2022 Wisconsin BRFSS Questionnaire

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OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
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).		Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021 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.
	HELLO, I am calling for the Wisconsin Department of Health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.	States may opt not to mention the state name to avoid refusals by out of state residents in the cell phone sample. If cell phone respondent objects to being contacted by state where they have never lived, say: "This survey is conducted by all states and your information will be forwarded to the correct state of residence"

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02		
			2 No	TERMINATE	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.	
LL02.	Is this a private residence?	PVTRESD1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: 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.	
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.	

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					NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in__Wisconsin____?	STATERE1	1 Yes	Go to LL05		
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Wisconsin at this time.	
LL05.	Is this a cell phone?	CELPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline	

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					telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1. Go to Transition Section 1.	We ask this question to determine which health related questions apply to each respondent. For example, persons who report	

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					males as their sex at birth might be asked about prostate health issues.
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.	
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?
			2-6 or more	Go to LL10.	If respondent questions why any specific individual was chosen, emphasize that the selection is random and is not limited to any certain age group or sex.
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.	

			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
					Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	_ _ Number 77 Don't know/ Not sure 99 Refused			
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female].	
					If the number of adult males and adult females does not add to the total number of adults due to some members of the household's	

					gender identity, the interview may continue.
LL12	The person in your household that I need to speak with is [Oldest/Youngest/ Middle//Male /Female]. Are you the [Oldest/Youngest/ Middle//Male /Female] in this household?	RESPSLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)	
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.
Transitio n to Section 1.			I will not ask for your last name, address, or other personal informatio n 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 informatio n you give me will not be connected		Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.

			to any personal informatio n If you have any questions about the survey, please call 877-551-6138.			

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		
			2 No	([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing	

					persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female		We ask this question to determine which health related questions apply to each respondent. For example, persons who report males as their sex at birth might be asked about prostate health issues.	
			3 Nonbinary 7 Don't know/Not sure 9 Refused	States may insert sex at birth state added question or sex at birth module here. States which do not opt to use the sex at birth module TERMINATE here.		
				TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
CP06.	Do you live in a private residence?	PVTRESD3	1 Yes	Go to CP08	Read if necessary: By private residence we mean	

					someplace like a house or apartment Do not read: 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.	
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences	

					or college housing at this time.	
CP08.	Do you currently live in___Wisconsin____?	CSTATE1	1 Yes	Go to CP10		
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon			

			42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read 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.

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CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	_ _ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.			

Core Section 1: Health Status

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

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	_ _ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	_ _ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		88 may be coded if respondent says "never" or "none" It is not necessary to ask respondents to provide a number if they indicate that this never occurs.	
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical	POORHLTH	_ _ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	PRIMINSR	<u>Read if necessary:</u> 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A private nongovernmental plan that you or another family member buys on your own 03 Medicare 04 Medigap 05 Medicaid 06 Children's Health Insurance Program (CHIP) 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA 08 Indian Health Service 09 State sponsored health plan 10 Other government program 88 No coverage of any type		If respondent has multiple sources of insurance, ask for the one used most often. If respondents give the name of a health plan rather than the type of coverage ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.	

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	PERSDOC3	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider? NOTE: if the respondent had multiple doctor groups then it would be more than one—but if they had more than one doctor in the same group it would be one.	
CHCA.03	Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?	MEDCOST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	

			Do not read: 7 Don't know / Not sure 8 Never 9 Refused			

Wisconsin State-Added 1: Health Care Coverage

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI1_1	Do you have health care coverage from Medicaid or BadgerCare? ¿Tiene cobertura de atención médica de Medicaid o BadgerCare?	SAMC01	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Only ask if respondent is a state resident.	(IF NECESSARY: THESE ARE GOV'T PROGRAMS THAT PAY FOR HEALTH CARE FOR LOW-INCOME PEOPLE AND WORKING FAMILIES. RECIPIENTS HAVE A PLASTIC ID CARD THAT SAYS "FORWARD" ON IT. THESE PROGRAMS ARE CALLED MEDICAID, BADGERCARE, MEDICAL ASSISTANCE, OR TITLE 19.) (SI ES NECESARIO: ESTOS SON PROGRAMAS DEL GOBIERNO QUE PAGAN LA ATENCIÓN MÉDICA PARA PERSONAS DE BAJOS INGRESOS Y FAMILIAS TRABAJADORAS. LOS DESTINATARIOS TIENEN UNA TARJETA DE	

					IDENTIFICACIÓN DE PLÁSTICO QUE DICE "ENVIAR". ESTOS PROGRAMAS SE LLAMAN MEDICAID, BADGERCARE, ASISTENCIA MÉDICA O TÍTULO 19.)	

Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	

Core Section 5: Inadequate Sleep

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	On average, how many hours of sleep do you get in a 24-hour period?	SLEPTIM1	_ _ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole	

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					hour and dropping 29 or fewer minutes.	

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Core Section 6: Oral Health

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
COH.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?	LASTDEN4	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			129
COH.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?	RMVTETH4	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.	130

Core Section 7: Chronic Health Conditions

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

CCHC.06	(Ever told) (you had) skin cancer that is not melanoma?	CHCSCNCR1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.07	(Ever told) (you had) melanoma or any other types of cancer?	CHCOCNCR1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	

CCHC.11	(Ever told) (you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: 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)	
CCHC.12	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	
			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or	Go to Pre-Diabetes Optional Module (if used). Otherwise,		

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
			borderline diabetes 7 Don't know / Not sure 9 Refused	go to next section.		
CCHC.13	How old were you when you were first told you had diabetes?	DIABAGE3	_ _ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				Skip if CCHC.12, DIABETE4, is coded 1. To be asked following Core CCHC.12;		
M01.01	When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?	PDIABTST	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years			

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
			(5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			
				Skip if CCHC.12, DIABETE4, is coded 1; If CCHC.11, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes)		
M01.02	Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused		If Yes and respondent is female, ask: Was this only when you were pregnant?	

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
				Skip if CCHC.12 is not equal to 1.		
M02.01	According to your doctor or other health professional, what type of diabetes do you have?	***NEW***	1 Type 1 2 Type 2 7 Don't know/ Not sure 9 Refused			

M02.02	Insulin can be taken by shot or pump. Are you now taking insulin?	***NEW***	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
M02.03	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	
M02.04	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
M02.05	When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a	***NEW***	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1			

	specialized camera?		month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
M02.06	When was the last time you took a course or class in how to manage your diabetes yourself?	***NEW***	1 Within the past year (anytime less than 12 months ago) 2 Within the last 2 years (1 year but less than 2 years ago) 3 Within the last 3 years (2 years but less than 3 years ago) 4 Within the last 5 years (3 to 4 years but less than 5 years ago) 5 Within the last 10 years (5 to 9 years but less than 10 years ago) 6 10 years ago or more 8 Never 7 Don't know / Not sure 9 Refused			

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
M02.07	**Have you ever had any sores or irritations on your feet that took more than four weeks to heal**?	***NEW***	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Core Section 8: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	_ _ Code age in years 07 Don't know / Not sure 09 Refused			
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you… 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	

CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read:
			10 White
			20 Black or African American
			30 American Indian or Alaska Native
			40 Asian
			     41 Asian Indian
			     42 Chinese
			     43 Filipino
			     44 Japanese
			     45 Korean
			     46 Vietnamese
				.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
					One or more categories may be selected.	

			47 Other Asian
			50 Pacific Islander
			    51 Native Hawaiian
			    52 Guamanian or Chamorro
			    53 Samoan
			    54 Other Pacific Islander
			Do not read:
			88 No choices
			77 Don't know / Not sure
			99 Refused
					If respondent indicates that they are Hispanic for race, please read the race choices.	

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		

CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	Please read:
			10 White
			20 Black or African American
			30 American Indian or Alaska Native
			40 Asian
			    41 Asian Indian
			    42 Chinese
			    43 Filipino
			    44 Japanese
			    45 Korean
			    46 Vietnamese
			    47 Other Asian
			50 Pacific Islander
			    51 Native Hawaiian
			    52 Guamanian or Chamorro
			    53 Samoan
			    54 Other Pacific Islander
			Do not read:
			77 Don't know / Not sure
			99 Refused
					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	

				If using SOGI module, insert here. Sex at birth		

				module may be inserted here if not used in the screening section.		
CDEM.05	Are you…	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			
CDEM.06	What is the highest grade or year of school you completed?	EDUCA	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			
CDEM.07	Do you own or rent your home?	RENTHOM1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the	

					majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	
CDEM.08	In what county do you currently live?	CTYCODE2	_ _ _ANSI County Code 777 Don't know / Not sure 999 Refused 888 County from another state			
CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	_ _ _ _ _ 77777 Do not know 99999 Refused			
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one landline telephone number in your household?	NUMHHOL3	1 Yes			
			2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		
CDEM.11	How many of these	NUMPHON3	__ Enter number (1-5) 6 Six or more			

			7 Don't know / Not sure 8 None 9 Refused			
CDEM.12	How many cell phones do you have for your personal use?	CPDEMO1B	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Do not include cell phones that are used exclusively by other members of your household. Read if necessary: Include cell phones used for both business and personal use.	
CDEM.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
CDEM.14	Are you currently…?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or		If more than one, say "select the category which best describes you".	

			8 Unable to work Do not read: 9 Refused			

Module 22: Industry and Occupation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MIO.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	TYPEWORK	_____Record answer 99 Refused	If CDEM.14 = 1 (Employed for wages) or 2 (Self-employed) or 4 (Employed for wages or out of work for less than 1 year), continue, else go to next module/section. If CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of work did you do? For example, registered nurse, janitor, cashier, auto mechanic." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	
MIO.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	TYPEINDS	_____Record answer 99 Refused	If Core CDEM.14 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing		

				manufacturing, restaurant."		

Core Section 8: Demographics (Part 2)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			
CDEM.16	Is your annual household income from all sources—	***NEW***	Read if necessary: 01 Less than $10,000? 02 Less than $15,000? ($10,000 to less than $15,000) 03 Less than $20,000? ($15,000 to less than $20,000) 04 Less than $25,000 05 Less than $35,000 If ($25,000 to less than $35,000) 06 Less than $50,000 If ($35,000 to less than $50,000) 07 Less than $75,000? ($50,000 to less than $75,000) 08 Less than $100,000? ($75,000 to less than $100,000) 09 Less than $150,000? ($100,000 to less than $150,000)? 10 Less than $200,000? ($150,000 to less than $200,000) 11 $200,000 or more Do not read:	SEE CATI information of order of coding; Start with category 05 and move up or down categories.	If respondent refuses at ANY income level, code '99' (Refused)	

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
			77 Don't know / Not sure 99 Refused			
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). Or Age >49		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDEM.18	About how much do you weigh without shoes?	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	
CDEM.19	About how tall are you without shoes?	HEIGHT3	_ _ / _ _ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	

Core Section 9: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
CDIS.01	Some people who are deaf or have serious difficulty hearing use	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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	assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?					
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

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Core Section 10: Breast and Cervical Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip to next module if sex/ sex at birth = male		
CBCCS.01	(The next questions are about breast and cervical cancer.) Have you ever had a mammogram?	HADMAM	1 Yes		A mammogram is an x-ray of each breast to look for breast cancer.	
			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.03		
CBCCS.02	How long has it been since you had your last mammogram?	HOWLONG	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			
CBCCS.03	Have you ever had a cervical	CERVSCRN	1 Yes			

			2 No 7 Don't know/ not sure 9 Refused	Go to CBCCS.07		
CBCCS.04	How long has it been since you had your last cervical cancer screening test?	CRVCLCNC	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago			
			7 Don't know / Not sure 9 Refused			
CBCCS.05	At your most recent cervical cancer screening, did you have a Pap test?	CRVCLPAP	1 Yes 2 No 7 Don't know / Not sure 9 Refused			
CBCCS.06	At your most recent cervical cancer screening, did you have an H.P.V. test?	CRVCLHPV	1 Yes 2 No 7 Don't know / Not sure 9 Refused		H.P.V. stands for Human papillomarvirus (pap-uh-loh-muh virus)	

				If response to Core CDEM.17 = 1 (is pregnant) do not ask and go to next module.		
CBCCS.07	Have you had a hysterectomy?	HADHYST2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	

Core Section 11: Colorectal Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If Section CDEM.01, AGE, is less than 45 go to next module.		
CCRC.01	Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?	HADSIGM3	1 Yes	Go to CCRC.02		
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.06		
CCRC.02	Have you had a colonoscopy, a sigmoidoscopy, or both?	COLNSIGM	1 Colonoscopy	Go to CCRC.03		
			2 Sigmoidoscopy	Go to CCRC.04		
			3 Both 7 Don't know/Not sure	Go to CCRC.03		
			9 Refused	Go to CCRC.06		
CCRC.03	How long has it been since your most recent colonoscopy?	COLNTES1	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 Within the past 10 years (5 years but less	Go to CCRC.06		

			than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
				If CCRC.02 =3 (BOTH) continue, else Go to CCRC.06		
CCRC.04	How long has it been since your most recent sigmoidoscopy?	SIGMTES1	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 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused	Go to CCRC.06		
CCRC.05	How long has it been since your most recent colonoscopy or sigmoidoscopy?	LASTSIG3	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 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.06	Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?	COLNCNCR	1 Yes	Go to CCRC.07		
			2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module		
CCRC.07	A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?	VIRCOLO1	1 Yes	Go to CCRC.08	CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need	

			2 No 7 Don't Know/Not sure 9 Refused	Go to CCRC.09	medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.
CCRC.08	When was your most recent CT colonography or virtual colonoscopy?	VCLNTES1	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 Within the past 10 years (5 years but less than 10 years ago) 5 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused		
CCRC.09	One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you	SMALSTOL	1 Yes	Go to CCRC.10	The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or
			2 No 7 Don't know/ not sure 9 Refused	Go to CCRC.11	

	ever had this test?				bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab.	
CCRC.10	How long has it been since you had this test?	STOLTEST	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			
CCRC.11	Another stool test uses a	STOOLDN1	1 Yes	Go to CCRC.12	Cologuard is a new type of	

	special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?		2 No 7 Don't Know/Not sure 9 Refused	Go to Next Module	stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.	
CCRC.12	Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?	BLDSTFIT	1 Yes 2 No 7 Don't Know/Not sure 9 Refused			
CCRC.13	How long has it been since you had this test?	SDNATEST1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure			

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			9 Refused			

Core Section 12: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	
CTOB.04	Would you say you have never used e-cigarettes or other electronic vaping	NEW	1 Never used e-cigarettes in your entire life 2 Use them every day		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	

	products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?		3 Use them some days 4 Not at all (right now) Do not read: 7 Don't know / Not sure 9 9 Refused		hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu. 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.	

Core Section 13: Lung Cancer Screening

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CTOB.01=1 (yes) and CTOB.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to CLC.04.		

CLC.01	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?	LCSFIRST	_ _ _ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused		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). If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.	
			888 Never smoked cigarettes regularly	Go to CLC.04		
CLC.02	How old were you when you last smoked cigarettes regularly?	LCSLAST	_ _ _ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused			
CLC.03	On average, when you [smoke/ smoked] regularly, about how many cigarettes {do/did} you usually smoke each day?	LCSNUMCG	_ _ _ Number of cigarettes 777 Don't know/Not sure 999 Refused		Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs 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	
CLC.04	The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut shaped x-ray machine. Have you ever had a CT or CAT scan of your chest area?		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to next section		
CLC.05	Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?		1 Yes			
			2 No 7 Don't know/not sure 9 Refused	Go to Next section		
CLC.06	When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?		Read only if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years) 3 Within the past 3 years			

			(2 years but less than 3 years) 4 Within the past 5 years (3 years but less than 5 years) 5 Within the past 10 years (5 years but less than 10 years ago) 6 10 or more years ago Do not read: 7 Don't know / Not sure 9 Refused			

Core Section 14: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.					
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?	ALCDAY5	1 _ _ Days per week 2 _ _ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.02	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	AVEDRNK3	_ _ Number of drinks 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	_ _ Number of times 77 Don't know / Not sure 88 no days 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)		
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	_ _ Number of drinks 77 Don't know / Not sure 99 Refused		

Core Section 15: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.03	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.	
CIMM.02	During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?	FLSHTMY3	_ _ / _ _ _ _ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			
CIMM.03	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	

| CIMM.04 | Have you received a tetanus shot in the past 10 years? | TETANUS2 | 1 Yes, received Tdap

2 Yes, received tetanus shot, but not Tdap

3 Yes, received tetanus shot but not sure what type

4 No, did not receive any tetanus shot in the past 10 years

7 Don't know/Not sure

9 Refused | | If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine? | |

Core Section 16: H.I.V./AIDS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	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?	HIVTST7	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to CHIV.03	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.	
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	_ _/_ _ _ _ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	
CHIV.03	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**	HIVRISK5	1 Yes 2 No 7 Don't know / Not sure 9 Refused			263

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?					

Emerging Core: Long-term COVID Effects

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)		SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
COVID.01	Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID 19?	***NEW***		1 Yes 3 Tested positive using home test without health professional		Positive tests include antibody or blood testing as well as other forms of testing for COVID, such a nasal swabbing or throat swabbing including home tests.. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.	
				2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.02	Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?	***NEW***		1 Yes		Long term conditions may be an indirect effect of COVID 19. These long term conditions may not be related to the virus itself	
				2 No 7 Don't know / Not sure 9 Refused	Go to next section		
COVID.03	Which of the following was the	***NEW***		READ 1 Tiredness or fatigue			

	primary symptom that you experienced? Was it….			2 Difficulty thinking or concentrating or forgetfulness/memory problems (sometimes referred to as "brain fog") 3 Difficulty breathing or shortness of breath 4 Joint or muscle pain 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain 6 Dizziness on standing 7 Depression, anxiety, or mood changes 8 Symptoms that get worse after physical or mental activities 9 You did not have any long-term symptoms that limited your activities.77 Don't know/Not sure 99 Refused			

Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not 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.		Read if no optional modules follow, otherwise continue to optional modules.

