



KANSAS

2018

**Behavioral Risk Factor Surveillance System
Questionnaire**

LANDLINE PHONE & CELL PHONE SURVEYS

July 31, 2019

(Based on CDC BRFSS Dec. 29, 2017 Questionnaire)

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Landline

OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>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).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>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.</p>
	<p>HELLO, I am calling for the <u>Kansas Department of Health and Environment</u>. My name is <u>(name)</u>. We are gathering information about the health of <u>Kansas</u> 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.</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
LL01.	Is this <u>[Phone Number]</u> ? [CTELENM1]	1 Yes		
		2 No	TERMINATE	Read: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.
LL02.	Is this a private residence? [PVTRES1]	1 Yes	If LL01 = 1 (Yes), continue.	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.
		2 No		
		3 No, this is a business	TERMINATE	Read: Thank you very much but we are only interviewing persons on residential phones at this time.
LL03.	Do you live in college housing? [COLGHOUS]	1 Yes	If LL02 = 1 (Yes), go to LL04. Otherwise, continue.	Read if necessary: By college housing, we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
		2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
LL04.	Do you currently live in <u>Kansas</u> ? [STATERE1]	1 Yes	If LL03 = 1 (Yes), continue.	
		2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons who live in <u>Kansas</u> at this time.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
LL05.	Is this a cell phone? [CELLFON4]	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences or college housing at this time.
		2 Not a cell phone		Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).
LL06.	Are you 18 years of age or older? [LADULT]	1 Yes, male respondent	If LL03 = 1 (Yes), go to Transition to Core Sections. Otherwise, got to LL07.	Do not read: Sex will be asked again in demographics section.
		2 Yes, female respondent		
		3 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.
LL07.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older? [NUMADULT]	1	If LL06 = 1 (Male) or 2 (Female), go to Transition to Core Sections.	Read: The person in your household I need to speak with is (Selected Respondent) . Are you that adult? If “Yes”, Read: Then you are the person I need to speak with. If “No”, Read: May I speak with the (Selected Respondent) ?
		2-6 or more		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
LL08.	How many of these adults are men? [NUMMEN]	__ Number	If LL07 = 1 (1 Adult), go to Transition to Core Sections. Otherwise, continue.	
		77 Don't know / Not sure		
		99 Refused		
LL08.	So, the number of women in the household is [X]. Is that correct? [NUMWOMEN]	__ Number		Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is (Selected Respondent) .
		77 Don't know / Not sure		
		99 Refused		
Transition to Core Sections.	I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 1-866-445-1429 .			Do not read: Introductory text may be reread when selected respondent is reached.

Cell Phone

OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>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).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>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.</p>
	<p>HELLO, I am calling for the <u>Kansas Department of Health and Environment</u>. My name is <u>(name)</u>. We are gathering information about the health of <u>Kansas</u> residents.</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SCP01.	Are you driving a vehicle or operating machinery at this time? [KSVEHICLE]	1 Yes	Set appointment, if possible. TERMINATE	Read: Thank you very much. We will call you back at a more convenient time.
		2 No		
CP01.	Is this a safe time to talk with you? [SAFETIME]	1 Yes	If SCP01 = 2 (No), continue.	Read: Thank you very much. We will call you back at a more convenient time.
		2 No	Set appointment, if possible. TERMINATE	
Introduction Text	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.		If CP01 = 1 (Yes), continue.	
CP02.	Is this <u>[Phone Number]</u> ? [CTELNUM1]	1 Yes		Read: 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.
		2 No	TERMINATE	
CP03.	Is this a cell phone? [CELLFON5]	1 Yes	If CP02 = 1 (Yes), continue.	Read: 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.
		2 No	TERMINATE	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CP04.	Are you 18 years of age or older? [CADULT]	1 Yes, male respondent	If CP03 = 1 (Yes), continue.	Do not read: Sex will be asked again in demographics section.
		2 Yes, female respondent		
		3 No	Terminate	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.
CP05.	Do you live in a private residence? [PVTRES3]	1 Yes	If CP04 = 1 (Male) or 2 (Female), continue.	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.
		2 No		
CP06.	Do you live in college housing? [CCLGHOUS]	1 Yes	If CP05 = 1 (Yes), go to CP07. Otherwise, continue.	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.
		2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.
CP07.	Do you currently live in <u>Kansas</u> ? [CSTATE1]	1 Yes		
		2 No		
CP08.	In what state do you currently live? [RSPSTAT1]	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California	If CP07 = 1 (Yes), go to CP09. Otherwise, continue.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CP08. continued		8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CP08. continued		44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands 99 Refused		
CP09.	Do you also have a landline telephone in your home that is used to make and receive calls? [LANDLINE]	1 Yes 2 No		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.
CP10.	How many members of your household, including yourself, are 18 years of age or older? [HHADULT]	__ Number 99 Refused	If CP06 = 1 (Yes), system will set CP10 = 1 and go to Transition to Core Sections.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Transition to Core Sections.	I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 1-866-445-1429 .		Go to Core Section 1: Health Status.	Do not read: Introductory text may be reread when selected respondent is reached.

Core Sections

Core Section 1: Health Status

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C01.01	Would you say that in general your health is— [GENHLTH]	Read:		
		1 Excellent		
		2 Very Good		
		3 Good		
		4 Fair		
		5 Poor		
		Do not read:		
7 Don't know / Not sure				
		9 Refused		

Core Section 2: Healthy Days

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C02.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? [PHYSHLTH]	__ _ Number of days (01-30)		
		88 None		
		77 Don't know / Not sure		
		99 Refused		
C02.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? [MENTHLTH]	__ _ Number of days (01-30)		
		88 None		
		77 Don't know / Not sure		
		99 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
C02.03	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? [POORHLTH]	<table border="1"> <tr> <td>__ Number of days (01-30)</td> </tr> <tr> <td>88 None</td> </tr> <tr> <td>77 Don't know / Not sure</td> </tr> <tr> <td>99 Refused</td> </tr> </table>	__ Number of days (01-30)	88 None	77 Don't know / Not sure	99 Refused	If C02.01 = 88 (None) and C02.02 = 88 (None), go to next section.	
__ Number of days (01-30)								
88 None								
77 Don't know / Not sure								
99 Refused								

