Q19=01)) AND CSTATE NE 02]

MOD23_1. Module 23: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 01 Yes
- 02 No
- 03 No partner / not sexually active
- 04 Same sex partner

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD23_1=01 AND CSTATE NE 02]

MOD23_2. The last time you had sex with a man, what did you or your partner do 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)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD23_1=02]

MOD23_3. 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.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

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
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

DO NOT READ:

97 DON'T KNOW / NOT SURE

99 REFUSED

Module 24: Alcohol Screening and Brief Intervention (ASBI)

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

MOD24_1. Module 24: Alcohol Screening and Brief Intervention (ASBI)

You told me earlier that your last routine checkup was [S3Q4]. At that checkup, were you asked in person or on a form if you drink alcohol?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

MOD24_2. Did the health care provider ask you in person or on a form how much you drink?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S3Q4=01,02 AND CSTATE NE 02]

MOD24_3. Did the healthcare provider specifically ask whether you drank [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more alcoholic drinks on an occasion?

01 Yes

02 No

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD24_1=01 OR MOD24_2=01 OR MOD24_3=01]

MOD24_4. Were you offered advice about what level of drinking is harmful or risky for your health?

- 01 Yes
- 02 No

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

[ASK IF MOD24_1=01 OR MOD24_2=01 OR MOD24_3=01]

MOD24_5. Healthcare providers may also advise patients to drink less for various reasons. At your last routine checkup, were you advised to reduce or quit your drinking?

- 01 Yes
- 02 No

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

Module 30: Random Child Selection

[ASK IF S8Q15=1 AND CSTATE NE 02]

MOD30T1. Module 30: Random Child Selection

Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

- 01 Continue

[ASK IF S8Q15=2-15 AND CSTATE NE 02]

[RANDOMLY SELECT ONE OF THE CHILDREN. SET **RNDS8Q15** = RANDOMLY SELECTED CHILD]

MOD30T2. Previously, you indicated there were [S8Q15] children age 17 or younger in your household. Think about those [S8Q15] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [RNDS8Q15] child in your household. All following questions about children will be about the [RNDS8Q15] child.

01 Continue

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_1M. What is the birth month and year of the [RNDS8Q15] child?

- 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]

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_1Y.

Code YEAR (RANGE 2001-2019) [NUMBER BOX]

9997 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_2. Is the child a boy or a girl?

- 01 Boy
- 02 Girl

99 REFUSED

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_3. Is the child Hispanic, Latino/a, or Spanish origin?

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

01 Yes

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF MOD30_3=01]

[MUL=4]

MOD30_3B. Are they...

INTERVIEWER NOTE: One or more categories may be selected

PLEASE READ:

01 Mexican, Mexican American, Chicano/a

02 Puerto Rican

03 Cuban

04 Another Hispanic, Latino/a, or Spanish origin

DO NOT READ:

05 No [EXCLUSIVE]

97 DON'T KNOW / NOT SURE [EXCLUSIVE]

99 REFUSED [EXCLUSIVE]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

[MUL=5]

MOD30_4. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

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

[ASK IF MOD30_4=40]

[MUL=7]

MOD30_4A. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

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

DO NOT READ:

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

[ASK IF MOD30_4=50]

[MUL=4]

MOD30_4P. Is that...

INTERVIEWER NOTE: Select all that apply.

PLEASE READ:

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

DO NOT READ:

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

[ASK IF MOD30_4=MUL]

[ONLY SHOW RESPONSES CHOSEN AT MOD30_4 AND 97,99]

MOD30_5. Which one of these groups would you say best represents the child's race?

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4=MUL AND (MOD30_4=10 AND MOD30_5=40)]

[IF MOD30_4 NE MUL AND MOD30_5=40 AUTO PUNCH WITH MOD30_4A RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4A AND 97,99]

MOD30_5A. Is that...

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

60 Other
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD30_4P=MUL AND (MOD30_4P=51 OR MOD30_5=50)]

[IF MOD30_4P NE MUL AND MOD30_5=50 AUTO PUNCH WITH MOD30_4P RESPONSE]

[DISPLAY ONLY RESPONSES CHOSEN AT MOD30_4P, 97,99]

MOD30_5P. Is that...

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

- 60 Other
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[DATA PROCESSING NOTE: MOD30_5 is presented as one question, combine MOD30_5A and MOD30_5P into MOD30_5 for delivery]

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD30_6. How are you related to the child?

PLEASE READ:

- 01 Parent (include biologic, step, or adoptive parent)
- 02 Grandparent
- 03 Foster parent or guardian
- 04 Sibling (include biologic, step, and adoptive sibling)
- 05 Other relative
- 06 Not related in any way

DO NOT READ:

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

Module 31: Childhood Asthma Prevalence

[ASK IF S8Q15 NE 88,99 AND CSTATE NE 02]

MOD31_1. Module 31: Childhood Asthma Prevalence

The next two questions are about the [RNDS8Q15] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF MOD31_1=01]

MOD31_2. Does the child still have asthma?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Rhode Island State Added Sections

RI State Added Section 6: Family Planning – Male Respondents

[START TIMER ETT6]

[ASK IF STATE=RI AND HGENDER=1 AND S8Q1=18-59 AND CSTATE NE 02]

RI6_1. State Added Section 6: Family Planning – Male Respondents

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.