Optional Modules

Module 7: COVID Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MCOV.01	Have you received at least one dose of a COVID-19 vaccination?	***NEW***	1 Yes	Go to MCOV.03 (COVIDNUM)		
			2 No	Go to MCOV.02 (COVACGET)		
			7 Don't know / Not sure 9 Refused	Go to next section		
MCOV.02	Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?	COVACGET	1 = Will definitely get a vaccine 2 = Will probably get a vaccine 3 = Will probably not get a vaccine 4 = Will definitely not get a vaccine 7 = Don't know/Not sure 9 = Refused	Go to next section		
MCOV.03	How many COVID-19 vaccinations have you received?	COVIDNUM	1 One			
			2 Two 3 Three or more 4 Four or more	Go to MCOV.05		
			7 Don't know / Not sure 9 Refused	Go to next module		

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Skip MCOV4 (COVINT) if COVIDNUM = 2 or 3 or 4.		
MCOV.04	Which of the following best describes your intent to take the recommended COVID vaccinations… Would you say you have already received all recommended doses, plan to receive all recommended doses or do not plan to receive all recommended doses?	COVIDINT	1 = Already received all recommended doses 2 = Plan to receive all recommended doses 3 = Do not plan to receive all recommended doses 7 = Don't know/Not sure 9 = Refused			
MCOV.05	During what month and year did you receive your (first) COVID-19 vaccination?	COVIDFST	_ _ / _ _ _ _ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused	If respondent indicated only one vaccine do not read word "first"		
MCOV.06	During what month and year did you receive your second COVID-19 vaccination?	COVIDFST	_ _ / _ _ _ _ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			

Module 9: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)

				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MTOC.01	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had? | CNCRDIFF | 1 Only one
2 Two
3 Three or more | | | |
| | | | 7 Don't know / Not sure
9 Refused | Go to next module | | |
| MTOC.02 | At what age were you told that you had cancer? | CNCRAGE | _ _ Age in Years (97 = 97 and older)
98 Don't know/Not sure
99 Refused | | If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer?
Read if necessary: This question refers to the first time they were told about their first cancer. | |
| | | | | If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? | | |

				then code MTOC.03 as a response of 16 if Melanoma or 22 if other skin cancer		
MTOC.03	What kind of cancer is it?	***NEW***	Read if respondent needs prompting for cancer type: 01 Bladder 02 Blood 03 Bone 04 Brain 05 Breast 06 Cervix/Cervical 07 Colon 08 Esophagus/Esophageal 09 Gallbladder 10 Kidney 11 Larynx-trachea 12 Leukemia 13 Liver 14 Lung 15 Lymphoma 16 Melanoma 17 Mouth/tongue/lip 18 Ovary/Ovarian 19 Pancreas/Pancreatic 20 Prostate 21 Rectum/Rectal 22 Skin (non-melanoma) 23 Skin (don't know what kind) 24 Soft tissue (muscle or fat) 25 Stomach 26 Testis/Testicular 27 Throat - pharynx 28 Thyroid 29 Uterus/Uterine 30 Other Do not read:		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	

			77 Don't know / Not sure 99 Refused			

Module 10: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVTRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	
			2 No, I've completed treatment	Continue		
			3 No, I've refused treatment 4 No, I haven't started treatment 5 Treatment was not necessary 7 Don't know / Not sure 9 Refused	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a….	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care	

			05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		(Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	
MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	
MCOT.04	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?	CSRVRTRN	1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		

MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	
MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVDEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCLIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 11: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MCPM.02	Would you say your pain is currently under control…?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			

Module 13: Cognitive Decline

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If respondent is 45 years of age or older continue, else go to next module.		
M13.01	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	CIMEMLOS	1 Yes	Go to M13.02		
			2 No	Go to next module		
			7 Don't know/ not sure	Go to M13.02		
			9 Refused	Go to next module		

	difficulties impact you. During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?				
M13.02	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is…	CDHOUSE	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused		
M13.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is…	CDASSIST	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused	Go to M13.05	
M13.04	When you need help with these day-to-day activities, how often are you able to get the help that you	CDHELP	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read:		

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
	need? Would you say it is…		7 Don't know/Not sure 9 Refused			
M13.05	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is…	CDSOCIAL	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			
M13.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	CDDISCUS	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 14: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M14.01	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?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	
			2 No	Go to M13.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M13.09		

M14.02	What is his or her relationship to you?	CRGVREL3	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		If more than one person, say: Please refer to the person to whom you are giving the most care.	
M14.03	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 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			
M14.04	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	Read if necessary: 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			

M14.05	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	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	If M13.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		

M14.06	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			
M14.07	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
M14.08	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	CRGVHOU1	1 Yes 2 No 7 Don't know/ not sure 9 Refused			
				If M13.01 = 1 or 8, go to next module		
M14.09	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?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 16: Social Determinants and Health Equity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MSDHE.01	In general, how satisfied are you with your life? Are you..		Read: 1 Very satisfied 2 Satisfied 3 Dissatisfied 4 Very dissatisfied 7 Don't know/not sure 9 Refused			
MSDHE.02	How often do you get the social and emotional support that you need? Is that…		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.03	How often do you feel socially isolated from others? Is it…		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.04	In the past 12 months have you lost employment or		1 Yes 2 No 7 Don't Know/ Not sure			

	had hours reduced?		9 Refused			
MSDHE.05	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.06	During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that…		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			
MSDHE.07	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.08	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?		1 Yes 2 No 7 Don't Know/ Not sure 9 Refused			
MSDHE.09	During the past 12 months has a lack of reliable		1 Yes 2 No			

	transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?		7 Don't Know/ Not sure 9 Refused			
MSDHE.10	Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it…		Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never 7 Don't know/not sure 9 Refused			

Module 17: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note(s)	Column(s)
Preamble	The following questions are about marijuana or cannabis. Do not include hemp-based or CBD-only products in your responses.					

19 September 2023

MMU.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days		Do not include hemp-based CBD-only products.	
			88 None 77 Don't know/not sure 99 Refused	Go to next module		
MMU.02	During the past 30 days, did you smoke it (for example, in a joint, bong, pipe, or blunt)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.03	…eat it or drink it (for example, in brownies, cakes, cookies, or candy, or in tea, cola, or alcohol)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.04	…vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
MMU.05	…dab it (for example, using a dabbing rig, knife, or dab pen)?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	

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MMU.06	…use it in some other way?	***NEW***	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused		Do not include hemp-based CBD-only products.	
				If respondent answers yes to only one type of use, skip MMU.07		
				Create CATI to only show the options of use that the respondents chose in earlier questions (MMU.02-MMU.06).		
MMU.07	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually…	USEMRJN3	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it nor drink it (for example, in brownies, cakes, cookies, or candy or in tea, cola or alcohol) ~~3 Drink it (for example, in tea, cola, or alcohol)~~ 3 Vaporize it (for example, in an e-cigarette-		Select one. If respondent provides more than one say: Which way did you use it most often? Do not include hemp-based CBD-only products.	

	like vaporizer or another vaporizing device) 4 Dab it (for example, using a dabbing rig, knife, or dab pen), or 5 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused		

Module 18: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2 = 3		
MTC.01	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less	Go to next module		

			than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
				Ask if SMOKDAY2 = 1 or 2.		
MTC.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			

Module 23: Random Child Selection

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	If CDEM.15 = 1, Interviewer please read: Previously, you indicated			If CDEM.15 = 88, or 99 (No children under age 18 in the household, or		

	there was one child age 17 or younger in your household. I would like to ask you some questions about that child. If CDEM.15 is >1 and CDEM.15 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their 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			Refused), go to next module. CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below. INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.		

	order of their birth.					
MRCS.01	What is the birth month and year of the [Xth] child?	RCSBIRTH	_ _ /_ _ _ _ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused		
MRCS.02	Is the child a boy or a girl?	RCSGENDR	1 Boy 2 Girl 3 Nonbinary/other 9 Refused	If RCSGENDR=1 or 2, go to MRCS.03. IF RCSGENDR=3 OR 9, GO TO NEXT QUESTION.	
MRCS.04	What was the child's sex on their original birth certificate?		1 Boy 2 Girl		
MRCS.03	Is the child Hispanic, Latino/a, or Spanish origin?	RCHISLA1	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they…	
MRCS.04	Which one or more of the following would you say is the race of the child?	RCSRACE1	10 White 20 Black or African American 30 American Indian or Alaska Native **40 Asian** 41 Asian Indian		Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and code	

			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: 88 No choices 77 Don't know / Not sure 99 Refused		subcategories underneath major heading.
				IF MORE THAN ONE RESPONSE TO M25.04; CONTINUE. OTHERWISE, GO TO M25.06.]	
MRCS.05	Which one of these groups would you say best represents the child's race?	RCSBRAC2	10 White 20 Black or African American 30 American Indian or Alaska Native **40 Asian** 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian **50 Pacific Islander** 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Question Number	Question text	Variable names	Responses	SKIP INFO/CATI Note	Interviewer Note(s)	Column(s)
			Do not read: 77 Don't know / Not sure 99 Refused			
MRCS.06	How are you related to the child? Are you a….	RCSRLTN2	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			

Module 24: Childhood Asthma Prevalence

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

	EVER said that the child has asthma?		9 Refused			
MCAP.02	Does the child still have asthma?	CASTHNO2	1 Yes 2 No 7 Don't know/ not sure 9 Refused			

Module 26: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	The next two questions are about sexual orientation and gender identity					
				If sex= male (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.01b.		
MSOGI.01a	Which of the following best represents how you think of yourself?	SOMALE	1 = Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused		Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the	551

					number or the text/word.	
				If sex= female (using BIRTHSEX, CELLSEX, LANDSEX) continue, otherwise go to MSOGI.02.		
MSOGI.01b	Which of the following best represents how you think of yourself?	SOFEMALE	1 = Lesbian or Gay 2 = Straight, that is, not gay 3 = Bisexual 4 = Something else 7 = I don't know the answer 9 = Refused	.	Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations. Please say the number before the text response. Respondent can answer with either the number or the text/word.	552
MSOGI.02	Do you consider yourself to be transgender?	TRNSGNDR	1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender,		Read if necessary: Some people describe themselves as transgender when they experience a different gender	553

| | | | gender nonconforming
4 No
7 Don't know/not sure
9 Refused | | 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. | |

Question Number	Question text	Variable names	Responses	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				male-to-female, 2. female-to-male, or 3. gender non-conforming? Please say the number before the text response. Respondent can answer with either the number or the text/word.		

Module 27: Family Planning

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				IF RESPONDENT GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE		
PROLOGUE	The next set of questions asks you about your experiences preventing pregnancy and using birth control, also known as					

	family planning. Questions that ask about sexual intercourse are referring to sex where a penis is inserted into the vagina.					
MFP.01	In the past 12 months, did you have sexual intercourse?		1 Yes			
			2 No 7 Don't know/ not sure 9 Refused	Go to next module		
MFP.02	Some things people do to keep from getting pregnant include not having sex at certain times of the month, pulling out,		1 Yes		.	

	using birth control methods such as the pill, implant, shots, condoms, or IUD, having their tubes tied, or having a vasectomy. The last time you had sexual intercourse, did you or your partner do anything to keep you from getting pregnant?		2 No	GO TO MFP.06		
			7 Don't know/ not sure 9 Refused	GO TO MFP.07		
MFP.03	The last time you had sexual intercourse, what did you or your partner do to keep you from getting pregnant?		Read if necessary: 01 Female sterilization (Tubal ligation, Essure, or Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant 04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)		IF RESPONDENT REPORTS USING TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. CODE THE OTHER METHOD IN QUESTION 4 (DO NOT ASK QUESTION 4). IF RESPONDENT REPORTS USING MORE THAN TWO METHODS, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST. OF THE	

			05 Shots (Depo-Provera) 06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra) 07 Condoms (male or female) 08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream 09 Had sex at a time when less likely to get pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method Do not read: 77 Don't know/Not sure 99 Refused		REMAINING METHODS MENTIONED, CODE THE METHOD THAT OCCURS FIRST ON THE LIST IN QUESTION 4 (DO NOT ASK QUESTION 4). 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.	

| MFP.04 | The last time you had sexual intercourse, what else, if anything, did you or your partner do to keep you from getting pregnant? | | Read if necessary:

00 Nothing else

01 Female sterilization (Tubal ligation, Essure, or Adiana)

02 Male sterilization (vasectomy)

03 Contraceptive implant

04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)

05 Shots (Depo-Provera)

06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)

07 Condoms (male or female)

08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream

09 Had sex at a time when less likely to get | | **INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE ADDITIONAL METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.**

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. | |

			pregnant (rhythm or natural family planning) 10 Withdrawal or pulling out 11 Emergency contraception or the morning after pill (Plan B or ella) 12 Other method Do not read: 77 Don't know/Not sure 99 Refused			
				Ask MFP.05 if respondent indicated method response options 01-08 and 11 in MFP.03 above; else skip MFP.05		
MP.05	Where did you get the [response from Q3] you used when you last had sexual intercourse?		Read if necessary: 01 Private doctor's office 02 Community health clinic, Community clinic, Public health clinic 03 Family planning or Planned	Go to MFP.07		

			Parenthood Clinic [04 School or school-based clinic [05 Hospital outpatient clinic, emergency room, regular hospital room 06 Urgent care center, urgi-care or walk-in facility 07 In- store health clinic (like CVS, Target, or Walmart) 08 Health care visit with a pharmacist 09 Website or app 10 Some other place			
MFP.06	Some reasons people might not do anything to keep from getting pregnant might include wanting a pregnancy, not being able to pay for birth		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 You wanted a pregnancy		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	

| | control, or not thinking that they can get pregnant.

What was your main reason for not doing anything to prevent pregnancy the last time you had sexual intercourse? | | 04 You didn't care if you got pregnant

05 You or your partner didn't want to use birth control (side effects, don't like birth control)

06 You had trouble getting or paying for birth control

07 You didn't trust giving out your personal information to medical personnel

08 Didn't think you or your partner could get pregnant (infertile or too old)

09 You were using withdrawal or "pulling out"

10 You had your tubes tied (sterilization)

11 Your partner had a vasectomy (sterilization)

12 You were breast-feeding | | CATEGORY, PLEASE MARK APPROPRIATELY. | |

			or you just had a baby			
			13 You were assigned male at birth			
			14 Other reasons			
			Do not read:			
			77 Don't know/Not sure			
			99 Refused			
MFP.07	If you could use any birth control method you wanted, what method would you use?		01 Female sterilization (Tubal ligation, Essure, or Adiana)			
			02Male sterilization (vasectomy)			
			03 Contraceptive implant			
			04 Intrauterine device or IUD (Mirena, Levonorgestrel, ParaGard)			
			05 Shots (Depo-Provera)			
			06 Birth control pills, Contraceptive Ring (NuvaRing), Contraceptive patch (Ortho Evra)			

			07 Condoms (male or female)			
			08 Diaphragm, cervical cap, sponge, foam, jelly, film, or cream			
			09 Having sex at a time when less likely to get pregnant (rhythm or natural family planning)			
			10 Withdrawal or pulling out			
			11 Emergency contraception or the morning after pill (Plan B or ella)			
			12Other method			
			13 I am using the method that I want to use			
			14I don't want to use any method			
			Do not read:			
			77 Don't know/Not sure			
			99 Refused			

Module 28: Reactions to Race

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
MRTR.01	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?		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 07 Mixed Race 08 Some other group 77 Don't know / Not sure 99 Refused		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." Interviewer note: do not offer "mixed race" as a category but use as a code if respondent offers it.	
MRTR.02	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?		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		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.	
MRTR.03	Within the past 12 months, do you feel that in general you were treated worse than, the same as, or better than people of other races?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		
				If EMPLOY1= 3, 5, 6, 7, 8, 9 GOTO [CATI skip pattern: This question should only be asked of those who are "employed for wages," "self-employed," or "out of work for less than one year."]	
MRTR.04	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?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered		

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Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
			people of the same race 7 Don't know / Not sure 9 Refused			
MRTR.05	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?		1 Worse than other races 2 The same as other races 3 Better than other races 4 Worse than some races, better than others 5 Only encountered people of the same race 7 Don't know / Not sure 9 Refused		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	
MRTR.06	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			

Wisconsin State-Added 2: Hmong Identity

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident and mrace1=40 (Asian)	Pronunciation is MUHNG	

WI2.1	Do you consider yourself Hmong? ¿Te consideras Hmong?	WI2.1	1 Yes 2 No 7 Don't Know/Not Sure 9 Refused			

Wisconsin State-Added 3: City of Milwaukee

THIS QUESTION WAS PROGRAMMED INCORRECTLY AND CANNOT BE USED FOR ANALYSIS

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident and CTYCODE2 is not equal to Milwaukee.		
~~WI3.1~~	~~Do you live in the city of Milwaukee?~~ ~~¿Vives en la ciudad de Milwaukee?~~	~~WI3.1~~	~~1 Yes~~ ~~2 No~~ ~~7 Don't know / Not sure~~ ~~9 Refused~~			

Wisconsin State-Added 4: Tobacco

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note ASK IF STATERE1=1	Interviewer Note (s)	Column(s)
				Only ask if respondent is a state resident.		

