



**2018**

**Nebraska**

**Behavioral Risk Factor Surveillance System  
Questionnaire**

**July 31, 2018**

# Behavioral Risk Factor Surveillance System 2018 Questionnaire

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## Interviewer's Script Landline Sample

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

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

HELLO, I am calling for the  (health department) . My name is  (name) . We are gathering information about the health of  (state)  residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this  (phone number)  ?

1. Yes
2. No

**[CATI /INTERVIEWER NOTE: IF "NO": Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]**

### PVTRES

LL.2 Is this a private residence?

Read only if necessary: **"By private residence, we mean someplace like a house or apartment."**

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

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

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

**College Housing**

**LL.3 Do you live in college housing?**

Read only if necessary: **“By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”**

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

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

**State of Residence**

**LL.4. Do you currently live in \_\_\_\_\_(state)\_\_\_\_\_?**

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

**Cellular Phone**

**LL.5 Is this a cell phone?**

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

Read only if necessary: **“By cell phone we mean a telephone that is mobile and usable outside of your neighborhood.”**

- 1 Yes

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

- 2 No

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

**Adult**

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

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

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

Adult Random Selection

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

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

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

If "yes,":

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

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

**[GO TO THE CORRECT RESPONDENT]**

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

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

LL.8 How many of these adults are men?

\_\_\_ Number of men

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

\_\_\_ Number of women

**Is that correct?**

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

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

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



## Interviewer’s Script Cell Phone

Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

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

HELLO, I am calling for the  (health department) . My name is  (name) . We are gathering information about the health of  (state)  residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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

- 1. Yes                   **[GOTO PHONE]**
- 2. No

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

### Phone

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

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

**[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT’S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]**

**Cellular Phone**

CP.3 Is this a cell phone?

Read only if necessary: “By cell phone, we mean a telephone that is mobile and usable outside of your neighborhood.”

1. Yes [GO TO ADULT]
2. No

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

**Adult**

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

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

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

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

**Private Residence**

CP.5 Do you live in a private residence?

Read only if necessary: “By private residence, we mean someplace like a house or apartment.”

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

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

**College Housing**

CP.6 Do you live in college housing?

Read only if necessary: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

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

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

**State of Residence**

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

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

**State**

CP.8 In what state do you currently live?

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

**Landline**

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

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

- 1. Yes
- 2. No

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

**NUMADULT**

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

- \_\_\_ Number of adults
- 99 Refused

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



## Core Sections

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

### To Correct Respondent:

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 be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

## Section 1: Health Status

---

1.1 Would you say that in general your health is—

**Please read:**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

**Do not read:**

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

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

---

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

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

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

- \_\_ Number of days
- 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT SECTION]
- 77 Don't know / Not sure
- 99 Refused

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

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

## Section 3: Health Care Access

---

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

**[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 3, QUESTION 1, ELSE CONTINUE]**

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

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

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

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

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

**[CATI NOTE: IF USING HEALTH CARE ACCESS MODULE GO TO MODULE 3, QUESTION 3, ELSE CONTINUE]**

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

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

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

**Read only if necessary:**

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

**Do not read:**

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

**[CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 3 AND Q3.1 = 1 GO TO MODULE 3, QUESTION 4 OR IF USING HEALTH CARE ACCESS MODULE 3 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 3, QUESTION 4A, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]**

## Section 4: Exercise

---

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

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

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

## Section 5: Inadequate Sleep

---

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

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

- 00 Number of hours [01-24]
- 77 Don't know / Not sure
- 99 Refused

## Section 6: Chronic Health Conditions

---

**Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes,” “No,” or you’re “Not sure.”**

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

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

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

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

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

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

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

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

**6.5** Do you still have asthma?

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

**6.6** (Ever told) you had skin cancer?

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

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

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

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

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

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

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

**INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:**

- **RHEUMATISM, POLYMYALGIA RHEUMATICA**
- **OSTEOARTHRITIS (NOT OSTEOPOROSIS)**
- **TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW**
- **CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME**
- **JOINT INFECTION, REITER'S SYNDROME**
- **ANKYLOSING SPONDYLITIS; SPONDYLOSIS**
- **ROTATOR CUFF SYNDROME**
- **CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME**
- **VASCULITIS (GIANT CELL ARTERITIS, HENOCH-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS, POLYARTERITIS NODOSA)**

