



2019 Tennessee  
Behavioral Risk Factor Surveillance System  
Questionnaire

TN BRFSS

**January 16, 2019**

# Behavioral Risk Factor Surveillance System 2019 Questionnaire

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**Behavioral Risk Factor Surveillance System  
2019 Questionnaire**

Interviewer's Script Landline

Form Approved  
OMB No. 0920-1061  
Exp. Date 3/31/2022

Public reporting burden of this collection of information is estimated to average 29 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

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

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

1. Yes
2. No

**[CATI /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. CATI NOTE: STOP OR REDIAL]**

**PVTRES**

**LL.2 Is this 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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No, Business phone only

**[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME.STOP]**

**College Housing**

**LL.3 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.**

1. Yes [GO TO STATE OF RESIDENCE]
2. No

**[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

**State of Residence**

**LL4. Do you currently live in \_\_\_\_\_ (state) \_\_\_\_\_ ?**

1. Yes [GO TO CELLULAR]

2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [ ] STATE AT THIS TIME. STOP]

**Cellular Phone**

LL.5 Is this a cell telephone?

**INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOMEBASED PHONE SERVICES).**

**READ ONLY IF NECESSARY: BY CELL (OR CELLULAR) TELEPHONE WE MEAN A TELEPHONE THAT IS MOBILE AND USABLE OUTSIDE OF YOUR NEIGHBORHOOD.**

- 1 Yes
- 2 No

**[CATI/INTERVIEWER NOTE: IF YES: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]**

**[CATI NOTE: IF COLLEGE HOUSING = YES, CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]**

**Adult**

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

- 1 Yes, respondent is male [GO TO NEXT SECTION]
- 2 Yes, respondent is female [GO TO NEXT SECTION]
- 3 No

**[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]**

Adult Random Selection

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

LL.7 \_\_\_ Number of adults

If 1: **Are you the adult?**

If yes,:

**Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).**

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

**[GO TO THE CORRECT RESPONDENT]**

**[CATI/INTERVIEWER NOTE: IF NO,: IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]? ]**

**[GO TO CORRECT RESPONDENT BEFORE SECTION 1]**

LL.8 **How many of these adults are men?**

\_\_\_ Number of men

**So the number of women in the household is \_\_\_**

\_\_\_ Number of women

**Is that correct?**

**INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.**

**The person in your household that I need to speak with is \_\_\_\_\_.**

If you, **[GO TO CORRECT RESPONDENT BEFORE SECTION 1]**

## Interviewer's Script Cell Phone

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

HELLO, I am calling for the (health department). My name is (name). 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.

### CP.1 Is this a safe time to talk with you?

1. Yes                                   **[GO TO PHONE]**
2. No

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

## Phone

CP.2 Is this (phone number)?

- 1. Yes           **[GO TO CELLULAR PHONE]**
- 2. No           **INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER**

**[CATI/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. STOP]**

## Cellular Phone

CP.3 Is this a cell telephone?

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

- 1. Yes           **[GO TO ADULT]**
- 2. No

**[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]**

## Adult

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

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

**[CATI/INTERVIEWER NOTE: IF NO, THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP] INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.**

## Private Residence

CP.5 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, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.**

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No [GO TO COLLEGE HOUSING]

**College Housing**

**CP.6 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.**

- 1. Yes [GO TO STATE OF RESIDENCE]
- 2. No

**[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]**

**State of Residence**

**CP.7 Do you currently live in \_\_\_\_ (state) \_\_\_\_?**

- 1. Yes [GO TO LANDLINE]
- 2. No [GO TO STATE]

**State**

**CP.8 In what state do you currently live?**

\_\_\_\_\_ ENTER FIPS STATE

**Landline**

**CP. 9 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 phones used for both business and personal use.

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

1. Yes
2. No

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

NUMADULT

**CP.10 How many members of your household, including yourself, are 18 years of age or older?**

- Number of adults  
99 Refused

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

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

## Core Sections

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

### Section 1: Health Status

---

**1.1** Would you say that in general your health is—

**Please read:**

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

**Or**

- 5 Poor

**Do not read:**

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

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

---

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

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

99 Refused

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

- Number of days
- 88 None [If Q2.1 and Q2.2 = 88 (None), go to next section]
- 77 Don't know / Not sure
- 99 Refused

