



2024

**Behavioral Risk Factor Surveillance System
Texas Questionnaire**

Last Updated January 5th 2024

Behavioral Risk Factor Surveillance System

2024 Questionnaire

Table of Contents

Table of Contents.....	2
Interviewer's Script Landline	3
Core Sections.....	3
Section 1: Health Status	3
Section 2: Healthy Days	3
Section 3: Healthcare Access	4
Section 4: Exercise	6
Section 5: Oral Health	6
Section 6: Chronic Health Conditions.....	7
Module 1: Prediabetes.....	10
Module 2: Diabetes.....	11
TX State Added Section X: Actions to Control Hypertension.....	13
TX State Added Section X: Self-Measured Blood Pressure.....	14
Section 7: Demographics	15
Module 24: Sexual Orientation and Gender Identity (SOGI).....	17
TX State-Added Section: County	19
Module 20: Industry and Occupation.....	21
Section 9: Breast and Cervical Cancer Screening	24
Section 10: Colorectal Cancer Screening	26
Section 11: Tobacco Use	29
Module 16: Tobacco Cessation.....	30
Module 17: Other Tobacco Use	31
TX State Added Section X: E-cigarettes Use	32
Section 12: Lung Cancer Screening.....	33
Section 13: Alcohol Consumption.....	34
Section 14: Immunization	35
Section 15: H.I.V./AIDS	36
Optional Modules.....	37
Module 11: Cognitive Decline.....	37
Module 12: Caregiver	39
Module 21: Random Child Selection	41
Module 22: Childhood Asthma Prevalence	44
TX State Added Section X: Prescription Pain Medication.....	44
TX State Added Section X: Suicide Attempts.....	46
Asthma Call Back Permission	47
Section 13: COVID	47

Interviewer's Script Landline

[INTERVIEWER: Hello, I am calling for the Texas Department of State Health Services. My name is _____.]

We are gathering information about the health of Texas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.]

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 (512) 776-6579

Core Sections

Section 1: Health Status

S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 2: Healthy Days

S2Q1. Section 2: Healthy Days

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

RANGE 1-30 _ _ _ Number of days

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

S2Q2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

RANGE 1-30 _ _ _ Number of days

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

S2Q3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

RANGE 1-30 _ _ _ Number of days

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

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current source of your primary health insurance?

Interviewer Note: If respondent has multiple sources of insurance, ask for the one used most often.

Interviewer Note: 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.

- 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
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S3Q2. Do you have one person or a group of doctors that you think of as your personal health care provider?

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?"

INTERVIEWER NOTE: If the respondent had multiple doctor groups then it would be more than one. If they had more than one doctor in the same group, it would be one.

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S3Q3. 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?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S3Q4. 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.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 DON'T KNOW/ NOT SURE
- 8 NEVER
- 9 REFUSED

Section 4: Exercise

S4Q1. Section 4: Exercise

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: Oral Health

S5Q1. Section 5: Oral Health

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?

- 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
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S5Q2. Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease?

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 6: Chronic Health Conditions

S6Q1. Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional ever told you that you had any of the following? For each, tell me yes, no, or you're not sure.

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

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

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

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q3. (Ever told you had) a stroke?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q4. (Ever told you had) asthma?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q5. Do you still have asthma?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S6Q6. (Ever told you had) skin cancer that is not melanoma?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S6Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had 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

S6Q11. (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Interviewer Note: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome,

vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S6Q12. (Ever told you had) diabetes?

*Interviewer Note: 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.*

- 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

Module 1: Prediabetes

MOD1_1. Module 1: Prediabetes

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- 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

MOD1_2. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S6Q13. How old were you when you were first told you had diabetes?

RANGE 1-97 ___ Code age in years (97= 97 and older)

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

Module 2: Diabetes

MOD2_1. Module 2: Diabetes

According to your doctor or other health professional, what type of diabetes do you have?

- 1 Type 1
- 2 Type 2
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_2. Insulin can be taken by shot or pump. Are you now taking insulin?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_3. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

Interviewer Note: A test for A-one-C measures the average level of blood sugar over the past three months.