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

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

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

**INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.**

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

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

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

**[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]**

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

**[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

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

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

**[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]**

## Section 7: Oral Health

---

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

## Section 8: Demographics

---

- 8.1 What is your sex?

- 1 Male
- 2 Female
- 9 Refused

**INTERVIEWER NOTE: PROBE, "ARE YOU MALE OR FEMALE?"**

**INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF RESPONDENT'S SEX HAD BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS**

**INTERVIEWER NOTE: IF ASKED, WE ARE INTERESTED IN THE RESPONDENT'S SEX AT BIRTH.**

8.2 What is your age?

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

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

If yes, ask: Are you...

**INTERVIEWER NOTE: *One Or More Categories May Be Selected.***

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

**Do not read:**

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

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

**INTERVIEWER NOTE: SELECT ALL THAT APPLY.**

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

**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:**

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



**[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]**

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

**INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."**

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

**Do not read:**

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

**8.6** Are you...?

**Please read:**

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

**Do not read:**

- 9 Refused

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

**Read only if necessary:**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

**Do not read:**

- 9 Refused

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

**Read only if necessary:**

- 1 Own
- 2 Rent
- 3 Other arrangement

**Do not read:**

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

**INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.**

**INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.**

**INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.**

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

- \_\_\_\_ - ANSI County Code (formerly FIPS county code)
- 777 - Don't know / Not sure
- 999 Refused

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

- \_\_\_\_ - ZIP Code
- 7777 - Don't know / Not sure
- 99999 Refused

**[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]**

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

- 1 Yes
- 2 No [GO TO Q8.13]
- 7 Don't know / Not sure [GO TO Q8.13]
- 9 Refused [GO TO Q8.13]

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

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

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

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

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

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

- 1 Yes
- 2 No

**Do not read:**

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

8.15 Are you currently...?

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

Please read:

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

**Do not read:**

- 9 Refused

**INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.**

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

- Number of children
- 88 None
- 99 Refused

8.17 Is your annual household income from all sources—

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

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**  
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**  
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**  
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**  
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**  
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**  
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**Do not read:**

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

8.18 About how much do you weigh without shoes?

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

__ __ __ __	Weight
(pounds/kilograms)	
7777	Don't know / Not sure
9999	Refused

8.19 About how tall are you without shoes?

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

__ / __	Height
(ft / inches/meters/centimeters)	
77 / 77	Don't know / Not sure
99 / 99	Refused

**[CATI NOTE: IF MALE, GO TO 8.21, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.21]**

8.20 To your knowledge, are you now pregnant?

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

**The following questions are about health problems or impairments you may have.**

**Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.**

8.21 Are you deaf or do you have serious difficulty hearing?

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

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

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

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

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

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

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

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

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

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

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

## Section 9: Tobacco Use

---

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

**INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES**

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

**INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."**

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

**Do not read:**

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

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

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

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

**Read only if necessary:**

- |    |  |
|----|--|
| 01 | Within the past month (less than 1 month ago)                  |
| 02 | Within the past 3 months (1 month but less than 3 months ago)  |
| 03 | Within the past 6 months (3 months but less than 6 months ago) |
| 04 | Within the past year (6 months but less than 1 year ago)       |
| 05 | Within the past 5 years (1 year but less than 5 years ago)     |
| 06 | Within the past 10 years (5 years but less than 10 years ago)  |
| 07 | 10 years or more   |
| 08 | Never smoked regularly   |