Core Section 3: Health Care Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
C03.01	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service? [HLTHPLN1]	<table border="1"> <tr> <td>1 Yes</td> </tr> <tr> <td>2 No</td> </tr> <tr> <td>7 Don't know / Not sure</td> </tr> <tr> <td>9 Refused</td> </tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused		
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								

State-Added Module 1: Health Care Access

(Approval received from Carol Pierannunzi and Ken Laliberte of CDC to ask this module within the CDC Core Section 3: Health Care Access after Core Section 3: Health Care Access C03.01. 10/30/2017)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA01.01	What is the primary source of your health care coverage? Is it...? [HLTHCVR1]	Read:	If Cell Phone Survey is Out-of-State (CState1 = 2) or C03.01 > 1, go to Core Section 3: Health Care Access C03.02. Otherwise, continue.	Interviewer Instruction: If the respondent indicates that they purchased health insurance through the health Insurance Marketplace Kansas Marketplace), ask: "Was it a private health insurance plan purchased on your own or by a family member (private) or if they received Medicaid (KanCare)?" Interviewer Instruction: If purchased on their own (or by a family member), select 02. If Medicaid, select 04.
		01 A plan purchased through an employer or union (including plans purchased through another person's employer)		
		02 A plan that you or another family member buys on your own		
		03 Medicare		
		04 Medicaid or other state program (KanCare)		
		05 TRICARE (formerly CHAMPUS), VA, or Military		
		06 Alaska Native, Indian Health Service, Tribal Health Services		
		07 Some other source		
		08 None (no coverage)		
		Do not read:		
		77 Don't Know/ Not sure		
99 Refused				
			Go to Core Section 3: Health Care Access question C03.02.	

Core Section 3: Health Care Access *continued*

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C03.02	Do you have one person you think of as your personal doctor or health care provider? [PERSDOC2]	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If No, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? [MEDCOST]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
C03.04	About how long has it been since you last visited a doctor for a routine checkup? [CHECKUP1]	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Core Section 4: Exercise

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C04.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? [EXERANY2]	1 Yes		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do.
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Core Section 5: Inadequate Sleep

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C05.01	On average, how many hours of sleep do you get in a 24-hour period? [SLEPTIM1]	__ Number of hours [01-24]		Do not read: 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.
		77 Don't know / Not sure		
		99 Refused		

Core Section 6: Chronic Health Conditions

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C06.01	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? [CVDINFR4]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.02	(Ever told) you had angina or coronary heart disease? [CVDCRHD4]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.03	(Ever told) you had a stroke? [CVDSTRK3]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.04	(Ever told) you had asthma? [ASTHMA3]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.05	Do you still have asthma? [ASTHNOW]	1 Yes	If C06.04 > 1, go to C06.06. Otherwise, continue.	
		2 No		
		7 Don't know / Not sure		
C06.06	(Ever told) you had skin cancer? [CHCSCNCR]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C06.07	(Ever told) you had any other types of cancer? [CHCOCNCR]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.08	(Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis? [CHCCOPD1]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.09	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? [HAVARTH3]	1 Yes		Do not read: Arthritis diagnoses include: rheumatism, polymyalgia rheumatic, osteoarthritis (not osteoporosis), tendonitis, bursitis, bunion, tennis elbow, carpal tunnel syndrome, tarsal tunnel syndrome, joint infection, Reiter's syndrome, ankylosing spondylitis; spondylosis, rotator cuff syndrome, connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome, vasculitis, giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.10	(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)? [ADDEPEV2]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C06.11	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? [CHCKDNY1]	1 Yes		Read if necessary: Incontinence is not being able to control urine flow.
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C06.12	(Ever told) you have diabetes? [DIABETE3]	1 Yes		<p>If yes and respondent is female, ask: Was this only when you were pregnant?</p> <p>Interviewer Instruction: If respondent says pre-diabetes or borderline diabetes, select code 4.</p>
		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		
C06.13	How old were you when you were told you have diabetes? [DIABAGE2]	__ Code age in years [97 = 97 and older]	<p>If C06.12 > 1 & QstVer = 11 or 21 (Part A) and C06.12 > 1, go to CDC Optional Module 1: Pre-Diabetes.</p> <p>If C06.12 > 1 & Qstpath = 12, 22 (Part B) or 20 (Out-of-State Cell), go to Core Section 7: Oral Health.</p> <p>Otherwise, continue.</p>	
		98 Don't know / Not sure		
		99 Refused		

Core Section 7: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C07.01	Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason? [LASTDEN4]	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		
C07.02	Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? [RMVTETH4]	Read if necessary: 1 1 to 5 2 6 or more but not all 3 All 8 None Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

Core Section 8: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.01	For the accuracy of this survey, it is important that we verify your sex. <i>(Text was approved to be used by Carol P. in 2016 and continued in 2017-2018 programming. glt 3-12-2018)</i> What is your sex? [SEX1]	1 Male		
		2 Female		
		7 Don't know / Not sure		
		9 Refused		
C08.02	What is your age? [AGE]	__ Code age in years		
		7 Don't know / Not sure		
		9 Refused		
C08.03a	Are you Hispanic, Latino/a, or Spanish origin?	1 Yes		
		2 No		
C08.03b	Are you Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban or Another Hispanic, Latino/a, or Spanish origin? [HISPANC3]	Read:	If C08.03a = 1 (Yes), read answer codes 1 – 4.	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	If C08.03a = 2 (No), system will code C08.03b = 5 (No) and go to C08.04.	
		Do not read:		
		5 No		
7 Don't know / Not sure				
9 Refused				