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

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

### Section 3: Health Care Access

---

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

- 1 Yes [If using Health Care Access (HCA) Module go to Module 3, Q1, else continue]
- 2 No
- 7 Don't know / Not sure
- 9 Refused

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

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

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

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

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

**CATI NOTE: If using HCA Module, go to Module 3, Q3, else continue.**

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

**INTERVIEWER NOTE: A ROUTINE CHECKUP IS A GENERAL PHYSICAL EXAM, NOT AN EXAM FOR A SPECIFIC INJURY, ILLNESS, OR CONDITION.**

READ IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

**CATI NOTE: If using HCA Module and Q3.1 = 1 go to Module 3 Question 4 or if using HCA Module and Q3.1 = 2, 7, or 9 go to Module 3, Question 4a, or if not using HCA Module go to next section.**

#### Section 4: Exercise

---

**4.1** 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 INSTRUCTION: IF RESPONDENT DOES NOT HAVE A REGULAR JOB OR IS RETIRED, THEY MAY COUNT ANY PHYSICAL ACTIVITY OR EXERCISE THEY DO**

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

Section 5: 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.

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

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

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

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

**5.3** (Ever told) you had a stroke?

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

**5.4** (Ever told) you had asthma?

- 1 Yes
- 2 No **[Go to Q5.6]**
- 7 Don't know / Not sure **[Go to Q5.6]**

9 Refused [Go to Q5.6]

5.5 Do you still have asthma?

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

5.6 (Ever told) you had skin cancer?

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

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

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

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

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

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

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

**INTERVIEWER NOTE: Arthritis diagnoses include:**

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

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

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

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

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

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

**5.12** (Ever told) you have diabetes?

**INTERVIEWER NOTE: IF YES AND RESPONDENT IS FEMALE, ASK: WAS THIS ONLY WHEN YOU WERE PREGNANT? IF RESPONDENT SAYS PREDIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.**

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



9 Refused

**CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.**

**5.12** How old were you when you were told you have diabetes?

- \_\_ Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

**CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.**

Section 6: Tobacco Use

---

**6.1** 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. NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

**DO NOT READ**

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

- 1 Yes [Go to Q9.5]

- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

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

**READ IF NECESSARY:**

- 0 1 Within the past month (less than 1 month ago)
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
- 0 4 Within the past year (6 months but less than 1 year ago)
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
- 0 7 10 years or more
- 0 8 Never smoked regularly
- 7 7 Don't know / Not sure
- 9 9 Refused

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

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

**DO NOT READ**

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

**Section 7: Alcohol Consumption**

---

**7.1** 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
- 2 \_\_ Days in past 30 days
- 888 No drinks in past 30 days [Go to next section]
- 777 Don't know / Not sure [Go to next section]
- 999 Refused [Go to next section]

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

**INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.**

- \_\_ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

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

- \_\_ Number of times
- 88 None
- 77 Don't know / Not sure
- 99 Refused

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

- \_\_ Number of drinks
- 77 Don't know / Not sure
- 99 Refused

## Section 8: Immunization

---

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

**READ IF NECESSARY: A NEW FLU SHOT CAME OUT IN 2011 THAT INJECTS VACCINE INTO THE SKIN WITH A VERY SMALL NEEDLE. IT IS CALLED FLUZONE INTRADERMAL VACCINE. THIS IS ALSO CONSIDERED A FLU SHOT.**

- 1 Yes
- 2 No [Go to Q11.4]
- 7 Don't know / Not sure [Go to Q11.4]
- 9 Refused [Go to Q11.4]

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

- \_\_ / \_\_\_\_ Month / Year
- 77 / 7777 Don't know / Not sure
- 99 / 9999 Refused

**8.3** Have you received a tetanus shot in the past 10 years?

**READ ONLY IF NECESSARY: IF YES, ASK: WAS THIS TDAP, THE TETANUS SHOT THAT ALSO HAS PERTUSSIS OR WHOOPING COUGH VACCINE?**