**Do not read:**

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

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

**INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.**

**Do not read:**

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

## Section 10: Alcohol Consumption

---

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

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

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

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

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

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

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

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

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



## Section 11: Immunizations

---

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

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

- 1 Yes
- 2 No [GO TO Q11.3]
- 7 Don't know / Not sure [GO TO Q11.3]
- 9 Refused [GO TO Q11.3]

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

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

**11.3** At what kind of place did you get your last flu shot/vaccine?

**Interviewer Note (Read if necessary): How would you describe the place where you went to get your most recent flu vaccine?**

**Note: Read only if necessary**

- 0 1 A doctor's office or health maintenance organization (HMO)
- 0 2 A health department
- 0 3 Another type of clinic or health center (Example: a community health center)
- 0 4 A senior, recreation, or community center
- 0 5 A store (Examples: supermarket, drug store)
- 0 6 A hospital (Example: inpatient)
- 0 7 An emergency room
- 0 8 Workplace
- 0 9 Some other kind of place
- 1 1 A school

Do not read:

- 1 0 Received vaccination in Canada/Mexico (Volunteered)
- 7 7 Don't know / Not sure
- 9 9 Refused

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

**Interviewer Note (Read if necessary): There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.**

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

## Section 12: Falls

---

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

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

**Interviewer Note (Read if necessary):** By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

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

**12.2** If Q12.1=1 ask “Did this fall cause an injury that limited your regular activity for at least a day or caused you to go see a doctor?”. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88. If Q12.1>1 ask “How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?”].

**Interviewer Note (Read if necessary):** By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

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

## Section 13: Seatbelt Use and Drinking and Driving

---

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

**Please read:**

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

**Do not read:**

- 7 Don't know / Not sure
- 8 Never drive or ride in a car **[Go to next section]**
- 9 Refused

**CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.**

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

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

## Section 14: Breast and Cervical Cancer Screening

---

**CATI NOTE: If male go to the next section.**

The next questions are about breast and cervical cancer.

**14.1** Have you ever had a mammogram?

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

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q14.3]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q14.3]</b> |
| 9 | Refused               | <b>[Go to Q14.3]</b> |

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

- |   |   |
|---|---|
| 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   |

**14.3** Have you ever had a Pap test?

**Interviewer Note: A Pap test is a test for cancer of the cervix.**

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | <b>[Go to Q14.5]</b> |
| 7 | Don't know / Not sure | <b>[Go to Q14.5]</b> |
| 9 | Refused               | <b>[Go to Q14.5]</b> |

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

- 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

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

**Interviewer Note: Human Papillomavirus (Pap-uh-loh-muh virus)**

- 1 Yes
- 2 No [Go to Q14.7]
- 7 Don't know/Not sure [Go to Q14.7]
- 9 Refused [Go to Q14.7]

**14.6** How long has it been since you had your last HPV test?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

**CATI NOTE: If response to Core Q8.20 = 1 (is pregnant); then go to next section.**

**14.7** Have you had a hysterectomy?

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

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

## Section 15: Prostate Cancer Screening

---

**CATI note: If respondent is  $\leq 39$  years of age, or is female, go to next section.**

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

**Read if necessary:** A Prostate-Specific Antigen test, also called a P.S.A. test, is a blood test used to check men for prostate cancer.

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

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

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

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

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

**15.4.** Have you EVER HAD a P.S.A. test?

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

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

**Read only if necessary:**

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

**Do not read:**

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

**15.6.** What was the MAIN reason you had this PSA test – was it ...?

**Please read:**

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

**Do not read:**

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

## Section 16: Colorectal Cancer Screening

---

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

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

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**

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

**Read only if necessary:**

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

**Do not read:**

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

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

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

**16.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?

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

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

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

**Do not read:**

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

## Section 17: HIV/AIDS

---

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

**17.1** Have you ever been tested for H.I.V.? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

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

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

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

__/____	Code month and year
77/7777	Don’t know / Not sure
99/9999	Refused / Not sure

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

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

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

### **Closing Statement**

**INTERVIEWER NOTE: IF THIS IS AN OUT-OF-STATE CELL PHONE INTERVIEW, PLEASE READ:**

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



## **Optional Modules**

### **Module 3: Health Care Access**

---

1. Do you have Medicare?

**Read if necessary:** Medicare is a coverage plan for people age 65 or over and for certain disabled people.

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

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

**Please Read**

- 01 A plan purchased through an employer or union (**includes plans purchased through another person's employer**)
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

**Do not read:**

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

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

3. Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because...