RANGE 1-76 ___ 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

MOD2_4. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

- 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
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_5. When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

- 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
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_6. When was the last time you took a course or class in how to manage your diabetes yourself?

- 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

MOD2_7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section X: Actions to Control Hypertension

TXX_1. State Added Section X: Actions to Control Hypertension

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

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

Interviewer Note: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_2.

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX4_3. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_4. (Ever advised you to) exercise (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_5. (Ever advised you to) take medication (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section X: Self-Measured Blood Pressure

TXX_1. State Added Section X: Home / Self-measured Blood Pressure

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

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery, or similar location
- 3 Do not check it
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_4. How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

- 1 Telephone
- 2 Other methods such as email, internet portal or fax
- 3 In person
- 4 DO NOT SHARE INFORMATION
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 7: Demographics

S7Q1. Section 7: Demographics

What is your age?

RANGE 18-99 _ _ _ Code age in years

- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

S7Q2. Are you Hispanic, Latino/a, or Spanish origin?

- 1 No
- 2 Yes
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q2B. 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
- 7 DON'T KNOW / NOT SURE [EXCLUSIVE]
- 9 REFUSED [EXCLUSIVE]

S7Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

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

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

Module 24: Sexual Orientation and Gender Identity (SOGI)

MOD24_1A. Module 24: Sexual Orientation and Gender Identity (SOGI)

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

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

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

MOD24_1B. The next two questions are about sexual orientation and gender identity.

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

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

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

MOD24_2. Do you consider yourself to be transgender?

If yes, ask: "Do you consider yourself to be **1.** Male-to-female, **2.** Female-to-male, or **3.** Gender non-conforming?"

INTERVIEWER NOTE: If asked about definition of gender non-conforming: Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

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

- 1 1 – Yes, Transgender, male-to-female
- 2 2 – Yes, Transgender, female to male
- 3 3 – Yes, Transgender, gender nonconforming
- 4 4 – No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q4. Are you...?

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

S7Q5. What is the highest grade or year of school you completed?

- 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)
- 9 REFUSED

S7Q6. Do you own or rent your home?

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

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

INTERVIEWER READ IF NECESSARY: We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State-Added Section: County

TX_CNTY. State-Added Section: County

CNTY. In what county do you currently live?

____ ANSI County Code (formerly FIPS county code)
777 DON'T KNOW / NOT SURE
999 REFUSED

S7Q8. What is the ZIP Code where you currently live?

____ (RANGE 00000-99999)
77777 DON'T KNOW / NOT SURE
99999 REFUSED

S7Q9. 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?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q10. How many of these landline telephone numbers are residential numbers?

- _ (RANGE 1-5)
- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 None
- 9 REFUSED

S7Q11. How many cell phones do you have for your personal use?

- _ (RANGE 1-5)
- 6 Six or more
- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

S7Q12. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q13. Are you currently...?

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

- 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
- 8 Unable to work
- 9 REFUSED

Module 20: Industry and Occupation

MOD20_1. Module 20: Industry and Occupation

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

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

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

01 Enter Response
99 REFUSED

MOD20_2. What kind of business or industry do/did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

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

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

01 Enter Response
99 REFUSED

S7Q14. How many children less than 18 years of age live in your household?

____ (RANGE 1-87) Number of children

88 NONE

99 REFUSED

S7Q15. Aggregated response to income question

05 Less than \$35,000 (\$25,000 to less than \$35,000)

04 Less than \$25,000 (\$20,000 to less than \$25,000)

03 Less than \$20,000 (\$15,000 to less than \$20,000)

02 Less than \$15,000 (\$10,000 to less than \$15,000)

01 Less than \$10,000

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

07 Less than \$75,000 (\$50,000 to less than \$75,000)

08 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

12 Less than \$85,000 (\$75,000 to less than \$85,000)

13 Less than \$100,000 (\$85,000 to less than \$100,000)

77 DON'T KNOW / NOT SURE

99 REFUSED

S7Q16. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

PS7Q17. About how much do you weigh without shoes?