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WI4.1	Our next set of questions is about all kinds of tobacco products. That would include those that are smoked, vaped, chewed on, sucked on and sniffed." Are you exposed to other people's tobacco smoke while you are in your home? Nuestra siguiente serie de preguntas trata sobre todo tipo de productos de tabaco. Eso incluiría aquellos que se fuman, vaporizan, mastican, chupan y olfatean ". ¿Está expuesto al humo de tabaco de otras personas mientras está en su casa?	SATB0100	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.2	During the past seven days, on how many days did you ride in a car with someone who was smoking cigarettes?	SATB0400	00-07 = Days 77 = Don't know 99 = Refused 00-07 = Días 77 = No sé 99 = Se niega			

	Durante los últimos siete días, ¿cuántos días viajó en automóvil con alguien que fumaba cigarrillos?				
WI4.3	Have you ever stopped smoking for one day or longer because you were trying to quit smoking? ¿Alguna vez dejó de fumar durante un día o más porque estaba tratando de dejar de fumar?	SATB0700	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if CTOB.01 "smoked at least 100 cigarettes" is not 1, skip to ctri01] [if CTOB.02 "now smoke" is 3 "not at all", skip to satb0800, used-quitline] [if MTC.02 (STOPSMOK2= 1) "stopped during the past 12 months?" is yes, skip to satb0800, used-quitline]	
WI4.4	[If R is current smoker (SMOKDAY2=1,2 AND STOPSMK2=1)] You mentioned earlier that you have stopped smoking for one day or longer during the past 12 months. [ALL] Please think about … Usted mencionó anteriormente	SATB0800	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If R never quit smoking so satb0700 GT 1, skip to ctri01]	

que dejó de fumar durante un día o más durante los últimos 12 meses. [TODO] Por favor, piense en … [if R is current smoker and has quit previously (SMOKDAY2=1,2)] … your last quit attempt that lasted one day or longer. … [if R is former smoker and has quit (SMOKDAY2=3)] … the time you quit smoking. … [ALL] Did you use the Wisconsin Tobacco Quit Line service … … El momento en que dejó de fumar. … [TODO] ¿Usó el servicio de Wisconsin Tobacco Quit Line … [[if R is current smoker and has quit previously					

	(SMOKDAY2=1,2)] … to help you in your quit attempt? … para ayudarlo en su intento de dejar de fumar? [if R is former smoker and has quit (SMOKDAY2=3)] … to help you quit? … para ayudarte a dejar de fumar?				
WI4.5	[if MTC.01 LE <7>] When you quit smoking … Cuando deje de fumar … [if (MTC.02 EQ <1>) or (satb0700 EQ <1>)] The last time you tried to quit smoking …. Did you use a class or program to help you quit? La última vez que intentó dejar de fumar…. ¿Usó alguna clase o programa	SATB1000	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if (MTC.01 LE <7>) or (MTC.02 EQ <1>) or (satb0700 EQ <1>)] continue [else][skip to ctri01][endif]	

	para ayudarlo a dejar de fumar?				
				[if satb1000 NE 1, skip to ctri01]	
WI4.6	What program did you use? ¿Qué programa usaste?	SATB1100	___ Open end response		
WI4.7	In the past 12 months, have you seen a doctor, nurse or other healthcare professional to get any kind of care for yourself? En los últimos 12 meses, ¿ha visitado a un médico, enfermero u otro profesional de la salud para recibir algún tipo de atención para usted?	CTRI01	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI4.8	In the past 12 months, were you advised to quit smoking by a doctor or other health provider? En los últimos 12 meses, ¿un médico u otro proveedor de salud le aconsejó que dejara de fumar?	CTRI02	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	SKIP TO SATB2200 IF SMOKE100>1 OR LASTSMK2>4	

WI4.9	In the past 12 months, were you advised to quit smoking by a dentist or dental hygienist? En los últimos 12 meses, ¿un dentista o higienista dental le aconsejó que dejara de fumar?	CTRI05	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[Ask if R had dental care in past 12 months (LASTDEN4=1)		
WI4.10	Have you ever used any smokeless tobacco product, such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips? ¿Alguna vez ha usado algún producto de tabaco sin humo, como tabaco de mascar, rapé, snus, dip, orbes, palos o tiras?	SATB2200	1 Yes 2 No 7 Don't know / Not sure 8 Inapplicable 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If R does currently use SLT (USENOW3=1 or 2), skip to satb2500; else ask satb2200] [If R does currently use SLT, so if (USENOW3=1 or 2 AND stateresident= 1) code the respondent as 8 'Inapplicable' for this question, and then skip to satb2500; else ask satb2200]		
WI4.11	Has a doctor, nurse or other health care provider ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips?	SATB2500	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			

	¿Alguna vez un médico, enfermera u otro proveedor de atención médica le preguntó si usa algún tipo de producto de tabaco sin humo, como tabaco de mascar, rapé, snus, dip, orbes, palos o tiras?					
WI4.12	Has a dentist or dental hygienist ever asked you whether you use any type of smokeless tobacco product such as chewing tobacco, snuff, snus, dip, orbs, sticks or strips? ¿Alguna vez le ha preguntado un dentista o higienista dental si usa algún tipo de producto de tabaco sin humo como tabaco de mascar, rapé, snus, dip, orbes, palos o tiras?	SATB2600	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.13	How often do you currently visit casinos in Wisconsin? Would you say weekly, monthly, a few times a year, once a year or less, or do you not visit casinos? ¿Con qué frecuencia visita actualmente los	SACA01	1 = Weekly 2 = Monthly 3 = A few times a year 4 = Once a year or less 5 = Do not visit casinos 7 = Don't know 9 = Refused 1 = semanal 2 = mensual			

	casinos en Wisconsin? ¿Diría usted semanalmente, mensualmente, algunas veces al año, una vez al año o menos, o no visita los casinos?		3 = algunas veces al año 4 = Una vez al año o menos 5 = No visite los casinos 7 = No lo sé 9 = Se niega			
WI4.14	If casinos in Wisconsin were to go smoke-free, would this make you more likely to visit them, less likely to visit them, or would it make no difference to you? Si los casinos en Wisconsin fueran libres de humo, ¿esto lo haría más probable que los visite, menos probable que los visite, o no haría ninguna diferencia para usted?	SACA02	1 = I would be more likely to visit 2 = I would be less likely to visit 3 = It would make no difference in how likely I am to visit 7 = Don't know 9 = Refused 1 = es más probable que visite 2 = Es menos probable que visite 3 = No habría ninguna diferencia en la probabilidad de que visite 7 = No lo sé 9 = Se niega		INTERVIEWER NOTE: IF R SAYS "DO NOT VISIT", PROMPT WITH: "We're asking how that change might affect your decision in the future." IF R STILL WON'T CHOOSE MORE/LESS/NO, ENTER DK. NOTA PARA EL ENCUESTADOR: SI R DICE "NO VISITAR", INDIQUE CON: "Estamos preguntando cómo ese cambio podría afectar su decisión en el futuro". SI R TODAVÍA NO ELIGE MÁS / MENOS / NO, INGRESE DK.	

WI4.15	Have you ever tried cigarette smoking, even one or two puffs? ¿Alguna vez ha probado fumar cigarrillos, aunque sea una o dos bocanadas?	CIG01	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[this is for Rs that are not current smokers or former smokers, so, CTOB.01 NE 1]		
WI4.16	Which of the following statements best applies to your use of regular cigarettes and e-cigarettes or other electronic vaping products? ¿Cuál de las siguientes afirmaciones se aplica mejor a su uso de cigarrillos regulares y cigarrillos electrónicos u otros productos de vapeo electrónico?	ECIG0110	Please read: 1 = I tried regular cigarettes before I ever tried electronic cigarettes or other electronic vaping products 2 = I tried electronic cigarettes or other electronic vaping products before I ever tried regular cigarettes 7 = Don't know 9 = Refused 1 = Probé cigarrillos regulares antes de probar los cigarrillos electrónicos u otros productos electrónicos de vapeo.	[to be asked of Rs who have ever tried cigarette smoking (cig01=1 or CTOB.01=1), and who have ever tried e-cigarettes (CTOB.04=2 or 3 or 4)]		

			2 = Probé cigarrillos electrónicos u otros productos electrónicos de vapeo antes de probar los cigarrillos regulares. 7 = No lo sé 9 = Se niega			
WI4.17	Do you think electronic cigarettes are less harmful to your health than regular cigarettes? ¿Cree que los cigarrillos electrónicos son menos dañinos para su salud que los cigarrillos normales?	SATB3200	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.18	Do you think that breathing in the vapor or aerosol from other people's e-cigarettes or other electronic vaping devices can cause no harm, a little harm, some harm, or a lot of harm? ¿Crees que respirar el vapor o el aerosol de los cigarrillos electrónicos u otros dispositivos electrónicos de vapeo de otras	SATB3260	1 = No harm 2 = A little harm 3 = Some harm 4 = A lot of harm 7 = Don't know 9 = Refused 1 = Sin daño 2 = un poco de daño 3 = Algo de daño 4 = mucho daño 7 = No lo sé 9 = Se niega			

	personas no puede causar ningún daño, un poco de daño, algo de daño o mucho daño?				
WI4.19	Next, I'll read a list of reasons why you may have used electronic cigarettes or other electronic vaping products. For each one, please tell me yes or no. A continuación, leeré una lista de las razones por las que puede haber usado cigarrillos electrónicos u otros productos de vapeo electrónico. Para cada uno, por favor dígame sí o no.	SATB3300_INT		[if CTOB.04 "e-cig use" is not 2 or 3 or 4, skip to SATB4010]	
WI4.20	Because they are in style, they are fun, or they are cool? ¿Porque están de moda, son divertidos o son geniales?	SATB3300A	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI4.21	Because you like the flavors they come in? ¿Porque te gustan los	SATB3300B	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí		

	sabores en los que vienen?		2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.22	Because you can use them indoors where you can't smoke other tobacco products? ¿Porque puede usarlos en interiores donde no puede fumar otros productos de tabaco?	SATB3300C	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.23	Because you can use them at outdoor events where you can't smoke other tobacco products? ¿Porque puede usarlos en eventos al aire libre donde no puede fumar otros productos de tabaco?	SATB3300D	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.24	To help you try to quit smoking regular tobacco products? ¿Para ayudarlo a dejar de fumar productos de tabaco habituales?	SATB3300E	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			

WI4.25	Because they are less harmful to your health than regular tobacco products? ¿Porque son menos dañinos para su salud que los productos de tabaco normales?	SATB3300F	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI4.26	Because the vapor is less harmful to the people around you than regular tobacco products? ¿Porque el vapor es menos dañino para las personas que lo rodean que los productos de tabaco normales?	SATB3300G	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI4.27	Because you like the effect you get from the nicotine in them? ¿Porque te gusta el efecto que obtienes de la nicotina que contienen?	SATB3300H	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI4.28	Have you ever smoked cigars, cigarillos, or little cigars? ¿Ha fumado alguna vez puros, puritos o puros pequeños?	SATB4010	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If satb4010 NE 1, skip to satb4030]	

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| WI4.29 | Do you now smoke cigars, cigarillos, or little cigars every day, some days, or not at all?

¿Fuma ahora puros, puritos o puros pequeños todos los días, algunos días o no fuma en absoluto? | SATB4020 | 1 = Every day
2 = Some days
3 = Not at all
7 = Don't know
9 = Refused

1 = todos los días
2 = algunos días
3 = Para nada
7 = No lo sé
9 = Se niega | | | |
|---|---|---|---|---|---|---|
| WI4.30 | When you have used tobacco products, do you or did you prefer those that are flavored, such as menthol, mint, clove, spice, candy, fruit, chocolate, alcohol, or other flavors?

Cuando ha usado productos de tabaco, ¿prefiere o prefería los aromatizados, como mentol, menta, clavo, especias, dulces, frutas, chocolate, alcohol u otros sabores? | SATB4030 | 1 = Yes
2 = No
3 = Does not make any difference (IF VOLUNTEERED)
7 = Don't know
9 = Refused

1 = si
2 = No
3 = No hace ninguna diferencia (SI ES VOLUNTARIO)
7 = No lo sé
9 = Se niega | [Ask satb4030 only if R ever used cigarettes, smokeless tobacco, e-cigarettes, or cigars
{ (CTOB.01 EQ 1) or
(cig01 EQ 1) or
(CTOB.03 EQ 1) or
(satb2200 EQ 1) or
(CTOB.04 EQ 2,3,4) or
(satb4010 EQ 1) },
else skip to satb7010] | | |
| WI4.31 | In the past 12 months, have you seen a healthcare professional for mental health treatment or counseling?

En los últimos 12 meses, ¿ha visto a un profesional | SATB7010 | 1 Yes
2 No
7 Don't know / Not sure
9 Refused

1 sí
2 No
7 No sé / No estoy seguro
9 Se niega | | | |

	de la salud para recibir tratamiento o asesoramiento sobre salud mental?					
WI4.32	Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? ¿Está tomando medicamentos o está recibiendo tratamiento de un médico u otro profesional de la salud por algún tipo de condición de salud mental o problema emocional?	SAMH01	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			
WI4.33	In the past 12 months, have you seen a healthcare professional for substance use treatment or counseling? En los últimos 12 meses, ¿ha visto a un profesional de la salud para recibir tratamiento o asesoramiento por abuso de sustancias?	SATB7030	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			

WI4.34	In the past 12 months, were you advised to quit smoking by a mental health or substance use counselor? En los últimos 12 meses, ¿un consejero de salud mental o abuso de sustancias le aconsejó que dejara de fumar?	SATB7040	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[If { R never smoked OR R did not smoke in past year OR { R did not get MH counseling AND R did not get SA counseling SKIP TO NEXT QUESTION IF [SMOKE100>1 OR LASTSMK2>4 OR (SATB7010>1 AND SATB7030>1)]		
WI4.35	Which of the following statements is true about your use of any kinds of tobacco products during the COVID-19 pandemic? In particular, think about the times when we experienced lock downs, the closings of schools, churches and businesses, surges in the virus, and mask mandates. ¿Cuál de las siguientes afirmaciones es verdadera sobre su uso de cualquier tipo de productos de tabaco durante la pandemia de	SATB0353	Please read: 01 = One, I did not use any tobacco products before and haven't used any during the pandemic 02 = Two, I started using tobacco products 03 = Three, I quit using tobacco products 04 = Four, I used tobacco products more than usual 05 = Five, I used tobacco products less than usual 06 = Six, There was no change in my use of tobacco products	[# If satb0353 EQ 1, skip to satbXXXX]	(INTERVIEWER NOTE: IF R CHOOSES ANSWER 1, STOP READING, AND ENTER 1.) (INTERVIEWER NOTE: PANDEMIC PERIOD IS MARCH 2020 THROUGH NOW. TOBACCO USE INCLUDES CIGARETTES, E-CIGARETTES OR VAPING, CIGARS, PIPES, HOOKAHS, SMOKELESS TOBACCO, ETC.) (NOTA PARA EL ENCUESTADOR : SI R ELIGE LA RESPUESTA 1,	

	COVID-19? En particular, piense en los momentos en que experimentamos cierres, cierres de escuelas, iglesias y negocios, aumentos repentinos del virus y mandatos de enmascaramiento.		77 = Don't know 99 = Refused 01 = Uno, no he usado ningún producto de tabaco antes y no lo he usado durante la pandemia 02 = Dos, comencé a usar productos de tabaco 03 = Tres, dejé de usar productos de tabaco 04 = Cuatro, usé productos de tabaco más de lo habitual 05 = Cinco, usé productos de tabaco menos de lo habitual 06 = Seis, no hubo cambios en mi uso de productos de tabaco 77 = No sé 99 = Se niega		DEJE DE LEER Y ENTRAR 1.) (NOTA PARA EL ENCUESTADOR: EL PERÍODO DE PANDEMIA ES DE MARZO DE 2020 HASTA AHORA. EL USO DE TABACO INCLUYE CIGARRILLOS, CIGARRILLOS ELECTRÓNICOS O VAPORES, CIGARROS, PIPAS, GANCHOS, TABACO SIN HUMO, ETC.)	
WI4.36	During the COVID-19 pandemic, have you switched the type of tobacco products you use, or use any additional types of tobacco products that you don't typically use?	SATB0356	Please read 1= Switched type of tobacco 2 = Used additional types of tobacco 3 = Both switched type of tobacco and used	[if satb0356 EQ 1 or 2 or 3, go to satb0358; else skip to satbXXXX1]		

	Durante el COVID-19 pandemia, ¿ha cambiado el tipo de productos de tabaco que usa o ha usado algún tipo adicional de productos de tabaco que normalmente no usa?		additional types 4 = Neither 7 = Don't know 9 = Refused 1 = tipo de tabaco cambiado 2 = Usó tipos adicionales de tabaco 3 = Tanto cambiaron el tipo de tabaco como utilizaron tipos adicionales 4 = Ninguno 7 = No lo sé 9 = Se niega			
WI4.37	What switches or additions did you make? ¿Cuáles fueron los cambios o adiciones que hizo?	SATB0358	Please read: 1 I switched from regular cigarettes to e-cigarettes 2 I am now using e-cigarettes in addition to my typical use of regular cigarettes 3 I switched from regular cigarettes to some type of smokeless tobacco product (e.g., chew, snuff, snus) 4 I am now also using some type of smokeless tobacco product (e.g.,			

			chew, snuff, snus) along with my usual use of regular cigarettes. 5 Other (other specify) 7 Don't know/Not sure 9 Refused 1 Cambié de los cigarrillos normales a los cigarrillos electrónicos 2 Ahora estoy usando cigarrillos electrónicos además de mi uso típico de cigarrillos regulares 3 Cambié de cigarrillos regulares a algún tipo de producto de tabaco sin humo (por ejemplo, mascar, rapé, snus) 4 Ahora también estoy usando algún tipo de producto de tabaco sin humo (por ejemplo, mascar, rapé, snus) junto con mi uso habitual de cigarrillos regulares.			

			5 Otro (otro especificar) 7 No sé / No estoy seguro 9 Se niega			
WI4.38	How much do you think the COVID-19 pandemic has affected your tobacco use: not at all, a little, or a lot? ¿Cuánto cree que la pandemia de COVID-19 ha afectado su consumo de tabaco: nada, poco o mucho?	SATB0359	1 = Not at all 2 = A little 3 = A lot 7 = Don't know 9 = Refused 1 = Para nada 2 = un poco 3 = mucho 7 = No lo sé 9 = Se niega	[# if (satb0353 EQ 02, 03, 04, or 05) or (satb0356 EQ 1, 2, or 3), ask satb0359, else skip to satbXXXX]	(INTERVIEWER NOTE: PANDEMIC PERIOD IS MARCH 2020 THROUGH NOW. TOBACCO USE INCLUDES CIGARETTES, E-CIGARETTES OR VAPING, CIGARS, PIPES, HOOKAHS, SMOKELESS TOBACCO, ETC.) (R CAN ANSWER 'A LITTLE' OR 'A LOT' IF COVID PREVENTED THEM FROM QUITTING OR REDUCING TOBACCO USE.) (NOTA PARA EL ENCUESTADOR: EL PERÍODO DE PANDEMIA ES DE MARZO DE 2020 HASTA AHORA. EL USO DE TABACO INCLUYE CIGARRILLOS, CIGARRILLOS ELECTRÓNICOS O VAPORES, CIGARROS,	

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					PIPAS, GANCHOS, TABACO SIN HUMO, ETC.) (R PUEDE RESPONDER 'UN POCO' O 'MUCHO' SI COVID LE IMPIDIÓ DEJAR O REDUCIR EL USO DE TABACO.)	
WI4.39	The next 2 questions are about a marijuana like product, called Delta-8. Have you ever heard of Delta 8? It's also called "delta-8-THC", "marijuana-lite", or "diet weed"? Las siguientes 2 preguntas son sobre un producto similar a la marihuana, llamado Delta-8. ¿Alguna vez has oído hablar de Delta 8? ¿También se llama "delta-8-THC", "marihuana-lite" o "hierba dietética"?	SATBXXXX1	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	If SATBXXXX1=1, continue to next question, if not, go to next section.		

| WI4.40 | Have you ever used Delta 8?