- 1 Yes, received Tdap
- 2 Yes, received tetanus shot, but not Tdap
- 3 Yes, received tetanus shot but not sure what type
- 4 No, did not receive any tetanus shot in the past 10 years
- 7 Don't know/Not sure
- 9 Refused

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

**INTERVIEWER NOTE: IF RESPONDENT IS CONFUSED READ: THERE ARE TWO TYPES OF PNEUMONIA SHOTS: POLYSACCHARIDE, ALSO KNOWN AS PNEUMOVAX, AND CONJUGATE, ALSO KNOWN AS PREVNAR.**

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

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

**9.1** 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?

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

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

**NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE DON'T KNOW. INTERVIEWER NOTE: IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.**

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

**9.3** 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 used intravenous drugs in the past year.
- You have been treated for a sexually transmitted or venereal disease in the past year.
- You have given or received money or drugs in exchange for sex in the past year.
- You had anal sex without a condom in the past year.
- You had four or more sex partners in the past year.

Do any of these situations apply to you?

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

Section 10: Arthritis Management

---

**10.1** (Ever told) (you had) have 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, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)**

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

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

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

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

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

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

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

**INTERVIEWER NOTE: IF A RESPONDENT QUESTION ARISES ABOUT MEDICATION, THEN THE INTERVIEWER SHOULD REPLY: "PLEASE ANSWER THE QUESTION BASED ON HOW YOU ARE WHEN YOU ARE TAKING ANY OF THE MEDICATIONS OR TREATMENTS YOU MIGHT USE**

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

**10.5** 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 OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES." IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."**

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

**10.6** 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.

- \_\_\_ Enter number [00-10]
- 77 Don't know/ Not sure
- 99 Refused

## Section 11: Cholesterol Awareness

---

**11.1** About how long has it been since you last had your blood cholesterol checked?

**INTERVIEWER NOTE: BLOOD CHOLESTEROL IS A FATTY SUBSTANCE FOUND IN THE BLOOD.**

- 1 Never **[Go to next section]**
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 6 or more years ago
- 7 Don't know/ Not sure
- 9 Refused **[Go to next section]**

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

**INTERVIEWER NOTE: BY OTHER HEALTH PROFESSIONAL WE MEAN NURSE PRACTITIONER, A PHYSICIAN ASSISTANT, OR SOME OTHER LICENSED HEALTH PROFESSIONAL.**

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

**11.3** Are you currently taking medicine prescribed by your doctor for your blood cholesterol?

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

**Section 12: Demographics**

---

**12.1** What is your age?

- Code age in years
- 07 Don't know / Not sure
- 09 Refused

**12.2** Are you Hispanic, Latino/a, or Spanish origin? If yes, read: Are you...

**INTERVIEWER NOTE: ONE OR MORE CATEGORIES MAY BE SELECTED.**



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

**DO NOT READ:**

- 5 No
- 7 Don't know / Not sure
- 9 Refused

**12.3** Which one or more of the following would you say is your race? Please read:

**INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. ONE OR MORE CATEGORIES MAY BE SELECTED.**

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

**Do not read:**

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

**12.4** Which one of these groups would you say best represents your race? Please read:

**CATI NOTE: If more than one response to 12.4; continue. Otherwise, go to 12.6.**

**INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING. 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
- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 50 Pacific Islander
- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

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

**12.5** What was your sex at birth? Was it male or female?

**INTERVIEWER NOTE: ASK ONLY IF LL SELECTED RESPONDENT IS DIFFERENT FROM PERSONS WHO ANSWERED SEX IN SCREENING SECTION.**

- 1 Male
- 2 Female
- 7 Don't know/Not sure
- 9 Refused

**12.6** Are you...

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated

- 5 Never married
- Or
- 6 A member of an unmarried couple
- 9 Refused (**DO NOT READ**)

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

**READ IF NECESSARY**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- Do not read:
- 9 Refused

**12.8** Do you own or rent your home?

**READ IF NECESSARY: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.**

**INTERVIEWER NOTE: OTHER ARRANGEMENT MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT. HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.**