**Please read**

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The clinic or doctor's office wasn't open when you got there.
- 5 You didn't have transportation.

**Do not read:**

- 6 Other \_\_\_\_\_ (specify)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

**CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4a.**

4. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage?

- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

**CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).**

4a. About how long has it been since you last had health care coverage?

- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months

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

6. Not including over-the-counter (OTC) medication, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- 1 Yes
- 2 No
- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7. In general, how satisfied are you with the health care you received? Would you say—

**Please read**

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

**Do not read:**

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

8. Do you currently have any health care bills that are being paid off over time?

**INTERVIEWER NOTE:**

**This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.**

**Read if necessary:** Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

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

## Module 6: E-Cigarettes

---

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

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

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

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

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

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

## Module 20: Industry and Occupation

---

**IF CORE Q8.15 = 1 OR 4 (EMPLOYED FOR WAGES OR OUT OF WORK FOR LESS THAN 1 YEAR) OR 2 (SELF-EMPLOYED), CONTINUE ELSE GO TO NEXT MODULE.**

**[CATI NOTE: IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]**

1. What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.

**INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT IS YOUR JOB TITLE?”**

**INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT IS YOUR MAIN JOB?”**

[Record answer] \_\_\_\_\_  
99 Refused

**[IF CORE Q8.15 = 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.

**INTERVIEWER NOTE: IF RESPONDENT IS UNCLEAR, ASK “WHAT WAS YOUR JOB TITLE?”**

**INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB THEN ASK, “WHAT WAS YOUR MAIN JOB?”**

[Record answer]  
99 \_\_\_\_\_  
Refused

**[IF CORE Q8.15 = 1 (EMPLOYED FOR WAGES) OR 2 (SELF-EMPLOYED) ASK,]**

2. What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

[Record answer]  
99 \_\_\_\_\_  
Refused

**[CATI NOTE: IF CORE Q8.15 = 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.

[Record answer]  
99 \_\_\_\_\_  
Refused

## Module 22: Random Child Selection

---

**[CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]**

**CATI NOTE: IF CORE Q8.16 = 1, INTERVIEWER PLEASE READ: “PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD.” [GO TO Q1]**

**[CATI NOTE: IF CORE Q8.16 IS >1 AND CORE Q8.16 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 ORDER OF THEIR BIRTH.”]**

**[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE “XTH” CHILD. PLEASE SUBSTITUTE “XTH” CHILD’S NUMBER IN ALL QUESTIONS BELOW.]**

Please read:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE “XTH” [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the “Xth” child?

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

**CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).**

2. Is the child a boy or a girl?

1	Boy
2	Girl
9	Refused

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

**INTERVIEWER INSTRUCTION: IF YES, ASK: “ARE THEY...  
 INTERVIEWER NOTE: SELECT ALL THAT APPLY**

**Please read:**

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

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

**INTERVIEWER NOTE: SELECT ALL THAT APPLY**

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

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

**Do not read:**

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

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

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

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

**Do not read:**

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

6. How are you related to the child? Are you a...

**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 23: Childhood Asthma Prevalence

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**[CATI NOTE: IF RESPONSE TO CORE Q8.16 = 88 (NONE) OR 99 (REFUSED), GO TO NEXT MODULE.]**

**The next two questions are about the "Xth" [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] child.**

1. Has a doctor, nurse or other health professional EVER said that the child has asthma?

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

2. Does the child still have asthma?

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



### **Asthma Call-Back Permission Script**

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

- 1 Yes
- 2 No

Can I please have either (your/your child's) first name or initials, so we will know who to ask for when we call back?