S7Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

____ Weight in pounds or kilograms

7777 DON'T KNOW / NOT SURE

9999 REFUSED

PS7Q18. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions down. Enter height in Feet and Inches Ex: 5 feet 9 inches would be entered as 509

____ Height in centimeters or feet
7777 DON'T KNOW / NOT SURE
9999 REFUSED

S8Q1. Section 8: Disability

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

Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q2. 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

S8Q3. 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

S8Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes

- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q6. 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: Breast and Cervical Cancer Screening

S9Q1. Section 9: Breast and Cervical Cancer Screening

Have you ever had a mammogram?

INTERVIEWER NOTE: A mammogram is an x-ray of each breast to look for breast cancer.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S9Q2. 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

S9Q3. Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S9Q4. How long has it been since you had your last cervical cancer screening 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

S9Q5. At your most recent cervical cancer screening, did you have a Pap test?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S9Q6. At your most recent cervical cancer screening, did you have an H.P.V. test?

INTERVIEWER: H.P.V. stands for Human Papillomavirus

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 Refused

Skip Pattern: If respondent answered 'Yes' to currently pregnant, GO TO S10Q1

S9Q7. Have you had a hysterectomy?

Interview Note: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 10: Colorectal Cancer Screening

Skip pattern: If Age < 45 years, go to S11Q1

S10Q1. Section 10: Colorectal Cancer Screening

Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams?

- 1 Yes
- 2 No [GO TO S10Q6]
- 7 DON'T KNOW / NOT SURE [GO TO S10Q6]
- 9 REFUSED [GO TO S10Q6]

S10Q2. Have you had a colonoscopy, a sigmoidoscopy, or both?

- 1 Colonoscopy
- 2 Sigmoidoscopy [GO TO S10Q4]
- 3 Both [GO TO S10Q5]
- 7 DON'T KNOW / NOT SURE [GO TO S10Q5]
- 9 REFUSED [GO TO S10Q6]

S10Q3. How long has it been since your most recent colonoscopy?

- 1 Within the past year (anytime less than 12 months ago) [GO TO S10Q6]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO S10Q6]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO S10Q6]
- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO S10Q6]
- 5 10 or more years ago [GO TO S10Q6]
- 7 DON'T KNOW / NOT SURE [GO TO S10Q6]

9 REFUSED [GO TO S10Q6]

S10Q4. How long has it been since your most recent sigmoidoscopy?

- 1 Within the past year (anytime less than 12 months ago) [GO TO S10Q6]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO S10Q6]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO S10Q6]
- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO S10Q6]
- 5 10 or more years ago [GO TO S10Q6]
- 7 DON'T KNOW / NOT SURE [GO TO S10Q6]
- 9 REFUSED [GO TO S10Q6]

S10Q5. How long has it been since your most recent colonoscopy or sigmoidoscopy?

- 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
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S10Q6. 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?

- 1 Yes
- 2 No [GO TO S11Q1]
- 7 DON'T KNOW / NOT SURE [GO TO S11Q1]
- 9 REFUSED [GO TO S11Q1]

S10Q7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy?

INTERVIEWER: 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 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.

- 1 Yes
- 2 No [GO TO S10Q9]

7 DON'T KNOW / NOT SURE [GO TO S10Q9]

9 REFUSED [GO TO S10Q9]

S10Q8. When was your most recent CT colonography or virtual colonoscopy?

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

7 DON'T KNOW / NOT SURE

9 REFUSED

S10Q9. 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 ever had this test?

INTERVIEWER NOTE: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or 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.

1 Yes

2 No [GO TO S10Q11]

7 DON'T KNOW / NOT SURE [GO TO S10Q11]

9 REFUSED [GO TO S10Q11]

S10Q10. How long has it been since you had this 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

S10Q11. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

1 Yes

- 2 No [GO TO S11Q1]
- 7 DON'T KNOW / NOT SURE [GO TO S11Q1]
- 9 REFUSED [GO TO S11Q1]

S10Q12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test?