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)										
C08.04	Which one or more of the following would you say is your race? [MRACE1]	<table border="1"> <tr> <td data-bbox="665 206 1115 238">Please read:</td> </tr> <tr> <td data-bbox="665 238 1115 271">10 White</td> </tr> <tr> <td data-bbox="665 271 1115 303">20 Black or African American</td> </tr> <tr> <td data-bbox="665 303 1115 336">30 American Indian or Alaska Native</td> </tr> <tr> <td data-bbox="665 336 1115 639"> 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian </td> </tr> <tr> <td data-bbox="665 639 1115 818"> 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander </td> </tr> <tr> <td data-bbox="665 818 1115 850">Do not read:</td> </tr> <tr> <td data-bbox="665 850 1115 883">60 Other</td> </tr> <tr> <td data-bbox="665 883 1115 915">88 No additional choices</td> </tr> <tr> <td data-bbox="665 915 1115 974">77 Don't know / Not sure</td> </tr> </table>	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		<p data-bbox="1533 206 2032 310">If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.</p> <p data-bbox="1533 347 2032 412">One or more categories may be selected.</p>
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														

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.05	Which one of these groups would you say best represents your race? [ORACE3]	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused	If C08.04 selected only 1 race, go to C08.06. Otherwise, continue.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in C08.04, and refuses to select a single race, code 99 (Refused).
C08.06	Are you Married, Divorced, Widowed, Separated, Never Married or A member of an unmarried couple? [MARITAL]	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married 6 A member of an unmarried couple Do not read: 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.07	What is the highest grade or year of school you completed? [EDUCA]	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary) 3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused		
C08.08	Do you own or rent your home? [RENTHOM1]	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangement may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.
C08.09	In what county do you currently live? [CTYCODE2]	TEXT		This is a text field and the response given by the respondent should be entered here. If they don't know their county, please ask for the close's city or town to their location.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.10	What is the ZIP Code where you currently live? [ZIPCODE1]	_____ Zip Code		Please enter, 77777 for Don't Know/Not sure or 99999 Refused. If respondent indicates their zip code is not on the list for the given Kansa county or it is an out of state zip code, enter into the Other text field the respondent's response. DO NOT enter more than 5 digits in this text field.
		77777 Do not know		
		99999 Refused		
C08.11	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? [NUMHHOL3]	1 Yes	If Cell Phone Survey (QSTVER = 20, 21 or 22) interview, go to C08.14 Otherwise, continue.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.12	How many of these telephone numbers are residential numbers? [NUMPHON3]	___ Enter number (1-5)	If C08.11 > 1, go to C08.13. Otherwise, continue.	
		6 Six or more		
		7 Don't know / Not sure		
		8 None		
		9 Refused		
C08.13	How many cell phones do you have for personal use? [CPDEMO1B]	___ Enter number (1-5)		Read if necessary: Include cell phones used for both business and personal use.
		6 Six or more		
		7 Don't know / Not sure		
		8 None		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.14	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? [VETERAN3]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Last question needed for partial complete.	Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
C08.15	Are you currently employed for wages, Self-employed, out of work for 1 year or more, out of work for less than 1 year, a homemaker, a student, retired or unable to work? [EMPLOY1]	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired 8 Unable to work Do not read: 9 Refused		If more than one selected, say: "Select the category which best describes you".
C08.16	How many children less than 18 years of age live in your household? [CHILDREN]	_ _ Number of children 88 None 99 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.17	Is your annual household income from all sources— [INCOME2]	Read:		If respondent refuses at ANY income level, code 99 (Refused).
		04 Less than \$25,000 (\$20,000 to less than \$25,000)	If no, ask 05; If yes, ask 03	
		03 Less than \$20,000 (\$15,000 to less than \$20,000)	If no, code 04; If yes, ask 02	
		02 Less than \$15,000 (\$10,000 to less than \$15,000)	If no, code 03; If yes, ask 01	
		01 Less than \$10,000	If no, code 02	
		05 Less than \$35,000 (\$25,000 to less than \$35,000)	If no, ask 06	
		06 Less than \$50,000 (\$35,000 to less than \$50,000)	If no, ask 07	
		07 Less than \$75,000 (\$50,000 to less than \$75,000)	If no, code 08	
		08 \$75,000 or more		
		Do not read:		
77 Don't know / Not sure				
99 Refused				

State-Added Module 2: Average Hours Worked

(The insertion of this question into the CDC Core Section has been approved by CDC, Carol P.)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA02.01	Previously, you indicated you were [Insert employment response from Employment C08.15] . On the average, how many hours per week, if any, do you work at a job or business? [AVGHRHS]	__ Number of hours [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If C08.15 = 1 (employed), 2 (self-employed), 5 (a student), 6 (retired), or 7 (a homemaker); continue.	
			If C08.15 = 1 (employed), 2 (self-employed) or 4 (out of work for less than 1 year), go to CDC Optional Module 20: Industry and Occupation. Otherwise, go to C08.18.	

CDC Optional Module 20: Industry and Occupation

(Approval received from Carol Pierannunzi and Ken Laliberte of CDC to ask this module within the CDC Core Section. 10/30/2017)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M20.01	<p>If C08.15 = 1 (Employed) or 2 (Self-Employed), ask: What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic. [TYPEWORK]</p> <p>If C08.15 = 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.</p>	<p>_____ Record answer (Type Respondent response)</p>	<p>If Cell Phone Survey is Out-of-State (CState1 = 2), skip module and continue with C08.18.</p> <p>Otherwise, continue.</p>	<p>If respondent is unclear, ask: What is your job title?</p> <p>If respondent has more than one job, ask: What is your main job?</p>
		99 Refused		
M20.02	<p>If C08.15 = 1 (Employed) or 2 (Self-Employed), ask: What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant. [TYPEINDS]</p> <p>If C08.15 = 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.</p>	<p>_____ Record answer (Type Respondent response)</p>		
		99 Refused		
			Go to C08.18.	