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

**12.9** In what county do you currently live?

- \_ \_ \_ ANSI County Code
- 777 Don't know / Not sure
- 999 Refused

**12.10** What is the ZIP Code where you currently live?

-----  
77777 Do not know  
99999 Refused

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

- 1 Yes **[If cellular telephone interview skip to 12.14]**
- 2 No **[Go to next question 12.13]**
- 7 Don't know / Not sure **[Go to next question 12.13]**
- 9 Refused **[Go to next question 12.13]**

**12.12** How many of these telephone numbers are residential numbers?

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

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

**INTERVIEWER NOTE: READ IF NECESSARY: INCLUDE CELL PHONES USED FOR BOTH BUSINESS AND PERSONAL USE.**

**CATI NOTE: Last question needed for partial complete.**

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

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

**READ IF NECESSARY: ACTIVE DUTY DOES NOT INCLUDE TRAINING FOR THE RESERVES OR NATIONAL GUARD, BUT DOES INCLUDE ACTIVATION, FOR EXAMPLE, FOR THE PERSIAN GULF WAR.**

- 1 Yes

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

**12.15** Are you currently...?

**INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".**

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

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

- Number of children
- 88 None
- 99 Refused

**12.17** Is your annual household income from all sources—

**INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED)**

**READ IF NECESSARY:**

- 04 Less than \$25,000; **If no, ask 05; if yes, ask 03**  
(\$20,000 to less than 25,000)
- 03 Less than \$20,000 **If no, code 04; if yes, ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If no, code 03; if yes, ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If no, code 02**
- 05 Less than \$35,000 **If no, ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If no, ask 07**

(\$35,000 to less than \$50,000)

07 Less than \$75,000 **If no, code 08**  
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read:

77 Don't know / Not sure

99 Refused

**12.18** About how much do you weigh without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT 9 IN FIRST COLUMN.  
ROUND FRACTIONS UP**

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

7777 Don't know/ Refused

9999 Refused

**12.19** About how tall are you without shoes?

**INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT 9 IN FIRST COLUMN.  
ROUND FRACTIONS DOWN**

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

77/ 77 Don't know / Not sure

99/ 99 Refused

**12.20** To your knowledge, are you now pregnant?

**CATI NOTE: Skip if 12.1, SEX, is coded 1; or 12.2, AGE, is greater than 49**

1 Yes

2 No

7 Don't know / Not sure

9 Refused

**12.21** Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

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

**12.22** Are you blind or do you have serious difficulty seeing, even when wearing glasses?

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

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

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

**12.24** Do you have serious difficulty walking or climbing stairs?

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

**12.25** Do you have difficulty dressing or bathing?

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

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

- 1 Yes
- 2 No

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

### Section 13: 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.

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

**INTERVIEWER NOTE: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH.**

**DO NOT ENTER TIME PER DAY UNLESS THE RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH. ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**

**READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

**INTERVIEWER NOTE: READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."**

**ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"**



- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?" READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

**INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?" READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

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

**READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “INCLUDE  
ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN, SCALLOPED  
POTATOES.”**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

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

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

**READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: “INCLUDE TOMATOES, GREEN  
BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND BROCCOLI.  
INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT INCLUDE RICE.”**

- 1\_\_ Day
- 2\_\_ Week
- 3\_\_ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

#### Section 14: Hypertension Awareness

---

**14.1** Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

**INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"**

- |   |  |                             |
|---|--|-----------------------------|
| 1 | Yes  |                             |
| 2 | Yes, but female told only during pregnancy | <b>[Go to next section]</b> |
| 3 | No   | <b>[Go to next section]</b> |
| 4 | Told borderline high or pre-hypertensive   | <b>[Go to next section]</b> |
| 7 | Don't know / Not sure                      | <b>[Go to next section]</b> |
| 9 | Refused                                    | <b>[Go to next section]</b> |

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

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

Closing statement

**CATI NOTE: READ IF NO OPTIONAL MODULES FOLLOW, OTHERWISE CONTINUE TO OPTIONAL MODULES.**

Please read:

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.