INTERVIEWER NOTE: Cologuard is a new type of 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.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S10Q13. How long has it been since you had this 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

Section 11: Tobacco Use

S11Q1. Section 11: Tobacco Use

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

INTERVIEWER NOTE: Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana.

INTERVIEWER NOTE: 5 packs = 100 cigarettes

- 1 Yes

- 2 No [GO TO S11Q3]
- 7 DON'T KNOW / NOT SURE [GO TO S11Q3]
- 9 REFUSED [GO TO S11Q3]

S11Q2. Do you now smoke cigarettes 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 16: Tobacco Cessation

MOD16_1. Module 16: Tobacco Cessation

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

- 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) [GO TO S11Q3]
- 06 Within the past 10 years (5 years but less than 10 years ago) [GO TO S11Q3]
- 07 10 years or more [GO TO S11Q3]
- 08 Never smoked regularly [GO TO S11Q3]
- 77 DON'T KNOW / NOT SURE [GO TO S11Q3]
- 99 REFUSED [GO TO S11Q3]

MOD16_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S11Q3. Do you currently use chewing tobacco, snuff, every day, some days, or not at all?

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.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S11Q4. Would you say you have never used e-cigarettes or other electronic vaping 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?

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. 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.

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 17: Other Tobacco Use

MOD17_1. Module 17: Other Tobacco Use

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

MOD17_2. Currently, when you use e-cigarettes, do you usually use menthol e-cigarettes?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

MOD17_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

TX State Added Section X: E-cigarettes Use

TXX_1. TX State Added Section X: E-cigarettes Use

When was the last time you've used e-cigarettes or other electronic vaping products in your entire life?

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
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 12: Lung Cancer Screening

[ASK IF S11Q1=1 AND S11Q2=1,2,3 AND CSTATE NE 2]

S12Q1. Section 12: Lung Cancer Screening

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

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

INTERVIEWER NOTE: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

___ Age (1-100) in Years
888 NEVER SMOKED CIGARETTES REGULARLY [GO TO S13Q1]
777 DON'T KNOW / NOT SURE
999 REFUSED

S12Q3. On average, when you smoke/d regularly, about how many cigarettes do/did you usually smoke each day?

___ # of cigarettes (1-300)
777 DON'T KNOW / NOT SURE
999 REFUSED

S12Q4. 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 [GO TO S13Q1]
7 DON'T KNOW / NOT SURE [GO TO S13Q1]
9 REFUSED [GO TO S13Q1]

S12Q5. 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 [GO TO S13Q1]
- 7 DON'T KNOW / NOT SURE [GO TO S13Q1]
- 9 REFUSED [GO TO S13Q1]

S12Q6. When did you have your most recent CT or CAT scan of your chest area mainly to check or screen for lung cancer?

- 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
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 13: Alcohol Consumption

S13Q1. Section 13: Alcohol Consumption

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.

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

READ IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- 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

S13Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER READ ONLY IF NECESSARY: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

__ Number of drinks (1-76)
88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

S13Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 for men, 4 for women] or more drinks on an occasion?

__ Number of times (1-76)
88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

S13Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

__ Number of times (1-76)
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 14: Immunization

S14Q1. Section 14: Immunization

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?

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

1 Yes
2 No [GO TO S14Q1]
7 DON'T KNOW / NOT SURE [GO TO S14Q1]
9 REFUSED [GO TO S14Q1]

S14Q2M. 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?

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

S14Q3. At what kind of place did you get your last flu shot or vaccine?

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school
- 12 A drive through location at some other place than listed above
- 10 Received vaccination in Canada/Mexico
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S14Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

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 15: H.I.V./AIDS

S15Q1. Section 15: H.I.V./AIDS

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.?

INTERVIEWER NOTE: 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.