Core Section 8: Demographics *continued*

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.18	About how much do you weigh without shoes? [WEIGHT2]	___ Weight (pounds/kilograms)		If respondent answers in metrics, put 9 in first column. Round fractions up
		7777 Don't know / Not sure		
		9999 Refused		
C08.19	About how tall are you without shoes? [HEIGHT3]	__ / __ Height (feet /inches or meters/centimeters)		If respondent answers in metrics, put 9 in first column. Round fractions up
		77/77 Don't know / Not sure		
		99/99 Refused		
C08.20	To your knowledge, are you now pregnant? [PREGNANT]	1 Yes	If C08.01 (SEX) = 1 or C08.02 (AGE) > 49, go to C08.21.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.21	Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing? [DEAF]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.22	Are you blind or do you have serious difficulty seeing, even when wearing glasses? [BLIND]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.23	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? [DECIDE]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.24	Do you have serious difficulty walking or climbing stairs? [DIFFWALK]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.25	Do you have difficulty dressing or bathing? [DIFFDRES]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C08.26	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? [DIFFALON]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Core Section 9: Tobacco Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C09.01	Have you smoked at least 100 cigarettes in your entire life? [SMOKE100]	1 Yes		Do not include: Electronic cigarettes (e-cigarettes, Njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C09.02	Do you now smoke cigarettes every day, some days, or not at all? [SMOKDAY2]	1 Every day	If C09.01 > 1, go to C09.05.	
		2 Some days		
		3 Not at all		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C09.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? [STOPSMK2]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If C09.02 = 3 (Not at all), go to C09.04. If C09.02 = 7 (Don't know/Not sure) or 9 (Refused), go to C09.05.	
C09.04	How long has it been since you last smoked a cigarette, even one or two puffs? [LASTSMK2]	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less 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	If C09.02 = 3 (Not at all), continue. Otherwise, go C09.05.	
C09.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? [USENOW3]	Read: 1 Every day 2 Some days 3 Not at all Do not read: 7 Don't know / Not sure 9 Refused		
			If Cell Phone Survey is Out-of-State (CState1 = 2), go to Core Section 10: Alcohol Consumption.	

State-Added Module 3: Menthol Cigarette Use

(Approval received from Carol Pierannunzi and Ken Laliberte of CDC to ask this module within the CDC Core Section. 10/30/2017)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA03.01	Previously you indicated that you smoke cigarettes every day or on some days. Menthol cigarettes are cigarettes that taste like mint. During the past 30 days, were the cigarettes that you usually smoked menthol? [MENTHOL]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If C09.02 = 1 (Every day) or 2 (Some days), continue.	
			If QstVer = 12 or 22 (Part B), go to CDC Optional Module 6: E-Cigarettes. Otherwise, if QstVer = 11 or 21 (Part A), go to Core Section 10: Alcohol Consumption.	

Core Section 10: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C10.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? [ALCDAY5]	1 __ Days per week 2 __ Days in past 30 days 888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C10.02	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? [AVEDRNK2]	__ Number of drinks 88 None 77 Don't know / Not sure 99 Refused	If C10.01 > 299, go to next section. Otherwise, continue.	Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
C10.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [Fill: 5 for men, 4 for women] or more drinks on an occasion? [DRNK3GE5]	__ Number of times 77 Don't know / Not sure 99 Refused	Fill, if man X = 5 or if woman X = 4.	
C10.04	During the past 30 days, what is the largest number of drinks you had on any occasion? [MAXDRNKS]	__ Number of drinks 77 Don't know / Not sure 99 Refused		

Core Section 11: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C11.01	During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? [FLUSHOT6]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		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.
C11.02	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? [FLSHTMY2]	___ / ____ Month / Year 77/7777 Don't know / Not sure 99/9999 Refused	If C11.01 > 1, go to C11.04. Otherwise, continue.	
C11.03	At what kind of place did you get your last flu shot or vaccine? [IMFVPLAC]	Read if necessary: 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 Do not read: 10 Received vaccination in Canada/Mexico 77 Don't know / Not sure 99 Refused		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C11.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine? [PNEUVAC4]	1 Yes	If C11.01 = 1 (Yes), go to next section.	Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.
		2 No		
		7 Don't know / Not sure	Otherwise, continue.	
		9 Refused		

Core Section 12: Falls

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C12.01	In the past 12 months, how many times have you fallen? [FALL12MN]	__ Number of times	If C08.02 = 18-44, go to next section.	Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.
		88 None		
		77 Don't know / Not sure		
		99 Refused		
C12.02	If C12.01 = 1, ask: Did this fall cause an injury that limited your regular activities for at least a day or caused you to go to see a doctor? [FALLINJ3] If C12.01 > 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 to see a doctor?	__ Number of falls [76 = 76 or more]	If C12.01 = 1 and "Yes, caused an injury"; select 01 OR If C12.01 = 1 and "No, did not cause an injury"; select 88.	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.
		88 None		
		77 Don't know / Not sure		
		99 Refused		

Core Section 13: Seat Belt Use and Drinking and Driving

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C13.01	How often do you use seat belts when you drive or ride in a car? Would you say— [SEATBELT]	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 9 Refused		
C13.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink? [DRNKDRI2]	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	If C13.01 = 8 (Never drive or ride in a care), go to next section. If C10.01 = 888 (No drinks in the past 30 days), go to next section. Otherwise, continue.	