\_\_\_\_\_ Enter first name or initials.

### **Asthma Call-Back Selection**

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

- 1 Adult
- 2 Child

### **CLOSING STATEMENT**

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

## **State Added Questions**

### **State Added 1: Dental Cleaning - Path A & B**

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*Ask after core question 7.2*

**CATI note: If Q7.1 = 8 (Never) or Q 7.2 = 3 (All), go to next section.**

SA1.1 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

**Read only if necessary:**

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

**Do not read:**

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

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

### **State Added 2: Health Literacy - Path A & B**

---

SA2.1 How difficult is it for you to get advice or information about health or medical topics if you need it? Would you say it is ...

**Please read:**

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't look for health information

**Do not read:**

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

**INTERVIEWER NOTE: Respondent can answer based on any source of health or medical advice or information. If the respondent asks what is meant by advice or information, interviewer re-reads the question to the respondent. If the respondent still doesn't understand, interviewer can say, "You can think about any source of health or medical advice or information."**

SA2.2 How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is ...

**Please read:**

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult

**Do not read:**

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

SA2.3 You can find written information about health on the Internet, in newspapers and magazines, and in brochures in the doctor's office and clinic. In general, how difficult is it for you to understand written health information? Would you say it is ...

**Please read:**

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 I don't pay attention to written health information

**Do not read:**

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

## State Added 3: Smoking Inside Home - Path A

---

SA3.1 Which statement best describes the rules about smoking inside your home? Do not include decks, garages or porches.

**Please read:**

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home

**Do not read:**

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

SA3.2 Which statement best describes the rules about smoking inside your family vehicle?

**Please read:**

- 1 Smoking is not allowed at any time in family vehicle
- 2 Smoking is allowed only when children 17 and younger are not present
- 3 Smoking is allowed at all times in family vehicle
- 4 Do not have a car

**Do not read:**

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

## State Added 4: Visual Impairment and Access to Eye Care - Path A & B

---

**[CATI NOTE: IF RESPONDENT IS LESS THAN 40 YEARS OF AGE, GO TO NEXT MODULE.]**

**I would like to ask you questions about how much difficulty, if any, you have doing certain activities. If you usually wear glasses or contact lenses, please rate your ability to do them while wearing glasses or contact lenses.**

SA4.1 How much difficulty, if any, do you have in recognizing a friend across the street? Would you say—

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next section]**
- 9 Refused

SA4.2 How much difficulty, if any, do you have reading print in newspapers, magazines, recipes, menus, or numbers on the telephone? Would you say—

**Please read:**

- 1 No difficulty
- 2 A little difficulty
- 3 Moderate difficulty
- 4 Extreme difficulty
- 5 Unable to do because of eyesight
- 6 Unable to do for other reasons

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next section]**
- 9 Refused

SA4.3 When was the last time you had your eyes examined by any doctor or eye care provider?

**Read only if necessary:**

- 1 Within the past month (anytime less than 1 month ago) **[Go to QSA4.5]**
- 2 Within the past year (1 month but less than 12 months ago) **[Go to QSA4.5]**
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 5 Never

**Do not read:**

- 7 Don't know / Not sure
- 8 Not applicable (Blind) **[Go to next section]**
- 9 Refused

**[CATI NOTE: ASK QSA4.4 ONLY IF QSA4.3=3-7 OR 9.]**

SA4.4            What is the main reason you have not visited an eye care professional in the past 12 months?