¿Ha utilizado alguna vez Delta 8? | SATBXXXX2 | 1 Yes
2 No
7 Don't know / Not sure
9 Refused

1 sí
2 No
7 No sé / No estoy seguro
9 Se niega | | | |

Wisconsin State-Added 5: Prescription Pain Medication

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
WI5.1	The next questions are about medications and other drugs that some people use. In the past year, did you use any pain medications that were prescribed to you by a doctor? Las siguientes preguntas son sobre medicamentos y otras drogas que usan algunas personas. El año pasado, ¿usó algún analgésico que le haya recetado un médico?	SAPD01	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if sapd01 NE 1, goto sapd05]	Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do No lea: Si el encuestado no tiene un trabajo regular o está jubilado, puede contar cualquier actividad física o ejercicio que realice.	
WI5.2	Was the pain medication that was prescribed for you one that	SAPD01B	1 = Yes, contained opioid	[if sapd01b ne <1>	INTERVIEWER NOTE: ("OH-pee-oyd", "hye-droh-COH-dohn")	

	contained an opioid pain reliever, such as hydrocodone, or was it some other kind of pain reliever? ¿El analgésico que le recetaron era uno que contenía un analgésico opioide, como hidrocodona, o era algún otro tipo de analgésico?		2 = No, did not contain opioid 7 = Don't know 9 = Refused 1 = Sí, opioide contenido 2 = No, no contenía opioide 7 = No lo sé 9 = Se niega	goto sapd02]	(OPIOIDS INCLUDE HYDROCODONE & OXYCODONE. NON-OPIOIDS INCLUDE NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS), IBUPROFEN, NAPROXEN, & ASPIRIN. ENTER YES FOR COMBINATION DRUGS CONTAINING OPIOIDS.) NOTA PARA EL ENCUESTADOR: ("OH-pee-oyd", "hye-droh-COH-dohn") (LOS OPIOIDES INCLUYEN HIDROCODONA Y OXICODONA. LOS NO OPIOIDES INCLUYEN FÁRMACOS ANTIINFLAMATORIOS NO ESTEROIDES (AINE), IBUPROFENO, NAPROXEN Y ASPIRINA. INGRESE SÍ PARA LOS FÁRMACOS COMBINADOS QUE CONTIENEN OPIOIDES).	
WI5.3	The last time that an opioid pain medication was prescribed for you, what was the main reason it was prescribed? I'll read a list of reasons, and please tell me which was the main one. Was it for ...	SAPD01C	01 = Pain related to cancer 02 = Post-surgical care, for an orthopedic problem (bone or tendon; includes joint replacement) 03 = Post-surgical care, for a non-			

	(IF REASON IS VOLUNTEERED, DO NOT READ THE LIST; OTHERWISE STOP WHEN THE CORRECT REASON IS REACHED.) pain related to cancer, post-surgical care, for an orthopedic problem, post-surgical care, for a non-orthopedic problem, back pain, joint pain or arthritis, dental pain including procedures, carpal tunnel syndrome, an injury causing short term pain, an injury causing long term pain, other physical conditions causing pain, to prevent or relieve withdrawal symptoms, or another reason? La última vez que le recetaron un analgésico opioide, ¿Cuál fue la razón principal por la que se recetó? Leeré		orthopedic problem 04 = Back pain (chronic or recurring acute pain) 05 = Joint pain or arthritis 06 = Dental pain including procedures 07 = Carpal tunnel syndrome 08 = An injury causing short term pain 09 = An injury causing long term pain 10 = Other physical conditions causing pain 11 = To prevent or relieve withdrawal symptoms 12 = Another reason (specify) 77 = Don't know 99 = Refused 01 = Dolor relacionado con el cáncer 02 = Atención posquirúrgica, por un problema ortopédico (hueso o tendón; incluye reemplazo de articulación) 03 = Atención posquirúrgica, por un			

una lista de razones y por favor dime cuál fue el principal. Fue por …		problema no ortopédico			

Left column:
una lista de razones
y por favor dime cuál fue el principal. Fue por
…

(SI EL MOTIVO ES VOLUNTARIO, NO LEA LA LISTA; DE LO CONTRARIO, DETÉNGASE CUANDO LLEGUE EL MOTIVO CORRECTO).
dolor relacionado con el cáncer,
 atención posquirúrgica, para un problema ortopédico,
 atención posquirúrgica, para un problema no ortopédico,
 dolor de espalda,
 dolor en las articulaciones o artritis,
 dolor dental, incluidos los procedimientos,
 síndrome del túnel carpiano,
 una lesión que causa dolor a corto plazo,
 una lesión que causa dolor a largo plazo,
 otras condiciones físicas que causan dolor,
 para prevenir o aliviar los

Right column:
problema no ortopédico
04 = Dolor de espalda (dolor agudo crónico o recurrente)
05 = dolor articular o artritis
06 = Dolor dental incluyendo procedimientos
07 = síndrome del túnel carpiano
08 = Una lesión que causa dolor a corto plazo
09 = Una lesión que causa dolor a largo plazo
10 = Otras condiciones físicas que causan dolor
11 = Para prevenir o aliviar los síntomas de abstinencia
12 = Otra razón (especificar)
77 = No sé
99 = Se niega

	síntomas de abstinencia, u otra razón?				
WI5.4	The last time you filled a prescription for pain medication, did you use any of the pain medication more frequently or in higher doses than directed by a doctor? La última vez que surtió una receta de analgésicos, ¿utilizó alguno de los analgésicos con más frecuencia o en dosis más altas que las indicadas por un médico?	SAPD02	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega		
WI5.5	The last time you filled a prescription for pain medication was there any medication left over? La última vez que surtió una receta de analgésicos, ¿le sobró algún medicamento?	SAPD03	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if sapd03 NE 1, skip to sapd05]	
WI5.6	What did you do with the leftover prescription pain medication? ¿Qué hizo con el analgésico recetado que le sobró?	SAPD04	1 = Kept it 2 = Disposed of it 3 = Gave it to someone else 4 = Sold it 5 = Other 7 = Don't know 9 = Refused 1 = lo guardé	(INTERVIEWER NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING) (NOTA PARA EL ENCUESTADOR: NO LEER LAS RESPUESTAS CON PREGUNTAS, PERO	

			2 = Eliminado 3 = Se lo di a otra persona 4 = lo vendí 5 = Otro 7 = No lo sé 9 = Se niega		ESTÁ BIEN LEERLAS PARA SONDEAR)	
WI5.7	Now I would like to ask you some questions about prescription pain medication that was NOT prescribed specifically to you by a doctor. In the past year, did you use prescription pain medication that was NOT prescribed specifically to you by a doctor? We only want to know about prescription medication, NOT medication that is available over the counter. Ahora me gustaría hacerle algunas preguntas sobre los analgésicos recetados que NO le recetó un médico específicamente. El año pasado, ¿usó analgésicos recetados que NO le recetó un médico específicamente?	SAPD05	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	[if sapd05 NE 1, skip to next section]		

	Solo queremos saber sobre medicamentos recetados, NO medicamentos que están disponibles sin receta.					
WI5.8	How did you obtain the prescription pain medication? ¿Cómo obtuvo el analgésico recetado?	SAPD06	1 = Given to me for free from a friend or relative 2 = Taken from owner without his or her knowledge 3 = Purchased from friend or relative 4 = Purchased from street dealer 5 = Purchased online 6 = Other 7 = Don't know 9 = Refused 1 = Me lo dio gratis un amigo o familiar 2 = Tomado del propietario sin su conocimiento 3 = comprado a un amigo o familiar 4 = comprado en un comerciante callejero 5 = comprado en línea 6 = Otro 7 = No lo sé 9 = Se niega		(INTERVIEWER NOTE: This refers to the last time you used prescription pain medication not prescribed for you.) (NOTE: DO NOT READ RESPONSES WITH QUESTION, BUT IT'S OK TO READ THEM FOR PROBING) (NOTA PARA EL ENCUESTADOR: Esto se refiere a la última vez que usó analgésicos recetados que no le recetaron). (NOTA: NO LEER LAS RESPUESTAS CON PREGUNTAS, PERO ESTÁ BIEN LEERLAS PARA SONDEAR)	
WI5.9	Have you ever used heroin,	SAPD0800	1 Yes 2 No	[if sapd0800 NE 1, go		

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	even just one time? ¿Ha consumido heroína alguna vez, aunque sea una sola vez?		7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega	to next section]		
WI5.10	Have you used heroin in the past 12 months? ¿Ha consumido heroína en los últimos 12 meses?	SAPD0850	1 Yes 2 No 7 Don't know / Not sure 9 Refused 1 sí 2 No 7 No sé / No estoy seguro 9 Se niega			

Closing Statement

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

Asthma Survey Continuation Script

CATI: IF ASTHMA3 = 1 or CASTHDX2 = 1, continue;

Qualified Level 3

DUMMY VARIABLE: Asthma Selection
IF ASTHMA3=1 AND CASTHDX2 NE 1, SELECT ADULT.
IF ASTHMA3 NE 1 AND CASTHDX2= 1, SELECT CHILD.
IF ASTHMA3 = 1 AND CASTHDX2 = 1, SELECT CHILD;.
ALL RESPONDENTS SELECTED FOR THE ADULT OR CHILD ASTHMA INTERVIEW CONTINUE

ASTELIG = 1

ADLTCHLD   Which person in the household was selected as the focus of the asthma call-back?
1   Adult
2   Child

RECRUIT   Thank you for your participation. You qualify for a follow-up survey that is being conducted to better understand **(your/your child's)** experiences with asthma. The information will be used to help develop and improve the asthma programs in **[Wisconsin]**. Again your answers are completely confidential and used only for statistical purposes.

If you don't have any questions we can get started now.

1 Yes - Continue now   **[Go to Pre CHILDName]**
2 No   **[Go to CALLBACK]**

CALLBACK   **[INTERVIEWER, SAY IF NECESSARY:** I understand your time is valuable and you may be tired from having completed the first interview.]

If you prefer, we could call you again within the next 2 weeks and ask the additional asthma-related questions at that time. 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 may refuse to participate in the future. Would it be okay if we called you back at a later time?

1   Yes
2   No   [THANK AND TERMINATE]

ASTCB = 1 (IF CALLBACK=1)
ASTCB = 2 (IF CALLBACK=2)
ASTSTAT = 3 (IF CALLBACK=2)
STAT = 2 (IF ASTELIG=1)
Pre CHILDName: If ADLTCHLD=2; ask CHILDName; else go to PreADULTName.

CHILDName   **Can I please have your child's first name, initials or nickname [IF CALLBACK=1 display "*so we can ask about the right child when we call back*"]? This is the *{CHILDAGE}* year old child which is the {AGESEL.} CHILD.**

[CATI: If more than one child, show child age *{#}* and which child was selected (*FIRST, SECOND, ETC*.) from child selection module]

Enter child's first name, initials or nickname: _____
Refused 99

KNOWMOST   **Are you the parent or guardian in the household who knows the most about {*CHILDName*}'s asthma?**

(1) YES (GO TO PreADULTName
(2) NO (IF CALLBACK=1, GO TO ALTName)
(7) DON'T KNOW/NOT SURE (IF CALLBACK=1, GO TO ALTName)
(9) REFUSED (IF CALLBACK=1, GO TO ALTName)

IF RECRUIT=1, ASK ALTPRESENT
ALTPRESENT   **If the parent or guardian who knows the most about {*CHILDName*}'s asthma is**

present, may I speak with that person now?

    (1) YES [respondent transfers phone to alternate] GOTO PreADULTName:
    (2) Person is not available

    (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
    (9) REFUSED [THANK AND TERMINATE]

ALTName   **Can I please have the first name, initials or nickname of the person so we can call back and ask for them by name?**

    (1) Alternate's Name:_____   [GOTO ALTCBTime]
    (7) DON'T KNOW/NOT SURE [THANK AND TERMINATE]
    (9) REFUSED   [THANK AND TERMINATE]

ALTCBTime:

When would be a good time to call back and speak with *{ALTName}*. For example, evenings, days, weekends?

Enter day/time: _____ **[GOTO ASTCLBK]]**

Pre ADULTName: ASTHMA3 = 1 or CASTHDX2 = 1 ASK ADULTName, else go to CLOSING.
ADULTName   [IF ALTPRESENT=1 display "Hello, my name is _____. I have been told that you are more knowledgeable about *{CHILDName}'s* asthma. It would be better if you would complete this interview.]
Can I please have your first name, initials or nickname [IF CALLBACK=1 display "*so we know who to ask for when we call back*"]?

        Enter respondent's first name, initials or nickname: _____
        Refused 99

BRFSSTAT (BRFSCOMP) = 1

CATI: IF RECRUIT=1 and KNOWMOST=1, Go to SECTION 2 (Informed Consent)

CATI: IF RECRUIT=1 and ALTPRESENT=1, Go to SECTION 1

CATI: IF CALLBACK=1, THEN READ BELOW:

ASTCLBK Thank you very much for your time and cooperation. We will be in touch regarding **[your/the child's]** asthma within the next several days. Is there specific day and time that would be best for you?

[INTERVIEWER NOTE: Upon call back, select option 3 to continue survey]

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1. Yes   **CALLBACK MENU**

2. No (schedule for one week from today, current time)   **CALLBACK MENU**

3. CONTINUE SURVEY   **GO TO Section 1: Introduction**

Closing Statement

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 <mark>Wisconsin.</mark> Thank you very much for your time and cooperation.

ASTSTAT = 2

SAMPLE ELEMENTS

PATIENT TYPE
1. Adult

2. Child

ADULT NAME
ADULT SEX
1. Male

2. Female

CHILD NAME
CHILD SEX
1. Male

2. Female

BRFSS 'ASTHNOW'
1. Yes

2. No

5. SYSTEM MISSING

7. Don't Know

9. Refused

BRFSS 'CASTHNO2'
1. Yes
2. No
5. SYSTEM MISSING
7. Don't Know
9. Refused

CATI Programmers: IF INTERVIEW BREAKS OFF AT ANY POINT LEAVE REMAINING FIELDS <u>BLANK</u>. DO NOT FILL WITH ANY VALUE.]

MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Respondent was misdiagnosed; never had asthma" as a final code and terminate the interview.

INTRODUCTION TO THE BRFSS Asthma call back for Adult respondents with asthma:

> Hello, my name is _____. I'm calling on behalf of the <mark>Wisconsin Department of Health Services</mark> and the Centers for Disease Control and Prevention about <u>an asthma</u> {ALTERNATE: a health} study we are doing in your State. During a recent phone interview {sample person first name or initials} indicated {he/she} would be willing to participate in this study [if child selected: about //child's name//].

IF CONTINUATION SKIP TO Q1.1
IF FRAME=2 (CELL PHONE) ASK SAFE, IF FRAME=1 SKIP TO Q1.1
SAFE   Is this a safe time to talk with you?

> Yes   **[Go to 1.1]**
> No   **CALLBACK**

1.1 Are you {ADULT name/ALTName}?

1.   Yes (go to Pre-1.5)

2.   No

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2
1.2 May I speak with {ADULT name}?

1.   Yes (go to 1.4 when sample person comes to phone)

2.   No, not available now

        If not available set time for return call in 1.3
3.   No, not at this number (GET NEW NUMBER)

IF PATIENT TYPE=1 ADULT ASK 1.2, IF PATIENT TYPE=2 CHILD ASK C1.2
C1.2   May I speak with {ADULTname/ALTName}?

> 1.   Yes (go to 1.4 when sample person comes to phone)
> 2.   Person not available now If not available set time for return call in 1.3
> (7)   DON'T KNOW/NOT SURE
>
> (9)   REFUSED

1.3 Enter time/date for return call _____

1.4 Hello, my name is _____. I'm calling on behalf of the <mark>Wisconsin Department of Health Services</mark> and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview you indicated that (you/child's name) had asthma and would be able to complete the follow-up interview <u>on asthma</u> at this time.

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1.5 <mark>CATI: IF PATIENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO SECTION 2: Informed Consent.</mark>**READ:** **[IF CALLBACK=1 display During a recent phone interview] you gave us permission to ask some questions about {*CHILDName*}'s asthma.**

ALTERNATE (no reference to asthma):

During a recent phone interview ["you" if MKPNAME=ADULTNAME; OR "adultname" if MKPNAME=ALTNAME, MKP is pointed by BRFSS respondents] gave us permission to call again to ask some questions about {child's name}'s asthma and said that you knew the most about that child's asthma.

READ ALTERNATE ADULT:

Hello, my name is _____. I'm calling on behalf of the <mark>Wisconsin Department of Health Services</mark> and the Centers for Disease Control and Prevention about an asthma study we are doing in <mark>Florida</mark>. During a recent phone interview {*ADULTName*} indicated {he/she} would be willing to participate in this study about {*CHILDName*}'s asthma. {*ADULTName*} has now indicated that you are more knowledgeable about {*CHILDName*}'s asthma. It would be better if you would complete this interview. {Should we allow the alternate to hand it back to the original person or even someone else? We could find ourselves in an infinite loop.}

I will not ask for your name, address, or other personal information that can identify you or {*CHILDName*}. Any information you give me will be confidential. If you have any questions, I can provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.6 **Hello, my name is _____. I'm calling on behalf of the <mark>Wisconsin Department of Health Services</mark> and the Centers for Disease Control and Prevention about an asthma study we are doing in your State.**

1.7 **Are you {*ALTName*}?**

    (1) Yes (go to 1.10 READ ALT 1)
    (2) No

1.8 **May I speak with {*ALTName*}?**

    (1) Yes (go to 1.11 READ ALT 2 when person comes to phone)
    (2) Person not available

1.9 **When would be a good time to call back and speak with {*ALTName*}. For example, evenings, days, weekends?**

        Enter day/time: _____

READ: **Thank you we will call again later to speak with *{ALTName}*.**
[CATI: Start over at 1.6 at next call.]