## Optional Modules

### Module 1: Pre-Diabetes

---

**NOTE: Only asked of those not responding Yes (code = 1) to Core Q5.12 (Diabetes awareness question).**

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

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

**CATI note: If Core Q6.12 = 4 (No, pre-diabetes or borderline diabetes); answer Q2 Yes (code = 1).**

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

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

### Module 2: Health Care Access

---

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

**NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received**

Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

**Read if necessary:**

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services

**Or**

- 07 Some other source
- 08 None (no coverage)

**Do not read:**

- 77 Don't know/Not sure

Module 3: Marijuana Use

---

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

- 01-30 Number of days
- 88 None **[Go to next module]**
- 77 Don't know/not sure **[Go to next module]**
- 99 Refused **[Go to next module]**

2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

**NOTE: Select one. If respondent provides more than one say: which way did you use it most often.**

**Read:**

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

**Do not read:**

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

3. When you used marijuana or cannabis during the past 30 days, was it usually:

**Read:**

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

**Do not read:**

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

Module 4: Adult Papilloma Virus - Vaccination

---

1. Have you ever had the Human Papilloma virus vaccination or HPV vaccination? **[Fill: if female "GARDASIL or CERVARIX", if male "GARDASIL"]**.

**NOTE: A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot.**

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

2. How many HPV shots did you receive?

- Number of shots (1-2)
- 3 All shots
- 77 Don't know / Not sure
- 99 Refused

Module 5: Industry and Occupation

---

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

- 01-30 Number of days
- 88 None **[Go to next module]**

77 Don't know/not sure  
99 Refused

[Go to next module]  
[Go to next module]

2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...

**NOTE: Select one. If respondent provides more than one say: which way did you use it most often.**

Read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates), or
- 6 Use it some other way.

**Do not read:**

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

3. When you used marijuana or cannabis during the past 30 days, was it usually:

Read:

- 1 For medical reasons (like to treat or decrease symptoms of a health condition);
- 2 For non-medical reasons (like to have fun or fit in), or
- 3 For both medical and non-medical reasons.

**Do not read:**

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

## Module 6: Sexual Orientation and Gender Identity

---

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

1. Which of the following best represents how you think of yourself?

**NOTE: Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.**

**CATI NOTE: Ask if Sex= 1.**

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

READ:

- 1 = Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

2. Which of the following best represents how you think of yourself?

**CATI NOTE: Ask if Sex= 2.**

READ:

- 1 = Lesbian or Gay
- 2 = Straight, that is, not gay
- 3 = Bisexual
- 4 = Something else
- 7 = I don't know the answer
- 9 = Refused

3. Do you consider yourself to be transgender?

**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.**

**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.**

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

- 1 Yes, Transgender, male-to-female



- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused

## Module 7: 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.

1. Now, looking back before you were 18 years of age---. 1) Did you live with anyone who was depressed, mentally ill, or suicidal?

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

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

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

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

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

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

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

5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't Know/Not Sure
- 9 Refused

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

Read:

- 1 Never
- 2 Once
- 3 More than once

**Don't Read:**

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

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—

Read:

- 1 Never
- 2 Once
- 3 More than once

**Don't Read:**

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

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

Read:

- 1 Never
- 2 Once

3 More than once

**Don't Read:**

7 Don't know/Not Sure

9 Refused

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

Read:

1 Never

2 Once

3 More than once

**Don't Read:**

7 Don't know/Not Sure

9 Refused

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

Read:

1 Never

2 Once

3 More than once

**Don't Read:**

7 Don't know/Not Sure

9 Refused

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

Read:

1 Never

2 Once

3 More than once

**Don't Read:**

7 Don't know/Not Sure

9 Refused

---

## Module 8: Hepatitis Treatment

1. Have you ever been told by a doctor or other health professional that you had Hepatitis C?

**NOTE: Hepatitis C is an infection of the liver from the Hepatitis C virus**

- 1 Yes
- 2 No [Go to next question 5]
- 7 Don't know / Not sure [Go to next question 5]
- 9 Refused [Go to next question 5]

2. Were you treated for Hepatitis C in 2015 or after?

**NOTE: Most hepatitis C treatments offered in 2015 or after were oral medicines or pills. Including Harvoni, Viekira, Zepatier, Epclusa and others.**

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

3. Were you treated for Hepatitis C prior to 2015?

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

4. Do you still have Hepatitis C?

**NOTE: You may still have Hepatitis C and feel healthy. Your blood must be tested again to tell if you still have Hepatitis C.**

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

5. The next question is about Hepatitis B. Has a doctor, nurse, or other health professional ever told you that you had hepatitis B?