- 1 Yes
- 2 No [GO TO S16Q1]
- 7 DON'T KNOW / NOT SURE [GO TO S16Q1]
- 9 REFUSED [GO TO S16Q1]

S15Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

____ / ____ Month/Year
77 / 7777 Don't know/Not sure
99 / 9999 Refused

S15Q3. 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

Optional Modules

Module 11: Cognitive Decline

MOD11_1. Module 11: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD11_2. Are you worried about these difficulties with thinking or memory?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD11_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD11_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD11_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 12: Caregiver

MOD12_1. Module 12: Caregiver

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?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 8 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No
- 8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_2. What is their relationship to you?

INTERVIEWER NOTE: If respondent provides care for more than one person, say: "Please refer to the person whom you are providing the most care."

- 01 Parent, stepparent, or parent-in-law
- 02 Grandparent, step grandparent or grandparent-in-law
- 03 Spouse or partner
- 04 Child or stepchild
- 05 Grandchild or step grandchild
- 06 Sibling, stepsibling, or sibling-in-law
- 07 Other relative
- 08 Friend or non-relative
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD12_3. What is the main health problem or disability that the person you care for has?

- 01 Alzheimer's disease, dementia, or other cognitive impairment
- 02 Heart disease, hypertension, or stroke
- 03 Cancer
- 04 Diabetes
- 05 Injuries including broken bones or traumatic brain injury
- 06 Mental illness such as depression, anxiety, or schizophrenia

- 07 Developmental disorders such as autism, Down syndrome, or spina bifida
- 08 Respiratory conditions such as asthma, emphysema, or chronic obstructive pulmonary disease
- 09 Arthritis/rheumatism
- 10 Hearing or vision loss
- 11 Movement disorders such as Parkinson's, spinal cord injury, multiple sclerosis or cerebral palsy
- 12 Old age, infirmity, or frailty
- 13 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD12_4. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_5. In the past 30 days, did you provide regular care for this person by helping with nursing or medical tasks such as injections, wound care, or tube feedings?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_6. In the past 30 days, did you provide regular care for this person by managing personal care such as bathing, getting to the bathroom, or helping to eat?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_7. In the past 30 days, did you provide regular care for this person by managing household tasks such as help with transportation, shopping, or managing money?

- 1 Yes

- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_8. In an average week, how many hours do you provide regular care or assistance?
Would you say...

- 1 Less than 20 hours per week (19 hours or less)
- 2 Less than 40 hours per week (more than 19 hours, but less than 40 hours)
- 3 40 hours or more per week
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD12_9. For how long have you provided regular care to this person?

- 1 Within the past 30 days (anytime less than 30 days ago)
- 2 Within the past 2 years (more than 30 days but less than 2 years ago)
- 3 Within the past 5 years (more than 2 years but less than 5 years ago)
- 4 5 years or more
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 21: Random Child Selection

[ASK IF S7Q14=1 AND CSTATE NE 2]

MOD21T1. Module 21: Random Child Selection

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

[ASK IF S7Q14=2-87 AND CSTATE NE 2]

MOD21T2. Previously, you indicated there were [S7Q14] children age 17 or younger in your household. Think about those [S7Q14] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

MOD21_1M. What is the birth month and year of the [RNDCHILD] child?

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

MOD21_2. Is the child a boy or a girl?

1 Boy
2 Girl
3 Nonbinary / other
9 REFUSED

MOD21_3. What was the child's sex on their original birth certificate?

1 Boy
2 Girl
9 REFUSED

MOD21_4. Is the child Hispanic, Latino/a, or Spanish origin?

1 No
2 Yes
7 DON'T KNOW / NOT SURE
9 REFUSED

MOD21_4B. Are they...

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

5 No [EXCLUSIVE]
7 DON'T KNOW / NOT SURE [EXCLUSIVE]
9 REFUSED [EXCLUSIVE]

MOD21_5. 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
60 Other
77 DON'T KNOW / NOT SURE [EXCLUSIVE]
99 REFUSED [EXCLUSIVE]

MOD21_6. How are you related to the child? Are you a...

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

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 22: Childhood Asthma Prevalence

MOD22_1. Module 22: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] child.

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

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

MOD22_2. Does the child still have asthma?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

TX State Added Section X: Prescription Pain Medication

TXX_1. State Added Section X: Prescription Pain Medication

In the past 12 months, have you taken any prescription pain medications prescribed to you by a doctor, dentist, nurse practitioner, or other health care provider?