1.10 READ ALT 1

During a recent phone interview *{ADULTName}* indicated *{CHILDName}* had asthma and that you were more knowledgeable about *{his/her}* asthma. It would be better if you would complete this interview about *{CHILDName}*.

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

1.11 READ ALT 2:

Hello, my name is _____. I'm calling on behalf of the <mark>Wisconsin Department of Health Services</mark> and the Centers for Disease Control and Prevention about an asthma study we are doing in your State. During a recent phone interview *{ADULTName}* indicated *{CHILDName}* had asthma and that you were more knowledgeable about *{his/her}* asthma. It would be better if you would complete this interview about *{CHILDName}*.

I will not ask for your name, address, or other personal information that can identify you or *{CHILDName}*. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

[GO TO SECTION 2]

<div style="background:yellow; border:2px solid black; text-align:center">

Section 2: Informed Consent

</div>

INFORMED CONSENT

[CATI: IF RECRUIT=1, READ: "I know we have already discussed (your/the child's) asthma, but as part of this continuation, I will need to validate some of your earlier answers."]

Before we continue, I'd like you to know that this survey is authorized by the U.S. Public Health Service Act

You were selected to participate in this study about asthma because of your earlier responses to questions about Asthma.

<mark style="background:#00ff66">**ADULT CONSENT**</mark>
<mark style="background:#00ff66">**IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO CHILD CONSENT**</mark>

[If "yes" to lifetime and "no" to still in Core BRFSS survey, read:]

S1. Your answers to the asthma questions during the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, but you do not have it now. Is that correct?

1. Yes   **CONTINUE**

2. No   **GO TO REPEAT**

Since you no longer have asthma, your interview will be very brief (about 5 minutes). You may choose not

to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

[If "yes" to lifetime and "yes" to still in Core BRFSS survey, read:]

S2. Your answers to the asthma questions in the earlier survey indicated that a doctor or other health professional told you that you had asthma sometime in your life, and that you still have asthma. Is that correct?

    1.   Yes   **CONTINUE**

    2.   No   **GO TO REPEAT**

Since you have asthma now, your interview will last about 15 minutes. You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions. I'd like to continue now unless you have any questions. **[GO TO PRE-PERMISS (2.3)]**

CHILD CONSENT

[If responses for sample child were "yes" (1) to CASTHDX2 and "no" (2) to CASTHNO2 in core BRFSS interview:]

Q2.0A The answers to asthma questions during the earlier survey indicated that a doctor or other health professional said that {*CHILDName*} had asthma sometime in {his/her} life, but does not have it now. Is that correct?

    1.   Yes   **CONTINUE**

    2.   No   **GO TO REPEAT**

    (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
    (9) REFUSED   **GO TO REPEAT**

Since {*CHILDName*} no longer has asthma, your interview will be very brief (about 5 minutes). **[GO TO Pre-PERMISS (2.3)]**

[If responses for sample child were "yes" (1) CASTHDX2 to and "yes" (1) to CASTHNO2 in core BRFSS survey:]

Q2.0B Answers to the asthma questions in the earlier survey indicated that that a doctor or other health professional said that {*CHILDName*} had asthma sometime in his or her life, and that {*CHILDName*} still has asthma. Is that correct?

    1.   Yes   **CONTINUE**

    2.   No   **GO TO REPEAT**

    (7) DON'T KNOW/NOT SURE **GO TO REPEAT**
    (9) REFUSED   **GO TO REPEAT**

Since {child's name} has asthma now, your interview will last about 15 minutes. **[GO TO Pre-PERMISS (2.3)]**

THE FOLLOWING QUESTIONS ARE ASKED IF THE RESPONDENT DID NOT AGREE WITH THE STATUS OF HIS/HER/THE CHILD'S ASTHMA

IF PATIENT TYPE=1 (ADULT), ASK REPEAT. IF PATIENT TYPE=2 (CHILD), GO TO EVER_ASTH (2.1)

REPEAT (2.0)   **(Respondent did not agree with previously BRFSS recorded asthma status so double check if correct person from core survey is on phone.)**

> Ask:
> Is this {sample person's name} and are you {sample person's age} years old?

1. Yes **[continue to EVER_ASTH (2.1)]**

2. No

> 1. Correct person is available and can come to phone **[return to question 1.1]**
> 2. Correct person is not available [return to question 1.3 to set call date/time]
> 3. Correct person unknown, interview ends [disposition code 4306 is assigned [**GO TO CLOSING STATEMENT]**

EVER_ASTH (2.1)   I would like to repeat the questions from the previous survey now to make sure you qualify for this study.

Have you ever been told by a doctor or other health professional that [IF PATIENT TYPE=ADULT "you have" / PATIENT TYPE=CHILD "Child Name has "] asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

CUR_ASTH (2.2) IF PATIENT TYPE=ADULT: Do you still have asthma?
                IF PATIENT TYPE=CHILD: Does {he/she} still have asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

IF PATIENT TYPE=2 (CHILD), ASK RELATION; IF PATIENT TYPE=2 (ADULT), GO TO "READ".
RELATION (2.3)   **What is your relationship to {*CHILDName*}?**

(1)   MOTHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
(2)   FATHER (BIRTH/ADOPTIVE/STEP) **[go to READ]**
(3)   BROTHER/SISTER (STEP/FOSTER/HALF/ADOPTIVE)
(4)   GRANDPARENT (FATHER/MOTHER)
(5)   OTHER RELATIVE
(6)   UNRELATED

(7)   DON'T KNOW
(9)   REFUSED

GUARDIAN (2.4)   **Are you the legal guardian for {*CHILDName*}?**

(1) YES

(2) NO
(7) DON'T KNOW
(9) REFUSED

READ: You do qualify for this study, I'd like to continue unless you have any questions.
You may choose not to answer any question you don't want to answer or stop at any time. In order to evaluate my performance, my supervisor may listen as I ask the questions.

[If YES to 2.2 read:]
Since [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will last about 15 minutes. **[Go to Pre-PERMISS (2.3)]**

[If NO to 2.2 read:]
Since [IF PATIENT TYPE=ADULT "you do" / IF PATIENT TYPE=CHILD "Child Name does"] not have asthma now, your interview will last about 5 minutes. **[Go to Pre-PERMISS (2.3)]**

[If Don't know or refused to 2.2 read:]
Since you are not sure if [IF PATIENT TYPE=ADULT "you" / IF PATIENT TYPE=CHILD "Child Name does"] have asthma now, your interview will probably last about 10 minutes. **[Go to Pre-PERMISS (2.3)]**

Some States may require the following section before going to section 3:

READ: Some of the information that you shared with us [IF CALLBACK=1 display: when we called you before] could be useful in this study.

PERMISS (2.3) May we combine your answers to this survey with your answers from the prior survey?
(1) YES **(Skip to Section 3)**
(2) NO

(7) DON'T KNOW
(9) REFUSED

TERMINATE:
Upon survey termination, READ:

Those are all the questions I have. I'd like to thank you on behalf of the Wisconsin Department of Health Services and the Centers for Disease Control and Prevention for answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again. Goodbye

Note: Disposition code is automatically assigned here by CATI as "2211 Sel. Resp. ref. combine ans." Selected Respondent refused combining responses with BRFSS" and the survey will end. This disposition code will only be needed if the optional question PERMISS (2.3) is asked.

Qualified Level 4

AGEDX (3.1)   **IF PATIENT TYPE=ADULT**: How old were you when you were first told by a doctor or other health professional that you had asthma?
IF PATIENT TYPE=CHILD: How old was {child's name} when a doctor or other health professional first said {he/she} had asthma?

[INTERVIEWER: ENTER 888 IF LESS THAN ONE YEAR OLD]

_____(ENTER AGE IN YEARS)
[RANGE CHECK: 001-115, 777, 888, 999]

(777) DON'T KNOW
(888) under one year old
(999) REFUSED

[CATI CHECK: AGEDX LESS THAN OR EQUAL TO AGE OF RESPONDENT FROM CORE SURVEY]
[CATI CHECK:
IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT
IF RESPONSE = 88 VERIFY THAT 88 IS 88 YEARS OLD AND 888 IS UNDER 1]

INCIDNT (3.2)   How long ago was that? Was it ..." **READ CATEGORIES**

(1) Within the past 12 months

(2) 1-5 years ago

(3) more than 5 years ago

(7) DON'T KNOW

(9) REFUSED

LAST_MD (3.3)   How long has it been since you last talked to a doctor or other health professional about [your/Child name's] asthma? This could have been in a doctor's office, the hospital, an emergency room or urgent care center.

[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]
[INTERVIEWER: OTHER PROFESSIONAL INCLUDES HOME NURSE]

(88) NEVER
(04) WITHIN THE PAST YEAR
(05) 1 YEAR TO LESS THAN 3 YEARS AGO
(06) 3 YEARS TO 5 YEARS AGO
(07) MORE THAN 5 YEARS AGO

(77) DON'T KNOW
(99) REFUSED

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LAST_MED (3.4)   How long has it been since [you/ he/she] last took asthma medication?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

    (88) NEVER
    (01) LESS THAN ONE DAY AGO
    (02) 1-6 DAYS AGO
    (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
    (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
    (05) 1 YEAR TO LESS THAN 3 YEARS AGO
    (06) 3 YEARS TO 5 YEARS AGO
    (07) MORE THAN 5 YEARS AGO

    (77) DON'T KNOW
    (99) REFUSED

INTRODUCTION FOR LASTSYMP:

    READ: Symptoms of asthma include coughing, wheezing, shortness of breath, chest tightness or phlegm production when [**YOU DO/CHILD NAME DOES**] NOT have a cold or respiratory infection.

LASTSYMP (3.5)   How long has it been since [you / he/she] last had any symptoms of asthma?
[INTERVIEWER: READ RESPONSE OPTIONS IF NECESSARY]

    (88) NEVER
    (01) LESS THAN ONE DAY AGO
    (02) 1-6 DAYS AGO
    (03) 1 WEEK TO LESS THAN 3 MONTHS AGO
    (04) 3 MONTHS TO LESS THAN 1 YEAR AGO
    (05) 1 YEAR TO LESS THAN 3 YEARS AGO
    (06) 3 YEARS TO 5 YEARS AGO
    (07) MORE THAN 5 YEARS AGO

    (77) DON'T KNOW
    (99) REFUSED

Section 4. History of Asthma (Symptoms & Episodes in past year)

IF LAST SYMPTOMS (LASTSYMP 3.5) WERE WITHIN THE PAST 3 MONTHS (1, 2 OR 3) CONTINUE. IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 3 MONTHS TO 1 YEAR AGO (4), SKIP TO EPISODE INTRODUCTION (EPIS_INT - BETWEEN 4.4 AND 4.5); IF LAST SYMPTOMS (LASTSYMP 3.5) WERE 1-5+ YEARS AGO (05, 06 OR 07), SKIP TO SECTION 5; IF NEVER HAD SYMPTOMS (88), SKIP TO SECTION 5, IF DK/REF (77, 99) CONTINUE.

    IF LASTSYMP = 1, 2, 3 then continue
    IF LASTSYMP = 4 SKIP TO EPIS_INT (between 4.4 and 4.5)
    IF LASTSYMP = 88, 05, 06, 07 SKIP TO INS1 (Section 5)
    IF LASTSYMP = 77, 99 then continue

SYMP_30D (4.1)   During the past 30 days, on how many days did [you / Child name] have any symptoms of asthma?

    __ __DAYS
    [RANGE CHECK: (01-30, 77, 88, 99)]

    CLARIFICATION: [1-29, 77, 99]   **[SKIP TO 4.3 ASLEEP30]**

	(88) NO SYMPTOMS IN THE PAST 30 DAYS	**[SKIP TO EPIS_INT]**
	(30) EVERY DAY	**[CONTINUE]**
	(77) DON'T KNOW	**[SKIP TO 4.3 ASLEEP30]**
	(99) REFUSED	**[SKIP TO 4.3 ASLEEP30]**

DUR_30D (4.2)   **[**Do you/ Does he/she] have symptoms all the time? "All the time" means symptoms that continue throughout the day. It does not mean symptoms for a little while each day.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASLEEP30 (4.3)   During the past 30 days, on how many days did symptoms of asthma make it difficult for [you / him/her] to stay asleep?

__ __ DAYS/NIGHTS
[RANGE CHECK: (01-30, 77, 88, 99)]

(88) NONE
(30) EVERY DAY   (Added 1/24/08)

(77) DON'T KNOW
(99) REFUSED

SYMPFREE (4.4)   During the <u>past two weeks</u>, on how many days [were you / was Child name] completely symptom-free, that is no coughing, wheezing, or other symptoms of asthma?

__ __ Number of days
[RANGE CHECK: (01-14, 77, 88, 99)

(88) NONE
(77) DON'T KNOW
(99) REFUSED

EPIS_INT   IF LAST SYMPTOMS WAS 3 MONTHS TO 1 YEAR AGO (LASTSYMP (3.5) = 4) PICK UP HERE, SYMPTOMS WITHIN THE PAST 3 MONTHS PLUS DK AND REFUSED (LASTSYMP (3.5) = 1, 2, 3, 77, 99) CONTINUE HERE AS WELL   7/7/2009

READ: Asthma attacks, sometimes called episodes, refer to periods of worsening asthma symptoms that make you limit your activity more than you usually do, or make you seek medical care.

EPIS_12M (4.5)   During the past 12 months, [have you / has Child name] had an episode of asthma or an asthma attack?

(1) YES
(2) NO   **[SKIP TO INS1 (section 5)]**

(7) DON'T KNOW   **[SKIP TO INS1 (section 5)]**
(9) REFUSED   **[SKIP TO INS1 (section 5)]**

EPIS_TP (4.6)   During the past <u>three months</u>, how many asthma episodes or attacks [have you / has he/she] had?

__ __ __
[RANGE CHECK: (001-100, 777, 888, 999)]

(888) NONE

(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

DUR_ASTH (4.7)   How long did [your / his/her] MOST RECENT asthma episode or attack last?

1_ _   Minutes
2_ _   Hours
3_ _   Days
4_ _   Weeks
5 5 5   Never
7 7 7   Don't know / Not sure
9 9 9   Refused

Interviewer note:
        If answer is #.5 to #.99 round up
        If answer is #.01 to #.49 ignore fractional part
        ex.   1.5   should be recorded as 2
           1.25   should be recorded as 1

Section 5. Health Care Utilization

All respondents continue here:

INS1 (5.01)   [Do you / Does Child name] have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

(1) YES   **[continue]**
(2) NO   **[SKIP TO PRE- C5.4]**

(7) DON'T KNOW   **[SKIP TO PRE- C5.4]**
(9) REFUSED   **[SKIP TO PRE- C5.4]**

ASK C5.2 IF PATIENT TYPE=2 (CHILD); ELSE GO TO INS2.
INS_TYP (C5.2)   What kind of health care coverage does {he/she} have? Is it paid for through the parent's employer, or is it Medicaid, Medicare, Children's Health Insurance Program (CHIP), or some other type of insurance?

(1) Parent's employer

(2) Medicaid/Medicare

(3) CHIP {replace with State specific name}

(4) Other

(7) DON'T KNOW
(9) REFUSED

INS2 (5.02)   During the past 12 months was there any time that [you / he/she] did not have any health insurance or coverage?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ASK C5.4 IF PATIENT TYPE=2 (CHILD); ELSE GO TO LOGIC BELOW.

FLU_SHOT (C5.4)   A flu shot is an influenza vaccine injected in your arm. During the past 12 months, did {CHILD'S NAME} have a flu shot?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

FLU_SPRAY (C5.5)   A flu vaccine that is sprayed in the nose is called FluMist. During the past 12 months, did {he/she} have a flu vaccine that was sprayed in {his/her} nose?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

[IF SAMPLED PERSON DOES NOT CURRENTLY HAVE ASTHMA AND THEY ANSWERED "NEVER" (88) OR "MORE THAN ONE YEAR AGO" (05, 06 or 07) TO SEEING A DOCTOR ABOUT ASTHMA (LAST_MD (3.3)), TAKING ASTHMA MEDICATION (LAST_MED (3.4)), AND SHOWING SYMPTOMS OF ASTHMA (LASTSYMP (3.5)), SKIP TO SECTION 6]

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question (BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
        AND
            (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
            (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
            (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
                THEN SKIP TO Section 6; otherwise continue with Section 5.

    The above "if" Statement can also be reStated in different words as:

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
        AND
            ((LAST_MD = 4) OR
          (LAST_MED = 1, 2, 3 or 4) OR
          (LASTSYMP = 1, 2, 3 or 4)
                THEN Continue with Section 5 otherwise skip to Section 6)

IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) continue with Section 5.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
           (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) AND
           (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
                THEN SKIP TO Section 6; otherwise continue with Section 5.

    The above "if" Statement can also be reStated in different words as:

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused) AND
        ((LAST_MD = 4) OR
        (LAST_MED = 1, 2, 3 or 4) OR
        (LASTSYMP = 1, 2, 3 or 4)
            THEN Continue with Section 5; otherwise skip to Section 6)

    IF CUR_ASTH (2.2) = 1 (Yes) continue with section 5.

ASK ACT_DAYS30 (5.6) IF PATIENT TYPE=2 (CHILD); ELSE GO TO NER_TIME (5.1).

ACT_DAYS30 (5.6)   **During just the past 30 days, would you say {child's name} limited {his/her} usual activities due to asthma not at all, a little, a moderate amount, or a lot?**

        (1) NOT AT ALL
        (2) A LITTLE
        (3) A MODERATE AMOUNT
        (4) A LOT

        (7) DON'T KNOW
        (9) REFUSED

NER_TIME (5.1)   **[IF LAST_MD (3.3) = 88, 05, 06, 07; SKIP TO MISS_DAY]**

During the past 12 months how many times did [you / he/she] see a doctor or other health professional for a routine checkup for [your / his/her] asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any value >50]

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

(888) NONE

(777) DON'T KNOW
(999) REFUSED

ER_VISIT (5.2)   An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.   During the past 12 months, [have you / has Child name] had to visit an emergency room or urgent care center because of [your / his/her] asthma?