Core Section 14: Breast and Cervical Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C14.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram? [HADMAM]	1 Yes	If C08.01 = 1 (Male), go to next section. Otherwise, continue.	A mammogram is an x-ray of each breast to look for breast cancer.
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C14.02	How long has it been since you had your last mammogram? [HOWLONG]	Read if necessary:	If C14.01 > 1, go to C14.03. Otherwise, continue.	
		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				
C14.03	Have you ever had a Pap test? [HADPAP2]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C14.04	How long has it been since you had your last Pap test? [LASTPAP2]	Read if necessary:	If C14.03 > 1, go to C14.05. Otherwise, continue.	
		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		
C14.05	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? [HPVTEST]	1 Yes		Human papillomavirus (pap-uh-loh-muh virus)
		2 No		
		7 Don't know / Not sure		
		9 Refused		
C14.06	How long has it been since you had your last H.P.V. test? [HPLSTTST]	Read if necessary:	If C14.05 > 1, go to C14.07. Otherwise, continue.	
		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		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C14.07	Have you had a hysterectomy? [HADHYST2]	1 Yes	If response to Core C08.20 = 1 (is pregnant); then go to next section. Otherwise, continue.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Core Section 15: Prostate Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C15.01	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? [PCPSAAD3]	1 Yes	If C08.01 (SEX) = 2 (Female) or C08.02 (AGE) ≤ 39 years old, go to next section.	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.
		2 No		
		7 Don't know/ Not sure		
		9 Refused		
C15.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test? [PCPSADI1]	1 Yes		
		2 No		
		7 Don't know/ Not sure		
		9 Refused		
C15.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test? [PCPSARE1]	1 Yes		
		2 No		
		7 Don't know/ Not sure		
		9 Refused		
C15.04	Have you ever had a P.S.A. test? [PSATEST1]	1 Yes		
		2 No		
		7 Don't know/ Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C15.05	How long has it been since you had your last P.S.A. test? [PSATIME]	Read if necessary:	If C15.04 > 1, go to next section. Otherwise, continue.	
		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				
C15.06	What was the main reason you had this P.S.A. test – was it ...? [PCPSARS1]	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				

Core Section 16: Colorectal Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C16.01	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? [BLDSTOOL]	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	If C08.02 = 1-49, go to next section. Otherwise, continue.	
C16.02	How long has it been since you had your last blood stool test using a home kit? [LSTBLDS3]	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago Do not read: 7 Don't know / Not sure 9 Refused	If C16.01 > 1, go to C16.03. Otherwise, continue.	
C16.03	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? [HADSIGM3]	1 Yes 2 No 7 Don't know/ not sure 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C16.04	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? [HADSGCO1]	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused	If C16.03 > 1, go to next section. Otherwise, continue.	
C16.05	How long has it been since you had your last sigmoidoscopy or colonoscopy? [LASTSIG3]	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 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		

Core Section 17: H.I.V./AIDS

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
Introduction Text	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.							
C17.01	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. [HIVTST6]	<table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 No</td></tr> <tr><td>7 Don't know / Not sure</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused		
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								
C17.02	Not including blood donations, in what month and year was your last H.I.V. test? [HIVTSTD3]	<table border="1"> <tr><td>__/____ Code month and year</td></tr> <tr><td>77/7777 Don't know / Not sure</td></tr> <tr><td>99/9999 Refused</td></tr> </table>	__/____ Code month and year	77/7777 Don't know / Not sure	99/9999 Refused	<p>If C17.01 > 1, go to C17.03</p> <p>Otherwise, continue.</p>	<p>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.</p> <p>If response is before January 1985, code "777777".</p>	
__/____ Code month and year								
77/7777 Don't know / Not sure								
99/9999 Refused								

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C17.03	<p>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.</p> <ul style="list-style-type: none"> • 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. <p>Do any of these situations apply to you? [HIVRISK5]</p>	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>		

CDC Optional/State-Added Modules (Asked of All Respondents)

Module 22: Random Child Selection

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			<p>If Cell Phone Out-of-State (CState1 = 2), go to closing.</p> <p>If C08.16 = 88 (No children under age 18 in the household) or 99 (Refused), go to Asthma Follow-up Script.</p> <p>If C08.16 = 1 (one child), go to Introduction Text, Option 1.</p> <p>If C08.16 > 1 (more than one child), then system will randomly select one of the children in the household for any child related questions to follow. Then go to Introduction Text, Option 2.</p>	
<p>Introduction Text</p> <p>Option 1</p>	<p>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.</p>		<p>If C08.16 > 1 (more than one child), go to Introduction text, Option 2.</p> <p>Otherwise, continue</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
<p>Introduction Text</p> <p>Option 2</p>	<p>Previously, you indicated there were [Fill number of children (C08.16)] children age 17 or younger in your household. Think about those [Fill number of children (C08.16)] 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 Xth [Fill in correct number of selected] child in your household. All following questions about children will be about the Xth [Fill in correct number of selected] child.</p>		<p>If C08.16 is = 1 (one child), go to M22.01.</p> <p>Otherwise, continue</p> <p>Fill in “Xth” with the number of selected child.</p>	
<p>M22.01</p>	<p>What is the birth month and year of the [Xth] child? [RCSBIRTH]</p>	<p>__ / ____ Code month and year</p> <p>77/7777 Don't know / Not sure</p> <p>99/9999 Refused</p>	<p>Fill in “Xth” with the number of selected child.</p>	
<p>M22.02</p>	<p>Is the child a boy or a girl? [RCSGENDR]</p>	<p>1 Boy</p> <p>2 Girl</p> <p>9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M22.03a	Is the child Hispanic, Latino/a, or Spanish origin?	1 Yes 2 No		
M22.03b	Is the child Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban or Another Hispanic, Latino/a, or Spanish origin? [RCHISLA1]	If yes, 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	If M22.03a = 1 (Yes), read answer choices 1 – 4. If M22.03a = 2 (No), system codes M22.03b = 5 (No).	One or more categories may be selected.
M22.04	Which one or more of the following would you say is the race of the child? [RCSRACE1]	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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M22.04 continued		Do not read: 60 Other 77 Don't know / Not sure 99 Refused		
M22.05	Which one of these groups would you say best represents the child's race? [RCSBRAC2]	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 77 Don't know / Not sure 99 Refused	If M22.04 selected only 1 race, go to M22.06. Otherwise, continue.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in M22.04, and refuses to select a single race, code 99 (Refused).