INTERVIEWER NOTE: We only want to know about prescription pain medication that is not available over the counter.

INTERVIEWER NOTE: Examples of prescription pain relievers include Acetaminophen with Codeine, Actiq, Amitriptyline, Avinza, Axina, Butorphanol Tartrate, Carisoprodol, Celebrex, Celecoxib, Codeine, Cyclobenzaprine, Cymbalta, Darvocet, Darvon, Demerol, Depakote, Dilaudid, Dolophine, Duragesic, Duramorph, Elavil, Embeda, Exalgo, Fentanyl, Fentora, Flexeril, Gabapentin, Hydoran, Hydromorphone, Hydrocodone, Hydrocodone with Acetaminophen, Hydrocodone with Ibuprofen, Ibuprofen, Ibuprofen with Codeine, Kadian, Levorphanol, Lorcet, Lortab, Lyrica, Meloxicam, Meperidine, Methadone, Methadose, Methocarbamol, Metaxall,

Metazalone, Morphine, Morphabond, Morphone, Motrin, MS Contin, Norco, Nurofen Plus, Naproxen, Narcan, Norpramin, Numorphan, Numorphone, Opana, Opium Tincture, Oxyado, Oxycodone, Oxycodone with Acetaminophen, OxyContin, Oxymorphone, Pamelor, Pentazocine, Percocet, Percodan, Propoxyphene, Robaxin, Roxanol, Roxicet, Soma, Stadol, Sublimnaze, Suboxone, Subutex, Topamax, Toradol, Tramadol, Tramadol with Acetaminophen, Tylenol with codeine, Tylenol 2, Tylenol 3, Tylenol 4, Tylox, Ultram, Ultracet, Vicodin, Zohydro.

- 1 Yes
- 2 No [GO TO TXX_7]
- 7 DON'T KNOW / NOT SURE [GO TO TXX_7]
- 9 REFUSED [GO TO TXX_7]

TXX_2. What prescription pain medications did you take that were prescribed to you?

- Specify from Prescription Pain Medication List
- 77 Don't know/Not sure
- 99 Refused

TXX_3. Did you have any pain medication left over from your prescription?

- 1 Yes
- 2 No [GO TO TXX_Q5]
- 7 DON'T KNOW / NOT SURE [GO TO TXX_Q5]
- 9 REFUSED [GO TO TXX_Q5]

TXX_4. What did you do with the leftover prescription pain medication?

- 01 Kept it for future use
- 02 Disposed of it through Take-Back Program
- 03 Disposed of in trash or flushing down toilet
- 04 Gave or shared it with a family member or friend
- 05 Sold it
- 06 Took it for another unrelated pain or purpose
- 07 Still taking it
- 08 Other (Specify)
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

TXX_5. Did a doctor, nurse, or other health professional talk to you about the risk of getting addicted to your prescription pain medication?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_6. Have you learned about the risks of getting addicted to your prescription pain medication from another source such as local, state, or federal organizations or the media?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_7. In the past 12 months, have you taken any prescription pain medication not prescribed specifically for you?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section X: Suicide Attempts

TXX_1. TX State Added Section X: Suicide Attempts

The next few questions relate to suicide. If these questions create a need for additional information, please call the National Suicide Prevention Lifeline at 1-800-273-8255.

During the past 12 months, have you ever seriously considered attempting suicide?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TXX_2. During the past 12 months, did you actually attempt suicide?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Asthma Call Back Permission

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF ACFLAG=01,02 INSERT "your"; IF ACFLAG=03,04 INSERT "your child's"] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

Section 13: COVID

AAS13Q1. Section 13: COVID

Has a healthcare provider ever told you that you have, or likely have COVID-19 (Coronavirus) infection?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

AAS13Q2. Have you had to visit an emergency room or urgent care center because of your COVID-19 (Coronavirus) infection?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

AAS13Q3. Not including spending the night in an emergency room, have you 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

AACLOSE

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.