**NOTE: Hepatitis B is an infection of the liver from the hepatitis B virus.**

- 1 Yes
- 2 No [Go to next section]

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

[Go to next section]  
[Go to next section]

6. Are you currently taking medicine to treat hepatitis B?

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

### Module 9: Caregiver

---

1. During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability? **If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss.**

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know/Not sure [Go to next module]
- 8 Caregiving recipient died in past 30 days [Go to next module]
- 9 Refused [Go to next module]

2. What is his or her relationship to you?

**NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.**

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live-in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative

- 15 Non-relative/ Family friend
- 77 Don't know/Not sure
- 99 Refused

3. For how long have you provided care for that person?

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years

**Do not read:**

- 7 Don't Know/ Not Sure
- 9 Refused

4. In an average week, how many hours do you provide care or assistance?

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more

**Do not read:**

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

5. What is the main health problem, long-term illness, or disability that the person you care for has?

**NOTE: If Q.5 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M21.07. Otherwise, continue.**

- 01 Arthritis/ rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as emphysema or COPD
- 05 Alzheimer's disease, dementia or other cognitive impairment disorder
- 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida
- 07 Diabetes
- 08 Heart disease, hypertension, stroke
- 09 Human Immunodeficiency Virus Infection (H.I.V.)

- 10 Mental illnesses, such as anxiety, depression, or schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance abuse or addiction disorders
- 13 Injuries, including broken bones
- 14 Old age/ infirmity/frailty
- 15 Other
- 77 Don't know/Not sure
- 99 Refused

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

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

7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

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

8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

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

9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

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

## Module 10: 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.

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

**CATI NOTE: If respondent is 45 years of age or older continue, else go to next module.**

- |   |                      |                              |
|---|----------------------|------------------------------|
| 1 | Yes                  | <b>[Go to next question]</b> |
| 2 | No                   | <b>[Go to next module]</b>   |
| 7 | Don't know/ not sure | <b>[Go to next question]</b> |
| 9 | Refused              | <b>[Go to next module]</b>   |

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...?

Read:

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

**Do not read:**

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

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...?

Read:

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

**[Go to question 5]**

**[Go to question 5]**



**Do not read:**

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

**[Go to question 5]**

**[Go to question 5]**

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...?

**Read:**

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

**Do not read:**

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

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...?

**Read:**

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

**Do not read:**

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

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

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

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

**NOTE: If respondent is female and greater than 49 years of age, has had a hysterectomy, is pregnant, or if respondent is male go to the next module.**

- |   |                                 |                     |
|---|---------------------------------|---------------------|
| 1 | Yes                             |                     |
| 2 | No                              | [Go to Question 4]  |
| 3 | No partner/ not sexually active | [Go to next module] |
| 4 | Same sex partner                | [Go to next module] |
| 7 | Don't know / Not sure           | [Go to next module] |
| 9 | Refused                         | [Go to next module] |

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

**NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.**

**If respondent reports using "condoms," probe to determine if "female condoms" or "male condoms."**

**If respondent reports using an "I.U.D." probe to determine if "levonorgestrel I.U.D." or "copper-bearing I.U.D."**

**If respondent reports "other method," ask respondent to "please specific" and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.**

Read if necessary:

- |    |   |                     |
|----|---|---------------------|
| 01 | Female sterilization (ex. Tubal ligation, Essure, Adiana)                       |                     |
| 02 | Male sterilization (vasectomy)  |                     |
| 03 | Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)          |                     |
| 04 | IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylea) |                     |
| 05 | IUD, Copper-bearing (ex. ParaGard)  |                     |
| 06 | IUD, type unknown   |                     |
| 07 | Shots (ex. Depo-Provera or DMPA)  |                     |
| 08 | Birth control pills, any kind   |                     |
| 09 | Contraceptive patch (ex. Ortho Evra, Xulane)                                    |                     |
| 10 | Contraceptive ring (ex. NuvaRing)   |                     |
| 11 | Male condoms  | [Go to next module] |