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M22.06	How are you related to the child? Are you a parent, grandparent, foster parent, guardian, sibling, other relative or not related in any way? [RCSRLTN2]	Please read:		
		1 Parent (include biologic, step, or adoptive parent)		
		2 Grandparent		
		3 Foster parent or guardian		
		4 Sibling (include biologic, step, and adoptive sibling)		
		5 Other relative		
		6 Not related in any way		
		Do not read:		
		7 Don't know / Not sure		
9 Refused				

Module 23: Childhood Asthma Prevalence

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M23.01	The next two questions are about the Xth child. Has a doctor, nurse or other health professional EVER said that the child has asthma? [CASTHDX2]	1 Yes	If response to C08.16 = 88 (None) or 99 (Refused), go to next module. Fill in "Xth" with the correct number of the selected child.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M23.02	Does the child still have asthma? [CASTHNO2]	1 Yes	If M23.01 > 1, go to next module. Otherwise, continue.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Callback 1: Asthma Callback Permission Script

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)			
			<p>If C06.04 = 1 (Yes) OR M23.01 = 1 (Yes) and M22.06 = 1 (Parent) or 3 (Foster parent or guardian), continue to Adult or Child Selection.</p> <p>Otherwise, If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment.</p>				
Adult or Child Selection (CB01.02)	[ADLTCHLD]	<table border="1"> <tr> <td data-bbox="642 760 1129 834">0 No eligible adult or selected child with asthma in household</td> </tr> <tr> <td data-bbox="642 834 1129 873">1 Adult chosen to participate</td> </tr> <tr> <td data-bbox="642 873 1129 1187">2 Selected Child chosen to participate</td> </tr> </table>	0 No eligible adult or selected child with asthma in household	1 Adult chosen to participate	2 Selected Child chosen to participate	<p>Computer System will Randomly select Adult or Child to participate in the Asthma Callback Survey.</p> <p>If ADULT (AdltChld = 1) was selected to participate, go to Adult Introduction.</p> <p>If CHILD (AdltChld=2) was selected to participate, go to Child Introduction.</p>	<p>Computer system will select which person in the household was selected as the focus of the asthma call-back survey. Will NOT be displayed to interviewer, happens unseen.</p>
0 No eligible adult or selected child with asthma in household							
1 Adult chosen to participate							
2 Selected Child chosen to participate							

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Adult Introduction Text	We would like to call you again within the next 2 weeks to talk in more detail about your experiences with asthma. The information will be used to help develop programs and improve the quality of life of Kansans with asthma. 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 may refuse to participate in the future.			
CB01.01	Would it be okay if we called you back to ask additional asthma-related questions at a later time? [CALLBACK]	1 Yes 2 No		
CB01.02	Can I please have your first name, initials or nickname so we know who to refer to when we call back?	_____ Enter first name, initials or nickname	If CB01.01 = 2 and, If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment. Otherwise, continue.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CB01.03	What is a good time to call you back? For example, evenings, days, weekends?	_____ Enter day/time	If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment.	
CB01.04	Would it be all right if we call back at a later time to ask additional questions about your child's asthma? [CALLBACK]	1 Yes 2 No		
CB01.05	Can I please have your first name, initials or nickname so we know who to ask for when we call back?	_____ Enter respondent's first name initials or nickname	If CB01.04 = 2 (No) and, If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment. Otherwise, continue	
CB01.06	Can I please have your child's first name, initials or nickname so we can ask about the right child when we call back?	_____ Enter child's first name initials or nickname	Fill in "Xth" with the number of selected child.	If more than one child, read: "This is the [Fill with child age (M22.01)] year old child "Xth" child. "
CB01.07	Are you the parent or guardian in the household who knows the most about [Fill with child's name/initial (CB01.06)] 's asthma? [MOSTKNOW]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
TEXT	<p>The information you gave us today and will give us when we call back will be kept confidential. We will keep identifying information like your child's name and your name and phone number on file, separate from the answers collected today. Even though you agreed today, you may refuse to participate in the future.</p> <p>Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p>		<p>If CB01.07 = 2 (No), go to CB01.10.</p> <p>Otherwise, continue.</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CB01.08	May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? [PERMISS]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
CB01.09	What is a good time to call you back? For example, evenings, days, weekends?	_____ Enter day/time	If CB01.08 > 1 and, If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment. Otherwise, continue.	
			If CB01.07 = 2 (No), go to CB01.10. Otherwise, If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment.	
CB01.10	You said someone else was more knowledgeable about the child's asthma. Can I please have this adult's first name, initials or nickname so we will know who to ask for when we call back regarding your child?	_____ Enter Alternate's first name initials or nickname		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Text	<p>The information you gave us today and that [Fill in OTHName (CB01.10)] will give us when we call back will be kept confidential. We will keep their name and phone number, your child's name on file, separate from the answers collected today. Even though you agreed today, [Fill in OTHName (CB01.10)] may refuse to participate in the future.</p> <p>Some of the information that you shared with us today could be useful when combined with the information we will ask for during your child's asthma interview. If the information from the two interviews is combined, identifying information such as your phone number, your name, and your child's name will not be included.</p>			
CB01.11	<p>May we combine your answers from today with your answers from the interview about your child's asthma that will be done in the next two weeks? [PERMISS]</p>	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
CB01.12	What is a good time to call you back? For example, evenings, days, weekends?	<p>_____</p> <p>Enter day/time</p>	<p>If CB01.11 > 1 and, If Part A (QstVer = 11 or 21), skip: Go to State-Added Module 5: Oral Health. OR If Part B (QstVer = 12 or 22), skip: Go to State-Added Module 13: Diabetes Risk Assessment. Otherwise, continue.</p>	
CB01.13	Is there a different phone number we should use to contact [Fill: Alternate Adult's Name, Initial or Nickname]?	<p>1 Yes (specify: _____)</p> <p>2 No</p>	<p>If QstVer = 11 or 21, go to State-Added Module 5: Oral Health. OR If QstVer = 12 or 22, go to State-Added Module 13: Diabetes Risk Assessment.</p>	<p>Interviewer Note: PLEASE INCLUDE AREA CODE AND PHONE NUMBER (EX. 785-249-5533)</p>

**NOTE: FROM THIS POINT FORWARD,
Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.**

Part A: CDC Optional/State-Added Modules

(Asked of Respondents Assigned to QstVer = 11 or 21)