**Read only if necessary:**

- 01      Cost/insurance
- 02      Do not have/know an eye doctor
- 03      Cannot get to the office/clinic (too far away, no transportation)
- 04      Could not get an appointment
- 05      No reason to go (no problem)
- 06      Have not thought of it
- 07      Other

**Do not read:**

- 77      Don't know / Not sure
- 08      Not Applicable (Blind)    **[Go to next section]**
- 99      Refused

**[CATI NOTE: IF THE PERSON IS DIABETIC, "YES" TO CORE Q6.12; SKIP QSA4.5.]**

SA4.5            When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

**Read only if necessary:**

- 1        Within the past month (anytime less than 1 month ago)
- 2        Within the past year (1 month but less than 12 months ago)
- 3        Within the past 2 years (1 year but less than 2 years ago)
- 4        2 or more years ago
- 5        Never

**Do not read:**

- 7        Don't know / Not sure
- 8        Not Applicable (Blind)    **[Go to next section]**
- 9        Refused

SA4.6            Do you have any kind of health insurance coverage for eye care?

- 1        Yes
- 2        No
- 8        Not applicable (Blind)
- 7        Don't know/Not sure
- 9        Refused

## State Added 5: Opioid Use - Path A

---

The following questions ask about the use of prescription and non-prescription pain medication, or opioids. The answers people give us about their use of these drugs are important to the success of this study. We know that this information is personal but remember your answers will be kept strictly confidential.

SA5.1 During the past 12 months, did you use any pain medications that were prescribed to you by a doctor?

- 1 Yes
- 2 No (include "not prescribed" and "prescribed but did not use") (skip to SA\_4)
- 7 Don't know / Not Sure (skip to SA\_4)
- 9 Refused (skip to SA\_4)

SA5.2 The last time you had a prescription for pain medication filled, did you use any of the pain medication more frequently or in higher doses than directed by a doctor?

- 1 Yes
- 2 No (skip to SA\_4)
- 7 Don't know / Not sure (skip to SA\_4)
- 9 Refused (skip to SA\_4)

SA5.3 We want to understand why people use prescription medication other than prescribed. What were the reasons you used the medication differently than prescribed?

**(Interviewer, DO NOT READ RESPONSES, CHECK ALL THAT APPLY) – "Anything else?"**

- 1 Pain relief, prescribed dose did not relieve pain
- 2 To relieve other physical symptoms
- 3 To relieve anxiety or depression
- 4 For fun, good feeling, or getting high
- 5 Peer pressure (friends are doing it)
- 6 To prevent or relieve withdrawal symptoms
- 7 Don't know / Not Sure
- 8 Other (specify\_\_\_\_\_) {28 character limit}
- 9 Refused

Now I would like to ask you about 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.

SA5.4 During the past 12 months, did you use any prescription pain medication that was NOT prescribed specifically to you by a doctor?

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

SA5.5 During the past 12 months, did you use any fentanyl or carfentanil that was NOT prescribed specifically to you by a doctor?

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

SA5.6 During the past 12 months, did you use heroin?

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

***Thank you for answering these questions. If you would like assistance or more information regarding treatment please visit [www.dhhs.ne.gov/BH](http://www.dhhs.ne.gov/BH) to find out about mental health and substance use disorder related services available in your area.***

## State Added 6: Sodium or Salt-Related Behavior - Path B

---

Now I would like to ask you some questions about sodium or salt intake.

Most of the sodium or salt we eat comes from processed foods and foods prepared in restaurants. Salt also can be added in cooking or at the table.

SA6.1 Are you currently watching or reducing your sodium or salt intake?

- 1 Yes
- 2 No **[Go to Q3]**
- 7 Don't know/not sure **[Go to Q3]**
- 9 Refused **[Go to Q3]**

SA6.2 How many days, weeks, months, or years have you been watching or reducing your sodium or salt intake?"

- 1\_\_ Day(s)
- 2\_\_ Week(s)
- 3\_\_ Month(s)
- 4\_\_ Year(s)
- 5 5 5 All my life
- 7 7 7 Don't know/not sure
- 9 9 9 Refused



SA6.3 Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

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

## State Added 7: Reaction to Race - Path B

---

Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you.

**[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.”]**

SA7.1 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?