(1) YES
(2) NO   **[SKIP TO URG_TIME]**

(7) DON'T KNOW   **[SKIP TO URG_TIME]**
(9) REFUSED   **[SKIP TO URG_TIME]**

ER_TIMES (5.3)   During the past 12 months, how many times did [you / he/she] visit an emergency room or urgent care center because of [your / his/her] asthma?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE (Skip back to 5.2)
(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.2 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.3 ALLOW LOOPING BACK TO CORRECT 5.2 TO "NO"]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

URG_TIME (5.4)   **[IF ONE OR MORE ER VISITS (ER_TIMES (5.3)) INSERT "**Besides those emergency room or urgent care center visits,**"]**

During the past 12 months, how many times did [you / Child name] see a doctor or other health professional for urgent treatment of worsening asthma symptoms or for an asthma episode or attack?

__ __ __ ENTER NUMBER
[RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

(888) NONE

(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[HELP SCREEN: An urgent care center treats people with illnesses or injuries that must be addressed immediately and cannot wait for a regular medical appointment.]

HOSP_VST (5.5)   **[IF LASTSYMP > 5 AND < 7, SKIP TO MISS_DAY**
IF LASTSYMP=88 (NEVER), SKIP TO MISS_DAY]

During the past 12 months, that is since [1 YEAR AGO TODAY], [have you / has Child name] had to stay overnight in a hospital because of [your / his/her] asthma? Do not include an overnight stay in the emergency room.

(1) YES
(2) NO   **[SKIP TO MISS_DAY]**

(7) DON'T KNOW   **[SKIP TO MISS_DAY]**
(9) REFUSED   **[SKIP TO MISS_DAY]**

HOSPTIME (5.6A)   During the past 12 months, how many different times did [you / he/she] stay in any hospital overnight or longer because of [your / his/her] asthma?

__ __ __ TIMES
[RANGE CHECK: (001-365, 777, 999)] [Verify any entry >50]

(777) DON'T KNOW
(999) REFUSED
[CATI CHECK: IF RESPONSE = 77, 99 VERIFY THAT 777 AND 999 WERE NOT THE INTENT]

[CATI CHECK: IF RESPONSE TO 5.5 IS "YES" AND RESPONDENT SAYS NONE OR ZERO TO 5.6A ALLOW LOOPING BACK TO CORRECT 5.5 TO "NO"]

HOSPPLAN (5.7)   The last time {you /he/she} left the hospital, did a health professional TALK with you (IF PATIENT TYPE=CHILD, INSERT "or Child name") about how to prevent serious attacks in the future?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators. This should not be coded yes

if the respondent only received a pamphlet or instructions to view a website or video since the question clearly States "talk with you".]

IF PATIENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 6

MISS_DAY (5.8A)   During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

> **[INTERVIEWER: If response is, "I don't work", emphasize USUAL ACTIVITIES"]**

__ __ __ENTER NUMBER DAYS
[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THIS QUESTION TO ASSIST THE INTERVIEWER]

(888) ZERO

(777) DON'T KNOW
(999) REFUSED

[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

ACT_DAYS30 (5.9)   **During just the past 30 days, would you say you limited your usual activities due to asthma not at all, a little, a moderate amount, or a lot?**

(1) NOT AT ALL
(2) A LITTLE
(3) A MODERATE AMOUNT
(4) A LOT

(7) DON'T KNOW
(9) REFUSED

COORDIN (5.10)   **Does anyone help you arrange or coordinate your asthma care among the different doctors or services that you use?**

{READ IF NECESSARY: By "arrange or coordinate," I mean: Is there anyone who helps you make sure that you get all the health care and services you needs, that health care providers share information, and that these services fit together and are paid for in a way that works for you?}

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

TCH_SIGN (6.1)   **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ...**

a. How to recognize early signs or symptoms of an asthma episode?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

TCH_RESP (6.2)   **Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name")...**

b. What to do during an asthma episode or attack?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

TCH_MON (6.3)   **A peak flow meter is a hand held device that measures how quickly you can blow air out of your lungs.   Has a doctor or other health professional ever taught you (IF PATIENT TYPE=CHILD, INSERT "or Child name") …**

c. How to use a peak flow meter to adjust {your / his/her} daily medications?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

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MGT_PLAN (6.4)   An asthma action plan, or asthma management plan, is a form with instructions about when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.

Has a doctor or other health professional EVER given you (IF PATIENT TYPE=CHILD, INSERT "or Child name") an asthma action plan?

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

MGT_CLAS (6.5)   Have you (IF PATIENT TYPE=CHILD, INSERT "or Child name") ever taken a course or class on how to manage [your / his/her] asthma?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 7. Modifications to Environment

HH_INT   **READ:** The following questions are about [your / Child name's] household and living environment. I will be asking about various things that may be related to experiencing symptoms of asthma.

AIRCLEANER (7.1)   An air cleaner or air purifier can filter out pollutants like dust, pollen, mold and chemicals. It can be attached to the furnace or free standing. It is not, however, the same as a normal furnace filter.

Is an air cleaner or purifier regularly used inside [your/ Child name's] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DEHUMID (7.2)   A dehumidifier is a small, portable appliance which removes moisture from the air.

Is a dehumidifier regularly used to reduce moisture inside [your / Child name's] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

KITC_FAN (7.3)   Is an exhaust fan that vents to the outside used regularly when cooking in [your / Child name's] kitchen?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

COOK_GAS (7.4)   Is gas used for cooking (IF PATIENT TYPE=CHILD, INSERT "in {his/her} home)?

(1) Yes
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_MOLD (7.5)   In the past 30 days, has anyone seen or smelled mold or a musty odor inside [your / his/her] home? Do not include mold on food.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ENV_PETS (7.6)   Does [your / Child name's] household have pets such as dogs, cats, hamsters, birds or other feathered or furry pets that spend time indoors?

(1) YES
(2) NO   **(SKIP TO 7.8)**

(7) DON'T KNOW   **(SKIP TO 7.8)**
(9) REFUSED   **(SKIP TO 7.8)**

PETBEDRM (7. 7)   Are pets allowed in [your / his/her] bedroom?

[SKIP THIS QUESTION IF ENV_PETS = 2, 7, 9]

(1) YES
(2) NO
(3) SOME ARE/SOME AREN'T

(7) DON'T KNOW
(9) REFUSED

C_ROACH (7.8)   In the past 30 days, has anyone seen a cockroach inside [your / his/her] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: Studies have shown that cockroaches may be a cause of asthma. Cockroach droppings and carcasses can also cause symptoms of asthma.

C_RODENT (7.9)   In the past 30 days, has anyone seen mice or rats inside [your / his/her] home? Do not include mice or rats kept as pets.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: Studies have shown that rodents may be a cause of asthma.

WOOD_STOVE (7.10)   Is a wood burning fireplace or wood burning stove used in [your / Child name's] home?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: OCCASIONAL USE SHOULD BE CODED AS "YES".

GAS_STOVE (7.11)   Are unvented gas logs, unvented gas fireplaces, or unvented gas stoves used in [your / his/her] home?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

    HELP SCREEN: "Unvented" means no chimney or the chimney flue is kept closed during operation.

S_INSIDE (7.12)   In the past week, has anyone smoked inside [your / his/her] home?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

    HELP SCREEN: "The intent of this question is to measure smoke resulting from tobacco products (cigarettes, cigars, pipes) or illicit drugs (cannabis, marijuana) delivered by smoking (inhaling intentionally). Do not include things like smoke from incense, candles, or fireplaces, etc."

MOD_ENV (7.13)   **INTERVIEWER READ:** Now, back to questions specifically about [you / Child name].

    Has a health professional ever advised you to change things in [your / his/her] home, school, or work to improve [your / his/her] asthma?

    (1) YES
    (2) NO

    (7) DON'T KNOW
    (9) REFUSED

    [HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

MATTRESS (7.14)   [Do you / Does he/she] use a mattress cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal mattress covers used for padding or sanitation (wetting). These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the mattress. They are made of special fabric, entirely enclose the mattress, and have zippers.]
    (1) YES
    (2) NO
    (7) DON'T KNOW
    (9) REFUSED

E_PILLOW (7.15)   [Do you / Does he/she] use a pillow cover that is made especially for controlling dust mites?

[INTERVIEWER: If needed: This does not include normal pillow covers used for fabric protection. These covers are for the purpose of controlling allergens (like dust mites) from inhabiting the pillow. They are

made of special fabric, entirely enclose the pillow, and have zippers.]

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

CARPET (7.16)   [Do you / Does Child name] have carpeting or rugs in [your / his/her] bedroom?   This does not include throw rugs small enough to be laundered.

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

HOTWATER (7.17)   Are [your / his/her] sheets and pillowcases washed in cold, warm, or hot water?

(1) COLD
(2) WARM
(3) HOT

DO NOT READ
(4) VARIES

(7) DON'T KNOW
(9) REFUSED

BATH_FAN (7.18)   In [your / Child name's] bathroom, do you regularly use an exhaust fan that vents to the outside?

(1) YES
(2) NO OR "NO FAN"

(7) DON'T KNOW
(9) REFUSED

HELP SCREEN: IF RESPONDENT INDICATES THEY HAVE MORE THAN ONE BATHROOM, THIS QUESTION REFERS TO THE BATHROOM THEY USE MOST FREQUENTLY FOR SHOWERING AND BATHING.

Section 8. Medications

OTC (8.1)   **[IF LAST_MED = 88 (NEVER), SKIP TO SECTION 9. ELSE, CONTINUE.]**

The next set of questions is about medications for asthma. The first few questions are very general, but later questions are very specific to [your / Child name's] medication use.

Over-the-counter medication can be bought without a doctor's order. [Have you / Has Child name] ever used over-the-counter medication for [your / his/her] asthma?

(1) YES

(2) NO

(7) DON'T KNOW
(9) REFUSED

INHALERE (8.2)   [Have you / Has he/she] ever used a prescription inhaler?

(1) YES
(2) NO   **[SKIP TO SCR_MED1]**

(7) DON'T KNOW   **[SKIP TO SCR_MED1]**
(9) REFUSED   **[SKIP TO SCR_MED1]**

INHALERH (8.3)   Did a doctor or other health professional show [you / him/her] how to use the inhaler?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: Health professional includes doctors, nurses, physician assistants, nurse practitioners, and health educators]

INHALERW (8.4)   Did a doctor or other health professional watch [you / him/her] use the inhaler?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCR_MED1 (8.5)   **[IF LAST_MED = 4, 5, 6, 7, 77, or 99, SKIP TO SECTION 9] (88 removed)**

Now I am going to ask questions about specific prescription medications [you / Child name] may have taken for asthma in the past 3 months. I will be asking for the names, amount, and how often [you take / he/she takes] each medicine. I will ask separately about medication taken in various forms: pill or syrup, inhaler, and Nebulizer.

It will help to get [your / Child name's] medicines so you can read the labels.
Can you please go get the asthma medicines while I wait on the phone?

(1) YES

(2) NO   **[SKIP TO INH_SCR]**

(3) RESPONDENT KNOWS THE MEDS   **[SKIP TO INH_SCR]**

(7) DON'T KNOW   **[SKIP TO INH_SCR]**

(9) REFUSED   **[SKIP TO INH_SCR]**

SCR_MED3 (8.7)   **[when Respondent returns to phone:]** Do you have all the medications?

[INTERVIEWER: Read if necessary]

(1) YES I HAVE ALL THE MEDICATIONS

(2) YES I HAVE SOME OF THE MEDICATIONS BUT NOT ALL

(3) NO

(7) DON'T KNOW

(9) REFUSED

[IF INHALERE (8.2) = 2 (NO) SKIP TO PILLS]

INH_SCR (8.8)   In the past 3 months [have you / has Child name] taken prescription asthma medicine using an inhaler?

(1) YES
(2) NO   **[SKIP TO PILLS]**

(7) DON'T KNOW   **[SKIP TO PILLS]**
(9) REFUSED   **[SKIP TO PILLS]**

INH_MEDS (8.9)

For the following inhalers the respondent can choose up to eight medications; however, each medication can only be used once (in the past, errors such as 030303 were submitted in the data file). When 66 (Other) is selected as a response, the series of questions ILP01 (8.11) to ILP10 (8.19) is not asked for that response.

In the past 3 months, what prescription asthma medications did [you / he/she] take by inhaler? **[MARK ALL THAT APPLY. PROBE: Any other prescription asthma inhaler medications?]**

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

Inhaler table		
	Medication	Pronunciation
1	Advair (+ A. Diskus)	ăd-vâr (or add-vair)
2	Aerobid	â-rō'bĭd (or air-row-bid)
3	Albuterol (+ A. sulfate or salbutamol)	ăl'-bu'ter-ōl (or al-BYOO-ter-ole) săl-byū'tə-môl'
4	Alupent	al-u-pent
43	Alvesco (+ Ciclesonide)	al-ves-co
49	Anoro Ellipta (Umeclidinium and vilanterol)	a-nor' oh e-LIP-ta
40	Asmanex (twisthaler)	as-muh-neks twist-hey-ler
5	Atrovent	At-ro-vent
6	Azmacort	az-ma-cort
7	Beclomethasone dipropionate	bek"lo-meth'ah-son dī' pro'pe-o-nāt (or be-kloe-meth-a-sone)
8	Beclovent	be' klo-vent" (or be-klo-vent)
9	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
45	Breo Ellipta (Fluticasone and vilanterol)	BRE-oh e-LIP-ta
11	Budesonide	byoo-des-oh-nide
12	Combivent	com-bi-vent
13	Cromolyn	kro'mŏ-lin (or KROE-moe-lin)
44	Dulera	do-lair-a
14	Flovent	flow-vent
15	Flovent Rotadisk	flow-vent row-ta-disk
16	Flunisolide	floo-nis'o-līd (or floo-NISS-oh-lide)
17	Fluticasone	flue-TICK-uh-zone
34	Foradil	FOUR-a-dil
35	Formoterol	for moh' te rol
48	Incruse Ellipta (Umeclidium inhaler powder)	IN-cruise e-LIP-ta

19	Ipratropium Bromide	ĭp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
37	Levalbuterol tartrate	lev-al-BYOU-ter-ohl
20	Maxair	măk-sâr
21	Metaproterenol	met"ah-pro-ter'ĕ-nōl (or met-a-proe-TER-e-nole)
39	Mometasone furoate	moe-MET-a-sone
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pēr-bu'ter-ōl (or peer-BYOO-ter-ole)
41	Pro-Air HFA	proh-air HFA
24	Proventil	pro"ven-til' (or pro-vent-il)
25	Pulmicort Flexhaler	pul-ma-cort flex-hail-er
36	QVAR	q -vâr (or q-vair)
3	Salbutamol (or Albuterol)	săl-byū'tə-môl'
26	Salmeterol	sal-ME-te-role
27	Serevent	Sair-a-vent
46	Spiriva HandiHaler or Respimat (Tiotropium bromide)	speh REE vah - RES peh mat
51	Stiolto Respimat (tiotropium bromide & olodaterol)	sti-OL-to– RES peh mat
42	Symbicort	sim-buh-kohrt
28	Terbutaline (+ T. sulfate)	ter-bu'tah-lēn (or ter-BYOO-ta-leen)
30	Tornalate	tor-na-late
50	Trelegy Ellipta ((fluticasone furoate, umeclidinium & vilanterol)	TREL-e-gee e-LIP-ta
31	Triamcinolone acetonide	tri"am-sin'o-lōn as"ĕ-tō-nīd' (or trye-am-SIN-oh-lone)

[IF RESPONDENT SELECTS ANY ANSWER <66, SKIP TO ILP03]

    (88) NO PRESCRIPTION INHALERS   **[SKIP TO PILLS]**

    (77) DON'T KNOW   **[SKIP TO PILLS]**
    (99) REFUSED   **[SKIP TO PILLS]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_I1 (8.10) **ENTER OTHER MEDICATION FROM (8.9) IN TEXT FIELD**
               IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

               CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[LOOP BACK TO ILP03 AS NECESSARY TO ADMINSTER QUESTIONS ILP03 THRU ILP10 FOR EACH MEDICINE 01 – 44 REPORTED IN INH_MEDS, BUT NOT FOR 66 (OTHER).]

[FOR FILL [MEDICINE FROM INH_MEDS SERIES] FOR QUESTIONS ILP03 THROUGH ILP10]

SKIP before ILP03
       IF [MEDICINE FROM INH_MEDS SERIES] IS ADVAIR (01) OR FLOVENT ROTADISK (15) OR MOMETASONE FUROATE (39) OR ASMANEX (40) OR FORADIL (34) OR MAXAIR (20) OR PULMICORT (25) OR SEREVENT (27) OR SYMBICORT (42) SKIP TO 8.14

ILP03 (8.13)   **A spacer is a small attachment for an inhaler that makes it easier to use. Do you / Does he/she use a spacer with [MEDICINE FROM INH_MEDS SERIES]?**

(1) YES
(2) NO
(3) Medication is a dry powder inhaler or disk inhaler, not a canister inhaler
(4) Medication has a built-in spacer/does not need a spacer

(7) DON'T KNOW
(9) REFUSED

> **[HELP SCREEN: A spacer is a device that attaches to a metered dose inhaler. It holds the medicine in its chamber long enough for you to inhale it in one or two slow, deep breaths. The spacer makes it easy to take the medicines the right way.]**
>
> **[HELP SCREEN: The response category 3 (disk or dry powder) and 4 (built in spacer) are primarily intended for medications Beclomethosone (7) Beclovent (08), Budesonide (11) and QVAR (36), which are known to come in disk or breathe activated inhalers (which do not use a spacer). However, new medications may come on the market that will need either category, so 3 or 4 can be used for other medications as well.]**

ILP04 (8.14)   In the past 3 months, did [you / Child name] take [MEDICINE FROM INH_MEDS SERIES] when [you / he/she] had an asthma episode or attack?

(1) YES
(2) NO
(3) NO ATTACK IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

ILP05 (8.15)   In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] before exercising?