State-Added Module 4: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA04.01	During the past 12 months, was there any time when you needed dental care but did not get it? [DNTLCARE]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA04.02	What was the main reason you did not receive the dental care you needed? [NODNTRSN]	01 Fear, apprehension, nervousness, pain, dislike going 02 Could not afford/ cost / too expensive 03 Dentist would not accept my insurance, including Medicaid 04 Do not have / know a dentist 05 Lack transportation / too far away 06 Hours aren't convenient 07 Do not have time 08 Other ailments prevent dental care 09 Could not get into dentist / clinic 10 Outside issues preventing obtaining treatment 11 Appointment has been or is being scheduled	If SA04.01 > 1 (Yes), go to SA04.03. Otherwise, continue.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA04.02 continued		12 Dentist refused / unable to provide treatment 13 No insurance 14 Other (specify) 77 Don't know / Not sure 99 Refused		
SA04.02OT	Other (Specify) [NODNTRSNO]	Text Answer	If SA04.02 = 14, continue. Otherwise, go to SA04.03.	
SA04.03	<p>If C08.20 = 1 (Pregnant), ask: “During your current pregnancy, or any previous pregnancy, was there any time when you needed dental care, but did not get it?”</p> <p>If C08.20 = 2(No), 7(Don't know/Not sure) or 9(Refused), ask: “During any pregnancy, was there any time when you needed dental care but did not get it? “ [PREGNODNTL]</p>	1 Yes 2 No 7 Don't know / Not sure 8 Never pregnant 9 Refused	If C08.01 = 1 (Male), go to next module. Otherwise, continue.	If respondent indicates they had a “miscarriage” or “lost the baby”, please read: “I’m so sorry to hear of your loss.” Read question.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA04.04	What was the main reason you did not receive the dental care you needed during pregnancy? [PREGRSNDNT]	01 Fear, apprehension, nervousness, pain, dislike going 02 Could not afford/ cost / too Expensive 03 Dentist would not accept my insurance, including Medicaid 04 Do not have / know a dentist 05 Lack transportation / too far away 06 Hours aren't convenient 07 Do not have time 08 Other ailments prevent dental Care 09 Could not get into dentist / clinic 10 Outside issues preventing obtaining treatment 11 Appointment has been or is being Scheduled 12 Dentist refused / unable to provide treatment 13 No insurance 14 Other (specify) 77 Don't know / Not sure 99 Refused	If SA04.03 > 1 (Yes), go to next module. Otherwise, continue.	
SA04.04OT	Other (Specify) [PREGRSNDNTO]	Text Answer	If SA04.04 = 14, continue. Otherwise, go to next module.	

State-Added Module 5: Childhood Influenza (Flu) Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction	I have some additional questions about the Xth child. All the following questions about children will be about the Xth child.		<p>If C08.16 = 88 (No children under age 18 in the household) or 99 (refused), go to next module.</p> <p>If Child's age (CHLDAGE1) is ≥ 6 months, 777777 Don't know/Not sure or 999999 Refused, continue.</p> <p>Otherwise, go to next module.</p> <p>Fill in "Xth" with the selected child number.</p>	
SA05.01	Now I will ask you questions about the seasonal flu. There are two types of flu vaccinations. One is a shot and the other is a spray in the nose. During the past 12 months, has [he/she] had a seasonal flu vaccination? [FLUSHCH2]	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>If M22.02 = 1 (Boy), fill with "he".</p> <p>If M22.02 = 2 (Girl), fill with "she".</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA05.02	During what month and year did [he/she] receive [his/her] most recent seasonal flu vaccination? The seasonal flu vaccination may have been either the flu shot or the flu spray. The flu spray is the flu vaccination that is sprayed in the nose. [RCVFCVCH4]	__/____ Month/Year 77/7777 Don't know / Not sure 99/9999 Refused	If SA05.01 = 2, go to SA05.03. If SA05.01 > 2, go to next module. Otherwise, continue. If M22.02 = 1 (Boy), fill with "he" and "his". If M22.02 = 2 (Girl), fill with "she" and "her".	
SA05.03	What was the MAIN reason [he/she] has not received a flu vaccination for this current flu season? [CHNOFLU]	01 Child does not need it 02 Doctor did not recommend it 03 Did not know that child should be vaccinated 04 Flu is not that serious 05 Child had the flu already this flu season 06 Side effects/can cause flu 07 Does not work 08 Plan to get child vaccinated later this flu season 09 Flu vaccination costs too much 10 Inconvenient to get vaccinated 11 Saving vaccine for people who need it more 12 Tried to find vaccine, but could not get it 13 Not eligible to receive vaccine 14 Other (specify) 15 Have not got around to it/didn't get it	If SA05.01 = 2 (No), go to continue. Otherwise, go to next module. If M22.02 = 1 (Boy), fill with "he". If M22.02 = 2 (Girl), fill with "she".	Interviewer Note: Select ONE category that "best" mates. Do not read answer choices.

		16 Parent does not believe/approve or is against flu shots		
		17 Age is too young		
		18 Decision left to child who refused		
		77 Don't know / Not sure (Probe: "What was the <u>main</u> reason?")		
		99 Refused		
Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA05.03OT	Other (Specify) [CHNOFLUOT]	Text Answer	If SA05.03 = 14, continue. Otherwise, go to next module.	