Some things people do to keep from getting pregnant include not having sex at certain times, withdrawal, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy.

The last time you had sex with a woman, did you or your partner do anything to keep her from getting pregnant?

01 Yes
02 No

- 03 No partner/not sexually active in the past 12 months
- 04 Same sex partner

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

[ASK IF RI6_1=97 AND CSTATE NE 02]

RI6_1A. Is it that you don't recall right now, or that you never knew?

- 01 Don't recall
- 02 Never knew

[ASK IF RI6_1=01 AND CSTATE NE 02]

RI6_2: The last time you had sex with a woman, what did you or your partner do to keep her 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 respondent is unable to provide a response:

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 Levonorgestrel (LNG) or hormonal IUD (ex. Mirena, Skyla, Liletta, Kylenea)
- 05 Copper-bearing IUD (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)

- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

DO NOT READ:

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

[ASK IF RI6_2=97 AND CSTATE NE 02]

RI6_2A. Is it that you don't recall right now, or that you never knew?

- 01 Don't recall
- 02 Never knew

[ASK IF RI6_2=01,03,04,05,06,07,08,09,10,12,14,17 AND CSTATE NE 02]

RI6_2B. How confident are you that your partner used the method you just mentioned the last time you had sex? Would you say?

PLEASE READ:

- 01 You are not at all confident
- 02 You are somewhat confident
- 03 You are very confident

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

[ASK IF RI6_1=02 AND CSTATE NE 02]

RI6_3. 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.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a woman?

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE BE 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 respondent is unable to provide a response:

- 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 Your partner had tubes tied (sterilization)
- 13 Your partner had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 Your partner is currently breast-feeding
- 16 Your partner just had a baby/postpartum
- 17 Your partner is pregnant now
- 18 Same sex partner
- 19 Other reasons

DO NOT READ:

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

RI State-Added Section 7: Sexual Activity / Condom Use

//start timer ett7//

[ASK IF STATE=RI AND S8Q1 < 65 AND RI6_1 = 01,02 AND CSTATE NE 02]

RI7_1: State-Added Section 7: Sexual Activity / Condom Use

[IF HGENDER=2 INSERT “Next we are going to ask you questions about sexual behavior.”] How many sexual partners have you had in the past 12 months?

INTERVIEWER NOTE: 76 = 76 OR MORE

RANGE 1-76 [NUMBER BOX]

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

[ASK IF RI7_1=1-76 AND CSTATE NE 02]

[AUTO FILL '01' IF RI6_2=11,13 OR MOD23_2=11,13]

RI7_2: Was a condom used the last time you had sexual intercourse?

- 01 Yes
- 02 No
- 05 Does not apply
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF (S8Q1 < 65 AND RI7_1=01-76,88,97) AND CSTATE NE 02]

RI7_3: Have you been tested for a Sexually Transmitted Disease or venereal disease in the past 12 months?

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

//end timer ett7//

RI State-Added Section 8: Emotional Support

//start timer ett8//

[ASK IF STATE=RI AND CSTATE NE 02]

RI8_1: State-Added Section 8: Emotional Support

Now, I will ask you a few questions on different health topics. How often do you get the social and emotional support you need?

INTERVIEWER NOTE: If asked, say “please include support from any source.”

PLEASE READ:

- 01 Always
- 02 Usually
- 03 Sometimes
- 04 Rarely
- 05 Never

DO NOT READ:

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

//end timer ett8//

RI State Added Section 9: Smoking Cessation

//Start timer ett9//

[ASK IF STATE=RI AND ((S9Q1=01 AND S9Q2=01,02) OR (S9Q4=01,02,03,04)) AND CSTATE NE 02]

RI9_1: State-Added Section 9: Smoking Cessation

Previously you said you smoked cigarettes or quit in the past year, the next questions ask about interactions you might have had with a doctor or other health provider.

During past 12 months, how many times have you seen a doctor or other health provider to get any kind of care for yourself?

INTERVIEWER NOTE: 76 = 76 OR MORE

RANGE 1-76 [NUMBER BOX]

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

[ASK IF RI9_1=1-76 AND CSTATE NE 02]

RI9_2: During the past 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

RANGE 1-[RI9_1] visits [NUMBER BOX]

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

[ASK IF RI9_1=1-76 AND CSTATE NE 02]

RI9_3: On how many visits did your doctor, nurse, or other health provider professional recommend or discuss medication to assist you with quitting smoking, such as nicotine patch, nicotine gum, nicotine lozenges, nicotine nasal spray, a nicotine inhaler, or pills such as Wellbutrin, Zyban, Bupropion, Chantix, or varenicline?