- |    |   |                     |
|----|---|---------------------|
| 12 | Diaphragm, cervical cap, sponge                                     | [Go to next module] |
| 13 | Female condoms  | [Go to next module] |
| 14 | Not having sex at certain times (rhythm or natural family planning) | [Go to next module] |
| 15 | Withdrawal (or pulling out)   | [Go to next module] |
| 16 | Foam, jelly, film, or cream   | [Go to next module] |
| 17 | Emergency contraception (morning after pill)                        | [Go to next module] |
| 18 | Other method  | [Go to next module] |

**Do not read:**

- |    |                      |                     |
|----|----------------------|---------------------|
| 77 | Don't know/ Not sure | [Go to next module] |
| 99 | Refused              | [Go to next module] |

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?

**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 if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons Do not read:

77 Don't know/Not sure  
99 Refused

## State Added Questions

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

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

**INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.**

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

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

**INTERVIEWER NOTE: DO NOT READ ANSWER OPTIONS**

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

3. 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 NOTE: 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.

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly
- 7 Don't know / Not sure
- 9 Refused

4. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than the experience 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.”**

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others

**[DO NOT READ]**

- 5 Only encountered people of the same race [DO NOT READ]
- 6 No health care in past 12 months [DO NOT READ]
- 7 Don't know / Not sure
- 9 Refused

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?

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

6. Prologue: Now, I am going to ask you about several factors that can affect a person's health. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say...?

**INTERVIEWER NOTE, IF NEEDED: We ask this question in order to compare health indicators among people in different housing situations.**

**SKIP INFO/ CATI Note: If Core Q8.7 = 1 or 2 (own or rent) ask this question, else go to next question.**

7. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say ...?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 8 Not applicable [DO NOT READ]
- 7 Don't know / Not sure [DO NOT READ]
- 9 Refused [DO NOT READ]

8. Does your community have trails, greenways, bike paths, or sidewalks for biking, walking, or other activities?

**SKIP INFO/ CATI Note: If answer is "1 Yes" go to next question. If answer is "2 No", "7 Don't know / Not sure", or "9 Refused" go to next module, SAQ10.**

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

9. How often do you use these for biking, walking or other activities? Would you say...?

- 1 At least once a week
- 2 At least once a month
- 3 A few times per year
- 4 Never
- 7 Don't know/Not sure
- 9 Refused

10. Prologue: The next questions are about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

Are any firearms now kept in or around your home?

**CATI SKIP LOGIC: IF ANS not equal to 1, SKIP TO SAQ13**

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

11. Are any of these firearms now loaded?

**CATI SKIP LOGIC: IF ANS !=1, SKIP TO SAQ13**

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

12. The next health topic is about the use of prescription pain relievers and drugs. Please keep in mind that you can ask me to skip any question you do not want to answer.

13. About how often in the past 12 months did you use prescription pain relievers including those that were not prescribed to you by a doctor, dentist, nurse practitioner, or other healthcare providers? Would you say...

**INTERVIEWER NOTE: Pain relievers include Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, OxyContin, Xanax, Valium, Ativan.**

**SKIP INFO/ CATI Note: If answer is "1 Never" skip to SAQ15**

- 1 Never
- 2 Every day or nearly every day
- 3 Several times a month
- 4 Several times a year

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

14. From whom did you obtain the prescription pain medication?

**NOTE: Can clarify with: 'referring to the last time you used prescription pain medication not available over the counter and not prescribed specifically for you'.**

- 1 = From a friend or relative
- 2 = From an acquaintance
- 3 = From a street dealer or other person I did not know
- 4 = Online
- 5 = Other/ Healthcare provider
- 7 = Don't know/Not sure
- 9 = Refused

15. Within the last 12 months, have you traveled either locally or out of state, to more than one health care provider for the primary reason of obtaining prescription pain medications or tranquilizers such as Codeine, morphine, Lortab, Vicodin, Tylenol #3, Percocet, or OxyContin?

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

16. In the past 12 months, did you shoot up or inject any drugs other than those prescribed for you? By shooting up, I mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling.

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

**Please read:**

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.



TN BRFSS