(1) YES
(2) NO
(3) DIDN'T EXERCISE IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

ILP06 (8.16)   In the past 3 months, did [you / he/she] take [MEDICINE FROM INH_MEDS SERIES] on a regular schedule everyday?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

ILP08 (8.18)   How many times per day or per week [did you / did he/she] use [MEDICINE FROM INH_MEDS SERIES]?

3 _ _   Times per DAY   **[RANGE CHECK: (>10)]**

4 _ _	Times per WEEK	**[RANGE CHECK: (>75)]**
5 5 5	Never	
6 6 6	LESS OFTEN THAN ONCE A WEEK	
7 7 7	Don't know / Not sure	
9 9 9	Refused	

[RANGE CHECK: 301-399, 401-499, 555, 666, 777, 999]

<mark>**[ASK ILP10 ONLY IF INH_MEDS = 3, 4, 9, 20, 21, 23, 24, 28, 30, 33, 37, 38, 41 OTHERWISE SKIP TO PILLS (8.20)]**</mark>

ILP10 (8.19)　　　How many canisters of [MEDICINE FROM INH_MEDS SERIES] [have you / has Child name] used in the past 3 months?

[INTERVIEWER: IF RESPONDENT USED LESS THAN ONE FULL CANISTER IN THE PAST THREE MONTHS, CODE IT AS '88']

___ CANISTERS

(77)　DON'T KNOW
(88)　NONE
(99)　REFUSED
[RANGE CHECK: (01-76, 77, 88, 99)]

[HELP SCREEN: IF RESPONDENT INDICATES HE/SHE HAS MULTIPLE CANISTERS, (I.E., ONE IN THE CAR, ONE IN PURSE, ETC.) ASK THE RESPONDENT TO ESTIMATE HOW MANY FULL CANISTERS HE/SHE USED. THE INTENT IS TO ESTIMATE HOW MUCH MEDICATION IS USED, NOT HOW MANY DIFFERNT INHALERS.]

PILLS (8.20)　　　In the past 3 months, [have you / has he/she] taken any prescription medicine in pill form for [your / his/her] asthma?

(1)　YES
(2)　NO　　　　　　　　　　　　　　　　　**[SKIP TO SYRUP]**

(7)　DON'T KNOW　　　　　　　　　　　**[SKIP TO SYRUP]**
(9)　REFUSED　　　　　　　　　　　　　 **[SKIP TO SYRUP]**

PILLS_MD (8.21)   For the following pills the respondent can choose up to five medications; however, each medication can only be used once (in the past, errors such as 232723 were submitted in the data file).

What prescription asthma medications [do you / does Child name] take in pill form?
[MARK ALL THAT APPLY. PROBE: Any other prescription asthma pills?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Note: the yellow numbered items below are new medications added in 2008. Also, CATI programmers, note that the top ten items (in bold below) should be highlighted in the CATI system if possible so they can be found more easily.

	Medication	Pronunciation
01	**Accolate**	**ac**-o-late
02	Aerolate	**air**-o-late
03	**Albuterol**	ăl'-**bu**'ter-ōl (or al-**BYOO**-ter-all)
04	Alupent	**al**-u-pent
49	Brethine	**breth-een**
05	Choledyl (oxtriphylline)	**ko**-led-il
07	Deltasone	**del**-ta-sone
08	Elixophyllin	e-licks-**o**-fil-in
11	Medrol	**Med**-rol
12	Metaprel	**Met**-a-prell
13	Metaproteronol	met"ah-pro-**ter**'ĕ-nōl (or met-a-proe-**TER**-e-nole)
14	Methylpredinisolone	meth-ill-pred-**niss**-oh-lone (or meth-il-pred-**NIS**-oh-lone)
15	**Montelukast**	mont-e-**lu**-cast
17	Pediapred	Pee-**dee**-a-pred
18	**Prednisolone**	pred-NISS-oh-lone
19	**Prednisone**	PRED-ni-sone
21	Proventil	pro-**ven**-til
23	Respid	**res**-pid
24	**Singulair**	**sing**-u-lair
25	Slo-phyllin	**slow**- fil-in
26	Slo-bid	**slow**-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	**thee**-o-24
30	Theochron	**thee** -o-kron
31	Theoclear	**thee**-o-clear
32	**Theodur**	**thee**-o-dur
33	**Theo-Dur**	**thee**-o-dur
35	**Theophylline**	thee-**OFF**-i-lin
37	Theospan	**thee**-o-span
40	T-Phyl	**t**-fil
42	**Uniphyl**	**u**-ni-fil
43	Ventolin	**vent**-o-lin
44	Volmax	**vole**-max
45	Zafirlukast	za-**FIR**-loo-kast
46	Zileuton	zye-**loo**-ton
47	Zyflo Filmtab	**zye**-flow **film** tab
66	Other, please specify	**[SKIP TO OTH_P1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-49 SKIP TO PILL01]

(88) NO PILLS   **[SKIP TO SYRUP]**

(77) DON'T KNOW   **[SKIP TO SYRUP]**
(99) REFUSED   **[SKIP TO SYRUP]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_P1

ENTER OTHER MEDICATION IN TEXT FIELD
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

[REPEAT QUESTION PILL01 AS NECESSARY FOR EACH PILL 01-49 REPORTED IN PILLS_MD, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN PILLS_MD] FOR QUESTION PILL01]

PILL01 (8.22)   **In the past 3 months, did [you / child's name] take [MEDICATION LISTED IN PILLS_MD] on a regular schedule every day?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SYRUP (8.23)   In the past 3 months, [have you / has he/she] taken any prescription asthma medication in syrup form?

(1) YES
(2) NO   **[SKIP TO NEB_SCR]**

(7) DON'T KNOW   **[SKIP TO NEB_SCR]**
(9) REFUSED   **[SKIP TO NEB_SCR]**

SYRUP_ID (8.24)   **For the following syrups the respondent can choose up to four medications; however, each medication can only be used once (in the past, errors such as 020202 were submitted in the data file).**

What prescription asthma medications [have you / has Child name] taken as a syrup?
[MARK ALL THAT APPLY. PROBE: Any other prescription syrup medications for asthma?]

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

Medication	Pronunciation

01	Aerolate	**air**-o-late
02	Albuterol	ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole)
03	Alupent	**al**-u-pent
04	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-TER-e-nole)
05	Prednisolone	pred-NISS-oh-lone
06	Prelone	**pre**-loan
07	Proventil	Pro-**ven**-til
08	Slo-Phyllin	**slow**-fil-in
09	Theophyllin	thee-OFF-i-lin
10	Ventolin	**vent**-o-lin
66	Other, Please Specify:	**[SKIP TO OTH_S1]**

[IF RESPONDENT SELECTS ANY ANSWER FROM 01-10, SKIP TO NEB_SCR]

      (88) NO SYRUPS   **[SKIP TO NEB_SCR]**
      (77) DON'T KNOW   **[SKIP TO NEB_SCR]**
      (99) REFUSED   **[SKIP TO NEB_SCR]**

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]

OTH_S1

ENTER OTHER MEDICATION.
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

NEB_SCR (8. 25)   **Read:** A nebulizer is a small machine with a tube and facemask or mouthpiece that you breathe through continuously. In the past 3 months, were any of [your / Child name's] prescription asthma medicines used with a nebulizer?

      (1) YES
      (2) NO   **[SKIP TO Section 9]**

      (7) DON'T KNOW   **[SKIP TO Section 9]**
      (9) REFUSED   **[SKIP TO Section 9]**

NEB_PLC (8.26)   I am going to read a list of places where [you / your child] might have used a nebulizer. Please answer yes if [you have / your child has] used a nebulizer in the place I mention, otherwise answer no.

    In the past 3 months did [you / Child name] use a nebulizer…

(8.26a)   AT HOME
         (1) YES   (2) NO   (7) DK   (9) REF

(8.26b)   AT A DOCTOR'S OFFICE
         (1) YES   (2) NO   (7) DK   (9) REF

(8.26c)   IN AN EMERGENCY ROOM
         (1) YES   (2) NO   (7) DK   (9) REF

(8.26d)   AT WORK OR AT SCHOOL
         (1) YES   (2) NO   (7) DK   (9) REF

(8.26e)   AT ANY OTHER PLACE
(1) YES   (2) NO   (7) DK   (9) REF

NEB_ID (8.27)   For the following nebulizers the respondent can chose up to five medications; however, each medication can only be used once (in the past, errors such as 0101 were submitted in the data file).

In the past 3 months, what prescription asthma medications [have you / has he/she] taken using a nebulizer?

[INTERVIEWER: IF NECESSARY, ASK THE RESPONDENT TO SPELL THE NAME OF THE MEDICATION.]

[MARK ALL THAT APPLY. PROBE: Have you taken any other prescription asthma medications with your nebulizer in the past 3 months?]

Nebulizer table		
	Medication	Pronunciation
1	Albuterol	ăl'-bu'ter-ōl (or al-BYOO-ter-ole)
2	Alupent	al-u-pent
3	Atrovent	At-ro-vent
4	Bitolterol	bi-tōl'ter-ōl (or bye-tole-ter-ole)
19	Brovana	brō vă nah
5	Budesonide	byoo-des-oh-nide
17	Combivent Inhalation solution	com-bi-vent
6	Cromolyn	kro'mŏ-lin (or KROE-moe-lin)
7	DuoNeb	DUE-ow-neb
8	Intal	in-tel
9	Ipratroprium bromide	ĭp-rah-tro'pe-um bro'mīd (or ip-ra-TROE-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met"ah-pro-ter'ĕ-nōl (or met-a-proe-TER-e-nole)
18	Perforomist (Formoterol)	per-form-ist
12	Proventil	Pro-ven-til
13	Pulmicort	pul-ma-cort
14	Tornalate	tor-na-late
15	Ventolin	vent-o-lin

(88) NO Nebulizers   **[SKIP TO Section 9]**
(77) DON'T KNOW   **[SKIP TO Section 9]**
(99) REFUSED   **[SKIP TO Section 9]**

OTH_N1

[100 ALPHANUMERIC CHARACTER LIMIT FOR 66]
ENTER OTHER MEDICATION
IF MORE THAN ONE MEDICATION IS GIVEN, ENTER ALL MEDICATIONS ON ONE LINE.

CATI programmers note that the text for 66 (other) should be checked to make sure one of the medication names above was not entered. If the medication entered is on the list above, then an error message should be shown.

LOOP BACK TO NEB01 AS NECESSARY TO ADMINISTER QUESTIONS NEB01 THROUGH NEB03 FOR EACH MEDICINE 01 THROUGH 18 (NEB_01 to NEB_16) REPORTED IN NEB_ID, BUT NOT FOR 66 (OTHER).]

FOR FILL [MEDICATION LISTED IN NEB_ID] FOR QUESTION NEB01 to NEB03]

NEB01 (8.28)   In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] when [you / he/she] had an asthma episode or attack?

(1) YES
(2) NO
(3) NO ATTACK IN PAST 3 MONTHS

(7) DON'T KNOW
(9) REFUSED

NEB02 (8.29)   In the past 3 months, did [you/he/she] take [MEDICINE FROM NEB_ID SERIES] on a regular schedule everyday?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

NEB03 (8.30)   How many times per day or per week [adult: do you / child: does he/she] use [MEDICINE FROM NEB_ID SERIES]?

3__ __ DAYS
4__ __ WEEKS

(555) NEVER
(666) LESS OFTEN THAN ONCE A WEEK

(777) DON'T KNOW / NOT SURE
(999) REFUSED

Qualified Level 5

<hr>

Section 9. Cost of Care

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (BRFSS ASTHNOW) value is correct then the value from the BRFSS core question

(BRFSS ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused))
        AND
           (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
           (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
           (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO Section 10; otherwise continue with Section 9

    IF BRFSS (PATIENT TYPE=ADULT: core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) / PATIENT TYPE=CHILD: CASTHNO2 "Does the child still have asthma?" = 1 (Yes)) , then continue with section 9.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
        AND
           (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
           (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
           (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO Section 10; otherwise continue with Section 9

    IF CUR_ASTH (2.2) = 1 (Yes) then continue with section 9.

ASMDCOST (9.1)   Was there a time in the past 12 months when [you / Child name] needed to see [your / his/her] primary care doctor <u>for [your / his/her] asthma</u> but could not because of the cost?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

ASSPCOST (9.2)   Was there a time in the past 12 months when (you were/he/she was) referred to a specialist <u>for (IF PATIENT TYPE=CHILD, INSERT "(his/her)") asthma care</u> but could not go because of the cost?

        (1) YES
        (2) NO

        (7) DON'T KNOW
        (9) REFUSED

ASRXCOST (9.3)   **IF PATIENT TYPE=ADULT, ASK:** Was there a time in the past 12 months when you needed to buy medication <u>for your asthma</u> but could not because of the cost?

        IF PATIENT TYPE=CHILD, ASK: Was there a time in the past 12 months when {he/she} needed medication <u>for his/her asthma</u> but you could not buy it because of the cost?

        (1) YES

(2) NO

(7) DON'T KNOW
(9) REFUSED

<div style="border:1px solid black">

Section 10A. Work Related Asthma
</div>

IF RESPONDENT TYPE=1 (ADULT), CONTINUE; ELSE GO TO SECTION 10C.

EMP_STAT (10.1)   **Next, we are interested in things in the workplace that affect asthma. However, first I'd like to ask how you would describe your current employment status. Would you say …**

[INTERVIEWER: Include self employed as employed. Full time is 35+ hours per week.]

(1) EMPLOYED FULL-TIME   **[SKIP TO WORKENV5 (10.4)]**

(2) EMPLOYED PART-TIME   **[SKIP TO WORKENV5 (10.4)]**
(3) NOT EMPLOYED

(7) DON'T KNOW   **[SKIP TO EMPL_EVER1 10.3)]**
(9) REFUSED   **[SKIP TO EMPL_EVER1 (10.3)]**

UNEMP_R (10.2)   **What is the main reason you are not now employed?**

(01) KEEPING HOUSE
(02) GOING TO SCHOOL
(03) RETIRED
(04) DISABLED
(05) UNABLE TO WORK FOR OTHER HEALTH REASONS
(06) LOOKING FOR WORK
(07) LAID OFF
(08) OTHER

(77) DON'T KNOW
(99) REFUSED

EMP_EVER1 (10.3)   **Have you ever been employed?**

[INTERVIEWER: Code self employed as "YES".]

(1) YES   **[SKIP TO WORKENV7 (10.6)]**
(2) NO   **[SKIP TO SECTION 11]**

(7) DON'T KNOW   **[SKIP TO SECTION 11]**
(9) REFUSED   **[SKIP TO SECTION 11]**

//WORKENV1 (10.4) WAS MOVED TO AFTER THE SKIP PATTERNS BELOW AND RENAMED TO WORKENV5//

The best known value for whether or not the adult "still has asthma" is used in the skip below. It can be the previously answered BRFSS core value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS core (ASTHNOW) value is correct then the value from the BRFSS core question (ASTHNOW) is used. If the respondent does not agree with the previous BRFSS core value in "Informed

Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.
IF respondent agrees 1 (Yes) with "Informed Consent":

   IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 2 (No), 7 (DK), or 9 (Refused)
      AND
         (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
         (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
         (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
      THEN SKIP TO 10.5; otherwise continue with 10.4

   IF BRFSS core value for ASTHNOW, "Do you still have asthma?" = 1 (Yes) then continue with question 10.4.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

   IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
      AND
         (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
         (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
         (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
      THEN SKIP TO 10.5; otherwise continue with 10.4

IF CUR_ASTH (2.2) = 1 (Yes) continue with question 10.4.

WORKENV5 (10.4)   Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Are your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV6 (10.5)   Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in your CURRENT job?

(1) YES   [SKIP TO WORKTALK (10.9)]
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

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WORKENV7 (10.6)   [READ THIS INTRO TO 10.6 ONLY IF EMP_EVER1 (10.3) = 1 (yes); OTHERWISE SKIP INTRO AND JUST READ THE QUESTION]
Things in the workplace such as chemicals, smoke, dust or mold can make asthma symptoms worse in people who already HAVE asthma or can actually CAUSE asthma in people who have never had asthma before.

Were your asthma symptoms MADE WORSE by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

WORKENV8 (10.7)   **Was your asthma first CAUSED by things like chemicals, smoke, dust or mold in any PREVIOUS job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[HELP SCREEN: "Some examples of things in the workplace that may cause asthma or make asthma symptoms worse include: flour dust in a bakery, normal dust in an office, smoke from a manufacturing process, smoke from a co-worker's cigarette, cleaning chemicals in a hospital, mold in a basement classroom, a co-worker's perfume, or mice in a research laboratory."]

SKIP before 10.8   [ASK 10.8 ONLY IF:
WORKENV7 (10.6) = 1 (YES) OR
WORKENV8 (10.7) = 1 (YES)
OTHERWISE SKIP TO WORKTALK (10.9)]

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WORKQUIT1 (10.8)   **Did you ever lose or quit a job because things in the workplace, like chemicals, smoke, dust or mold, caused your asthma or made your asthma symptoms worse?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[INTERVIEWER: RESPONDENTS WHO WERE FIRED BECAUSE THINGS IN THE WORKPLACE AFFECTED THEIR ASTHMA SHOULD BE CODED AS "YES".]

WORKTALK (10.9)   **Did you and a doctor or other health professional ever DISCUSS whether your asthma could have been caused by, or your symptoms made worse by, any job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN3 (10.10)   **Have you ever been TOLD BY a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

WORKSEN4 (10.11)   **Have YOU ever TOLD a doctor or other health professional that your asthma was caused by, or your symptoms made worse by, any job you ever had?**

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_STAT (C10.1)   Next, we are interested in things that might affect {child's name} asthma when he/she is not at home.

Does {child's name} currently go to school or pre school outside the home?

(1) YES   **[SKIP TO SCHGRADE]**
(2) NO

(7) DON'T KNOW
(9) REFUSED

NO_SCHL (C10.2)   What is the main reason {he/she} is not now in school? **READ RESPONSE CATEGORIES**

(1) NOT OLD ENOUGH   **[SKIP TO DAYCARE]**
(2) HOME SCHOOLED   **[SKIP TO SCHGRADE]**
(3) UNABLE TO ATTEND FOR HEALTH REASONS
(4) ON VACATION OR BREAK
(5) OTHER

(7) DON'T KNOW
(9) REFUSED

SCHL_12 (C10.3)   Has {child's name} gone to school in the past 12 months?