RANGE 1-[RI9_1] visits [NUMBER BOX]

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

[ASK IF RI9_1=1-76 AND CSTATE NE 02]

RI9_4: On how many of those [RI9_1] visits did your doctor or other health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

RANGE 1-[RI9_1] visits [NUMBER BOX]

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

RI State-Added Section 10: Marijuana Use

//start timer ett10//

[ASK IF STATE=RI AND CSTATE NE 02]

RI10_1: State-Added Section 10: Marijuana Use

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

RANGE 1-30 days [NUMBER BOX]

88 None (0 days)
97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF RI10_1=1-30 AND CSTATE NE 02]

RI10_2: When you used marijuana during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increased awareness, to forget worries, for fun at a social gathering).

READ ONLY IF NECESSARY:

01 Only for medical reasons to treat or decrease symptoms of a health condition
02 Only for non-medical purposes to get pleasure or satisfaction
03 Both medical and non-medical reasons

DO NOT READ:

97 DON'T KNOW / NOT SURE
99 REFUSED

RI State-Added Section 11: Opioid Use

//start timer ett11//

[ASK IF STATE=RI AND CSTATE NE 02]

RI11_1. State-Added Section 11: Opioid Use

In the last 12 months, have you taken any prescription pain relievers when it was prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare provider?

INTERVIEWER NOTE: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan. We only want to know about prescription medication that is not available over the counter.

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF RI11_1=01 AND CSTATE NE 02]

RI11_2. The last time you filled a prescription for pain medication in the past year, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF RI11_1=01 AND CSTATE NE 02]

RI11_3. In the last 12 months, have you had any pain medication left over from a prescription?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF RI11_3=01 AND CSTATE NE 02]

RI11_4. What did you do with the leftover prescription pain medication?

01 Kept it
02 Disposed of it
03 Gave it to someone else
04 Sold it
05 Used it for another unrelated pain/ other purpose

97 DON'T KNOW / NOT SURE
99 REFUSED

RI State-Added Section 12: Suicide Ideation

//start timer ett12//

[ASK IF STATE=RI AND CSTATE NE 02]

RI12_1: State-Added Section 12: Suicide Ideation

Sometimes people feel so depressed and hopeless about the future that they may consider suicide that is, taking some action to end their own life. The next question asks about attempted suicide.

During the past 12 months, did you ever seriously consider attempting suicide?

01 Yes
02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=RI AND CSTATE NE 02]

RI12_2: If you or anyone you know is feeling depressed or considering suicide, they can get help on the phone by calling the National Crisis line at 1-800-273-TALK (1-800-273-8255). You can also speak directly to your doctor or health provider.

01 Continue

RI State Added Section 13: Reactions to Race

//start timer ett13//

[ASK IF STATE=RI AND CSTATE NE 02]

RI13_1: State-Added Section 13: Reactions to Race

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you. How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

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

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native
- 08 Some other group (please specify) [TEXT BOX]

97 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF STATE=RI AND CSTATE NE 02]

RI13_2: How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly?

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

- 01 Never
- 02 Once a year
- 03 Once a month
- 04 Once a week
- 05 Once a day
- 06 Once an hour
- 08 Constantly

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=RI AND S8Q14=01,02,04 AND CSTATE NE 02]

RI13_3: Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

- 01 Worse than other races
- 02 The same as other races
- 03 Better than other races

DO NOT READ:

- 04 Worse than some races, better than others
- 05 Only encountered people of the same race
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=RI AND CSTATE NE 02]

RI13_4: Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

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

- 01 Worse than other races
- 02 The same as other races
- 03 Better than other races

DO NOT READ:

- 04 Worse than some races, better than others
- 05 Only encountered people of the same race
- 06 No health care in past 12 months
- 97 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF STATE=RI AND CSTATE NE 02]

RI13_5: Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race?

- 01 Yes
- 02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF STATE=RI AND CSTATE NE 02]

RI13_6: Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

- 01 Yes
- 02 No

97 DON'T KNOW / NOT SURE
99 REFUSED

Asthma Call Back Permission

[IF S6Q4=01 AND MOD31_1=02,97,99 CONTINUE WITH ADULT SELECTION]
[IF S6Q4=02,97,99 AND MOD31_1=01 CONTINUE WITH CHILD SELECTION]
[IF S6Q4=01 AND MOD31_1=01 RANDOMLY SELECT ADULT OR CHILD; 50/50 SPLIT]

[ASK IF S6Q4=01 OR MOD31_1=01 AND CSTATE NE 02]

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF ADULT IS SELECTED INSERT “your”; IF CHILD IS SELECTED INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 01 Yes
- 02 No

[ASK IF AST1=01]

AST2A. Can I please have either your first name or initials, so we will know who to ask for when we call back?

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

[ASK IF AST1=01]

ACFLAG. Which person in the household was selected as the focus of the asthma call-back?

- 01 adult with asthma
- 02 adult had asthma
- 03 child with asthma
- 04 child had asthma

[ASK IF AST2A=01 AND ACFLAG=03,04]

AST2B. Can I please have either your child’s first name or initials, so we will know who to ask about when we call back?

- 01 Gave Response [TEXT BOX]

97 DON'T KNOW
99 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.

01 Continue