**Please read:**

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know / Not sure
- 9 Refused

SA7.2 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?

**Please read:**

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

**Do not read:**

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know / Not sure
- 9 Refused

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

SA7.3 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

SA7.4 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

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

## State Added 8: Race - Path B

---

**CATI Note: If African American (Q8.4 = 20), continue. If American Indian (Q8.4 = 30) go to QSA8.2. Otherwise, go to QSA8.3.**

SA8.1 Which black or African American group do you consider yourself to be?

**Please read:**

- 1 African (born) [Go to QSA8.3]
- 2 African American [Go to QSA8.3]
- 3 Black-Caribbean [Go to QSA8.3]
- 4 Other background [specify] \_\_\_\_\_ [Go to QSA8.3]

**Do not read:**

- 7 Don't know / Not sure [Go to QSA8.3]
- 9 Refused [Go to QSA8.3]

SA8.2 Are you an enrolled member of any Federally Recognized Tribe?

**Read only if necessary:**

- 01 Yes, Iowa Tribe of Kansas and Nebraska
- 02 Yes, Oglala Sioux Tribe
- 03 Yes, Omaha Tribe of Nebraska, Iowa
- 04 Yes, Ponca Tribe of Nebraska
- 05 Yes, Sac and Fox Nation of Missouri in Kansas and Nebraska
- 06 Yes, Santee Sioux Nation, Nebraska
- 07 Yes, Winnebago Tribe of Nebraska, Iowa
- 08 Yes, Rosebud Sioux Tribe
- 09 Yes, Other Tribe [specify] \_\_\_\_\_
- 10 No

**Do not read:**

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

SA8.3 Where were you born?

**Please read:**

- 1 In the United States **[Go to QSA8.8]**
- 2 Outside the United States

**Do not read:**

- 7 Don't know / Not sure **[Go to QSA8.8]**
- 9 Refused **[Go to QSA8.8]**

SA8.4 In what Country were you born? \_\_\_\_\_

SA8.5 Did you come to America as a refugee?

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

SA8.6 From what country did you come to America? \_\_\_\_\_

SA8.7 In what year did you come to America?

- \_\_\_\_ (year)
- 7777 Don't know / Not sure
- 9999 Refused

SA8.8 Do you speak a Language other than English at home?

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

SA8.9 What languages do you speak at home?

**Read only if necessary:**

- 1 Spanish
- 2 German
- 3 Vietnamese
- 4 French
- 5 Czech
- 6 Chinese
- 7 Arabic
- 8 Russian
- 9 Italian
- 10 Polish
- 11 Other [specify] \_\_\_\_\_

**Do not read:**

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

SA8.10 How well do you speak English?

**Please read:**

- 1 Very well
- 2 Well
- 3 Not well
- 4 Not at all

**Do not read:**

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

## 2018 Nebraska BRFSS Question Order for Path A and Path B

### **Survey Path A**

***(following Core Question 7.2):***

State Added 1: Dental Cleaning

***(following Core Question 8.15):***

Optional Module 20: Industry and Occupation

***(following Core Question 9.5):***

Optional Module 6: E-Cigarette

Optional Module 3: Health Care Access

State Added 2: Health Literacy

State Added 3: Smoking Inside Home & Vehicle

State Added 4: Visual Impairment and Access to Eye Care

State Added 5: Opioid Use

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence

### **Survey Path B:**

***(following Core Question 7.2):***

State Added 1: Dental Cleaning

***(following Core Question 8.15):***

Optional Module 20: Industry and Occupation

***(following Core Question 9.5):***

Optional Module 6: E-Cigarette

Optional Module 3: Health Care Access

State Added 2: Health Literacy

State Added 6: Sodium or Salt-Related Behavior

State Added 4: Visual Impairment and Access to Eye Care

State Added 7: Reaction to Race

State Added 8: Race

Optional Module 22: Random Child Selection

Optional Module 23: Childhood Asthma Prevalence