(1) YES
(2) NO   **[SKIP TO DAYCARE]**

(7) DON'T KNOW   **[SKIP TO DAYCARE]**
(9) REFUSED   **[SKIP TO DAYCARE]**

SCHGRADE (C10.4)   **[IF SCHL_12 = 1]**
What grade was {he/she} in the last time he/she was in school?

[IF SCH_STAT = 1 OR NO_SCHL = 2]
What grade is {he/she} in?

(88)   PRE SCHOOL
(66)   KINDERGARTEN

__ __   ENTER GRADE 1 TO 12

(77) DON'T KNOW

(99) REFUSED

The best known value for whether or not the child "still has asthma" is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in

"Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) **"Do you still have asthma?"** is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

    IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused),
        AND
            (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO C10.8; otherwise continue with C10.5

    IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 1 (Yes) then continue with C10.5.

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

    IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)
        AND
            (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
            (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
        THEN SKIP TO C10.8; otherwise continue with C10.5

    IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.5.

MISS_SCHL (C10.5)   **During the past 12 months, about how many days of school did {he/she} miss because of {his/her} asthma?**

        __ __ __ENTER NUMBER DAYS
        [3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]

        [DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THS QUESTION TO ASSIST THE INTERVIEWER]

        (888) ZERO
        (777) DON'T KNOW
        (999) REFUSED

        [CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11]

[IF SCHL_12 (10.3) = 1 READ 'PLEASE ANSWER THESE NEXT FEW QUESTIONS ABOUT THE SCHOOL {CHILD'S NAME} WENT TO LAST]

SCH_APL (C10.6)   Earlier I explained that an asthma action plan contains instructions about how to care for the child's asthma.

    Does {child's name} have a written asthma action plan or asthma management plan on file at school?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_MED (C10.7)   Does the school {he/she} goes to allow children with asthma to carry their medication with them while at school?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

[IF NO_SCHL = 2 (HOME SCHOOLED) SKIP TO SECTION 11] added in 2011

SCH_ANML (C10.8)   Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} CLASSROOM?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

SCH_MOLD (C10.9)   Are you aware of any mold problems in {child's name} school?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DAYCARE (C10.10)   **[IF CHLDAGE2 > 10 YEARS OR 131 MONTHS SKIP TO SECTION 11]**
Does {child's name} go to day care outside his/her home?

(1) YES   **[SKIP TO MISS_DCAR]**
(2) NO

(7) DON'T KNOW   **[SKIP TO SECTION 11]**
(9) REFUSED   **[SKIP TO SECTION 11]**

DAYCARE1 (C10.11)   Has {he/she} gone to daycare in the past 12 months?

(1) YES
(2) NO   **[SKIP TO SECTION 11]**

(7) DON'T KNOW   **[SKIP TO SECTION 11]**
(9) REFUSED   **[SKIP TO SECTION 11]**

The best known value for whether or not the child "still has asthma" is used in the skip below. It can be the previously answered BRFSS module value or the answer to CUR_ASTH (2.2) if this question is asked in this call back survey   If the respondent confirms in the "Informed Consent" question that the previously answered BRFSS module value is correct then the value from the BRFSS module question (BRFSS M2.2) is used. If the respondent does not agree with the previous BRFSS module value in "Informed Consent" then the question REPEAT (2.0) was asked (REPEAT = 1) then the value for CUR_ASTH (2.2) "Do you still have asthma?" is used.

IF respondent agrees 1 (Yes) with "Informed Consent":

> **IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 2 (No), 7 (DK), or 9 (Refused),**
> > **AND**
> > > (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
> > > (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
> > > (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
> > **THEN SKIP TO C10.14; otherwise continue with C10.12**

> **IF BRFSS module value for CASTHNO2, "Does the child still have asthma?" = 1 (Yes), then continue with C10.12.**

IF respondent DOES NOT agree 2 (No) with "Informed Consent" REPEAT = 1:

> **IF CUR_ASTH (2.2) = 2 (No), 7 (DK), or 9 (Refused)**
> > **AND**
> > > (LAST_MD (3.3) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
> > > (LAST_MED (3.4) = 88 (Never) or 05, 06, 07, 77 or 99) **AND**
> > > (LASTSYMP (3.5) = 88 (Never) or 05, 06, 07, 77 or 99)
> > **THEN SKIP TO C10.14; otherwise continue with C10.12**

> **IF CUR_ASTH (2.2) = 1 (Yes), then continue with C10.12.**

MISS_DCAR (C10.12)   **During the past 12 months, about how many days of daycare did {he/she} miss because of {his/her} asthma?**

> __ __ __ENTER NUMBER DAYS
> **[3 NUMERIC-CHARACTER-FIELD, RANGE CHECK: (001-365, 777, 888, 999)] [Verify any entry >50]**

> **[DISPLAY THE THREE POSSIBILITIES BELOW ON THE CATI SCREEN FOR THS QUESTION TO ASSIST THE INTERVIEWER]**

> (888) ZERO

> (777) DON'T KNOW
> (999) REFUSED

> **[CATI CHECK: IF RESPONSE = 77, 88, 99 VERIFY THAT 777, 888 AND 999 WERE NOT THE INTENT]**

DCARE_APL (C10.13) **[IF DAYCARE1 (10.11) = YES (1) THEN READ:** "Please answer these next few questions about the daycare {child's name} went to last. "

Does {child's name} have a written asthma action plan or asthma management plan on file at daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_ANML(C10.14)   Are there any pets such as dogs, cats, hamsters, birds or other feathered or furry pets in {his/her} room at daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_MLD (C10.15) Are you aware of any mold problems in {his/her} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

DCARE_SMK (C10.16) Is smoking allowed at {his/her} daycare?

(1) YES
(2) NO

(7) DON'T KNOW
(9) REFUSED

Section 13. Additional Child Demographics

IF RESPONDENT TYPE=2 (CHILD), CONTINUE; ELSE GO TO COVID-19 QUESTIONS IF SAMPLE MONTH>2 (March to Decmeber)

READ "I have just a few more questions about {child's name}."

HEIGHT1   How tall is {child's name}?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

_ _ _ _ = Height (ft/inches)
7 7 7 7 = Don't know/Not sure
9 9 9 9 = Refused

CATI Note: In the first space for the height (highlighted in yellow), if the respondent answers in feet/inches enter "0." If respondent answers in metric, put "9" in the

first space.

Examples:
> **24 inches = 200 (2 feet)**   **30 inches = 206 (2 feet 6 inches),**
> **36 inches = 300 (3 feet)**   **40 inches = 304 (3 feet 4 inches),**
> **48 inches = 400 (4 feet)**   **50 inches = 402 (4 feet 2 inches),**
> **60 inches = 500 (5 feet)**   **65 inches = 505 (5 feet 5 inches),**
>
> **6 feet = 600 (6 feet, zero inches)**
> **5'3" = 503 (5 feet, 3 inches)**

VALUES OF GREATER THAN 8 FEET 11 INCHES OR 250 CENTIMETERS SHOULD NOT BE ALLOWED, VALUE RANGE FOR INCHES 00-11.

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

WEIGHT1   How much does {he/she} weigh?

[INTERVIEWER: if needed: Ask the respondent to give their best guess.]

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

CATI Note: In the first space for the weight (highlighted in yellow), if the respondent answers in pounds, enter "0." If respondent answers in kilograms, put "9" in the first space.

[VALUES OF GREATER THAN 500 POUNDS OR 230 KILOGRAMS SHOULD NOT BE ALLOWED]]

HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.

BIRTHW1   How much did {he/she} weigh at birth (in pounds)?

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

CATI note: If the respondent gives pounds and ounces: from left to right, positions one and two will hold "0 0"; positions three and four will hold the value of pounds from 0 to 30; and the last two positions will hold 00 to 15 ounces.

If the respondent gives kilograms and grams: from left to right, position one will hold "9"; positions two and three will hold the value of kilograms 1-30; and the last three positions will hold the number of grams.

[VALUES OF GREATER THAN 30 POUNDS OR 13.6 KILOGRAMS SHOULD NOT BE ALLOWED]

(INTERVIEWER: IF NEEDED: ASK THE RESPONDENT TO GIVE THEIR BEST GUESS.)

(HELP SCREEN: WE ARE INTERESTED IN LOOKING AT HOW HEIGHT AND WEIGHT MAY BE RELATED TO ASTHMA.)

[IF BIRTH WEIGHT IS DON'T KNOW OR REFUSED ASK BIRTHRF, ELSE SKIP TO CWEND .]

BIRTHRF   At birth, did {child's name} weigh less than 5 ½ pounds?

[INTERVIEWER NOTE: 5 ½ pounds = 2500 GRAMS]

(1) YES

(2) NO

(7) DON'T KNOW

(9) REFUSED

<div style="background-color:yellow; border:2px solid black; text-align:center; font-weight:bold;">Section 13: COVID-19 SA Q'S</div>

COVID_19 Has a healthcare provider ever told [you / Child name] that [you / Child name] have, or likely have, COVID-19 (Coronavirus)?

1 Yes

2 No **[GO TO CLOSING STATEMENT]**

7 Don't know / Not sure

9 Refused

COVID_ER   Have [you / Child name] had to visit an emergency room or urgent care center because of [your / Child name] COVID-19 (Coronavirus) infection?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

COVIDHSP   Not including spending the night in an emergency room, have [you / Child name] had to stay overnight in a hospital because of your COVID-19 (Coronavirus) infection?

1 Yes

2 No

7 Don't know / Not sure

9 Refused

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SURVEY THANK AND END

CWEND   Those are all the questions I have. I'd like to thank you on behalf of the ==Wisconsin department of health== and the Centers for Disease Control and Prevention for the time and effort you've spent answering these questions. If you have any questions about this survey, you may call my supervisor toll-free at 877-551-6138. Thanks again.

==Qualified Level 6==

Appendix A:
Coding Notes and Pronunciation Guide

Coding Notes:

1)   MISDIAGNOSIS NOTE: If, during the survey, the interviewer discovers that the respondent never really had asthma because it was a misdiagnosis, then assign disposition code "4471 Resp. was misdiagnosed; never had asthma" as a final code and terminate the interview.

2) BACKCODE SYMPFREE (4.4) TO 14 IF LASTSYMP (3.5) = 88 (never) or = 04, 05, 06, or 07 OR IF SYMP_30D = 88. THIS WILL BE DONE BY BSB.

3) CATI Programmer's note: For the Other in the medications (in INH_MEDS, PILLS_MD, SYRUP_ID or NEB_ID. If "Other" has one of the following misspellings then a menu choice should have been made. Code for this and correct:

Medication	Common misspelling in "Other"
Zyrtec	Zertec, Zertek or Zerteck
Allegra	Alegra, Allegra or Allegra D
Claritin	Cleraton, Cleritin or Claritin D
Singulair	Singular, Cingulair or Cingular
Xopenex	Zopanox or Zopenex
Advair	
Diskus	Advair or Diskus
Albuterol	Aluterol Sulfate
Maxair	Maxair Autohaler

Pronunciation Guide:

The following is a pronunciation guide. The top ten medications are shown bolded. Audio files are available from the BRFSS coordinators' upload/download site.

INH_MEDS

	Medication	Pronunciation
01	**Advair** (+ A. Diskus)	**ăd**-vâr (or **add**-vair)
02	Aerobid	â-**rō**'bĭd (or **air**-row-bid)
03	**Albuterol** (+ A. sulfate or salbutamol)	ăl'-**bu**'ter-ōl (or al-**BYOO**-ter-ole) săl-byū'tə-môl'
04	Alupent	**al**-u-pent
43	Alvesco (+ Ciclesonide)	**al-ves-co**
40	Asmanex (twisthaler)	**as**-m*uh*-neks **twist**-hey-ler
05	**Atrovent**	At-ro-vent
06	**Azmacort**	**az**-ma-cort
07	Beclomethasone dipropionate	bek"lo-**meth**'ah-son dĭ' **pro**'pe-o-nāt (or be-kloe-**meth**-a-sone)
08	Beclovent	be' klo-vent" (or **be**-klo-vent)
09	Bitolterol	bi-tōl'ter-ōl (or bye-**tole**-ter-ole)
10		
11	Budesonide	byoo-**des**-oh-nide
12	**Combivent**	**com**-bi-vent

13	Cromolyn	**kro'**mŏ-lin (or **KROE**-moe-lin)
44	**Dulera**	**du-le-ra**
14	**Flovent**	**flow**-vent
15	Flovent Rotadisk	**flow**-vent **row**-ta-disk
16	Flunisolide	floo-**nis'**o-līd (or floo-**NISS**-oh-lide)
17	Fluticasone	flue-**TICK**-uh-zone
34	Foradil	*FOUR-a-dil*
35	Formoterol	for moh' te rol
18		
19	Ipratropium Bromide	ĭp-rah-**tro'**pe-um bro'mīd (or ip-ra-**TROE**-pee-um)
37	Levalbuterol tartrate	**lev-al-BYOU-ter-ohl**
20	Maxair	**măk**-sâr
21	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-**TER**-e-nole)
39	Mometasone furoate	**moe-MET-a-sone**
22	Nedocromil	ne-DOK-roe-mil
23	Pirbuterol	pēr-**bu'**ter-ōl (or peer-**BYOO**-ter-ole)
41	Pro-Air HFA	**proh-air HFA**
24	**Proventil**	pro"**ven**-til' (or pro-**vent**-il)
25	**Pulmicort Flexhaler**	**pul**-ma-cort flex-hail-er
36	**QVAR**	**q** -vâr (or q-vair)
03	Salbutamol (or Albuterol)	săl-byū'tə-môl'
26	Salmeterol	sal-ME-te-role
27	**Serevent**	**Sair**-a-vent
42	Symbicort	**sim**-b*uh*-kohrt
28	Terbutaline (+ T. sulfate)	ter-**bu'**tah-lēn (or ter-**BYOO**-ta-leen)
29		
30	Tornalate	**tor**-na-late
31	Triamcinolone acetonide	tri"am-**sin'**o-lōn as"ĕ-tō-nīd' (or trye-am-**SIN**-oh-lone)
32	Vanceril	**van**-sir-il
33	Ventolin	**vent**-o-lin
38	Xopenex HFA	*ZOH-pen-ecks*
66	Other, Please Specify	**[SKIP TO OTH_I1]**

PILLS_MED

	Medication	Pronunciation
01	**Accolate**	**ac**-o-late
02	Aerolate	**air**-o-late
03	**Albuterol**	ăl'-**bu'**ter-ōl (or al-**BYOO**-ter-all)
04	Alupent	**al**-u-pent
49	Brethine	**breth-een**
05	Choledyl (oxtriphylline)	**ko**-led-il
07	Deltasone	**del**-ta-sone
08	Elixophyllin	e-licks-**o**-fil-in
11	Medrol	**Med**-rol
12	Metaprel	**Met**-a-prell
13	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-**TER**-e-nole)
14	Methylpredinisolone	meth-ill-pred-**niss**-oh-lone (or meth-il-pred-**NIS**-oh-lone)
15	**Montelukast**	mont-e-**lu**-cast
17	Pediapred	Pee-**dee**-a-pred

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18	**Prednisolone**	pred-NISS-oh-lone
19	**Prednisone**	PRED-ni-sone
21	Proventil	pro-**ven**-til
23	Respid	**res**-pid
24	**Singulair**	**sing**-u-lair
25	Slo-phyllin	**slow**- fil-in
26	Slo-bid	**slow**-bid
48	Terbutaline (+ T. sulfate)	ter byoo' ta leen
28	Theo-24	**thee**-o-24
30	Theochron	**thee** -o-kron
31	Theoclear	**thee**-o-clear
32	**Theodur**	**thee**-o-dur
33	**Theo-Dur**	**thee**-o-dur
35	**Theophylline**	thee-**OFF**-i-lin
37	Theospan	**thee**-o-span
40	T-Phyl	**t**-fil
42	**Uniphyl**	**u**-ni-fil
43	Ventolin	**vent**-o-lin
44	Volmax	**vole**-max
45	Zafirlukast	za-**FIR**-loo-kast
46	Zileuton	zye-**loo**-ton
47	Zyflo Filmtab	**zye**-flow **film** tab

SYRUP_ID

		Medication	Pronunciation
	01	Aerolate	**air**-o-late
	02	Albuterol	ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole)
	03	Alupent	**al**-u-pent
	04	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-TER-e-nole)
	05	Prednisolone	pred-NISS-oh-lone
	06	Prelone	**pre**-loan
	07	Proventil	Pro-**ven**-til
	08	Slo-Phyllin	**slow**-fil-in
	09	Theophyllin	thee-OFF-i-lin
	10	Ventolin	**vent**-o-lin

NEB_ID

		Medication	Pronunciation
	01	Albuterol	ăl'-**bu**'ter-ōl (or al-BYOO-ter-ole)
	02	Alupent	**al**-u-pent
	03	Atrovent	At-ro-vent
	04	Bitolterol	bi-tōl'ter-ōl (or bye-**tole**-ter-ole)
	05	Budesonide	byoo-**des**-oh-nide
	17	Combivent Inhalation Solution	**com-be-vent**
	06	Cromolyn	**kro'**mŏ-lin (or KROE-moe-lin)
	07	DuoNeb	DUE-ow-neb
	08	Intal	**in**-tel

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09	Ipratroprium bromide	ĭp-rah-**tro'**pe-um bro'mīd (or ip-ra-**TROE**-pee-um)
10	Levalbuterol	lev al byoo' ter ol
11	Metaproteronol	met"ah-pro-**ter'**ĕ-nōl (or met-a-proe-TER-e-nole)
18	Perforomist/Formoterol	per-foro-mist/for-MOE-ter-ol
12	Proventil	Pro-**ven-**til
13	Pulmicort	**pul**-ma-cort
14	Tornalate	**tor**-na-late
15	Ventolin	**vent**-o-lin
16	Xopenex	*ZOH-pen-ecks*
66	Other, Please Specify:	**[SKIP TO OTH_N1]**