State-Added Module 6: Adolescent Meningococcal (MENACWY) Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA06.01	A vaccine to prevent some types of meningitis caused by bacteria is available. Has this child ever received the meningococcal vaccination? [MENCALVAC1]	1 Yes	If C08.16 = 88 (No children under age 18 in the household) or 99 (refused), go to next module. If Child's age (CHLDAGE2) is 11 to 17 years, 777777 Don't know/Not sure or 999999 Refused, continue. Otherwise, go to next module.	
		2 No		
		3 Doctor refused when asked		
		7 Don't know / Not sure		
		9 Refused		
SA06.02	How many meningococcal shots did [he/she] receive? [MENSHOT]	__ _ Number of shots	If SA06.01 = 2, go to SA06.03. If SA06.01 > 2, go to next module. Otherwise, continue.	
		03 All shots		
		77 Don't know / Not sure		
		99 Refused		

			If M22.02 = 1 (Boy), fill with "he". If M22.02 = 2 (Girl), fill with "she".	
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Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA06.03	What was the MAIN reason [he/she] has not received the meningococcal vaccination? [MENNOVAC]	01 Child does not need it	If SA06.01 = 2 (No), continue.	Interviewer Note: Select ONE category that “best” mates. Do not read answer choices.
		02 Doctor did not recommend it		
		03 Did not know that child should be vaccinated	Otherwise, go to next module.	
		04 Side effects	If M22.02 = 1 (Boy), fill with “he”.	
		05 Does not work		
		06 Plan to get child vaccinated later	If M22.02 = 2 (Girl), fill with “she”.	
		07 Vaccination costs too much		
		08 Inconvenient to get vaccinated		
		09 Saving vaccine for people who need it more		
		10 Tried to find vaccine, but could not get it		
		11 Not eligible to receive vaccine		
		12 Not required for school		
		13 Other (specify)		
		14 Have not got around to it/didn’t get it		
		15 Parent does not believe/approve or is against Meningococcal shots		
16 Age is too young				
17 Decision left to child who refused				
77 Don’t know / Not sure (Probe: “What was the <u>main</u> reason?”)				
99 Refused				
SA06.03OT	Other (Specify) [MENNOVACOT]	Text Answer	If SA06.03 = 13, continue. Otherwise, go to next module.	

State-Added Module 7: Adolescent Tetanus-Diphtheria-Pertussis (TDap) Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction	The tetanus booster shot we're asking about is different from the DTap, DT or DTP shots, which children usually receive for the age of six. This tetanus booster is required for school entry for 7 th & 8 th grade students and is called TDap.		If C08.16 = 88 (No children under age 18 in the household) or 99 (refused), go to next module. If Child's age (CHLDAGE2) < 11, 777777 Don't know/Not sure or 999999 Refused, go to next module. Otherwise, continue.	
SA07.01	In the last 10 years has your child received a tetanus shot? [CHTNSARCV1]	1 Yes 2 No 3 Doctor refused when asked 7 Don't know / Not sure 9 Refused		
SA07.02	Was this tetanus shot TDap, the tetanus shot that also has pertussis or whooping cough vaccine? [CHTNSASHT2]	01 Yes, received TDap 02 Yes, received the tetanus shot, but not TDap 03 Yes, received the tetanus shot, but not sure what type 04 No 77 Don't know / Not sure 99 Refused	If SA07.01 = 2, go to SA07.03. If SA07.01 > 2, go to next module. Otherwise, continue.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA07.03	What was the MAIN reason [he/she] has not received the tetanus, diphtheria, pertussis vaccination? [ADTDAPNO]	01 Child does not need it 02 Doctor did not recommend it 03 Did not know that child should be vaccinated 04 Side effects 05 Does not work 06 Plan to get child vaccinated later 07 Vaccination costs too much 08 Inconvenient to get vaccinated 09 Saving vaccine for people who need it more 10 Tried to find vaccine, but could not get it 11 Not eligible to receive vaccine 12 Other (specify) 13 Parent does not believe/approve 14 Age it too young 77 Don't know / Not sure (Probe: "What was the main reason?") 99 Refused	If SA07.02 = 2 (No), continue. Otherwise, go to next module. If (M22.02 = 1 (Boy), fill with "he". If M22.02 = 2 (Girl), fill with "she".	Interviewer Note: Select ONE category that "best" mates. Do not read answer choices.
SA07.03OT	Other (Specify) [ADTDAPOT]	Text Answer	If SA07.03 = 12, continue. Otherwise, go to next module.	

State-Added Module 8: Adolescent Human Papilloma Virus (HPV) Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA08.01	A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Gardasil or Cervarix/or Gardasil]. Has this child EVER had an HPV vaccination? [HPVCHVC]	1 Yes	If C08.16 = 88 (No children under age 18 in the household) or 99 (refused), go to next module. If Child's age (CHLDAGE2) < 11, 777777 Don't know/Not sure or 999999 Refused, go to next module. Otherwise, continue.	Interviewer Note: Pronunciation Keys: Human Papilloma Virus (Human Pap-uh-loh-muh Virus) Gardasil (Gar-duh· seel) Cervarix (Serv a rix)
		2 No		
		3 Doctor refused when asked		
		7 Don't know / Not sure		
		9 Refused		
SA08.02	How many HPV shots did [he/she] receive? [HPVCHSHT]	__ Number of shots	If SA08.01 = 2, go to SA08.03. If SA08.01 > 2, go to next module. Otherwise, continue. If M22.02 = 1 (Boy), fill with "he". If M22.02 = 2 (Girl), fill with "she".	
		03 All shots		
		77 Don't know / Not sure		
		99 Refused		
SA08.03	What was the MAIN reason [he/she] has not received the HPV vaccination? [CHNOHPV1]	01 Child does not need it	If SA08.01 = 2 (No), continue Otherwise, go to next module. If M22.02 = 1 (Boy), fill with "he". If M22.02 = 2 (Girl), fill with "she".	Interviewer Note: Select ONE category that "best" mates. Do not read answer choices.
		02 Doctor did not recommend it		
		03 Child not sexually active		
		04 Did not know that child should be vaccinated		
		05 HPV is not that serious		
		06 Side effects		
		07 Does not work		
		08 Plan to get child vaccinated later		
		09 HPV vaccination costs too much		
		10 Inconvenient to get vaccinated		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA08.03 continued		11 Saving vaccine for people who need it more		
		12 Tried to find vaccine, but could not get it		
		13 Not eligible to receive vaccine		
		14 Not required for school		
		15 Other (specify)		
		16 Parent does not believe/approve or is against HPV shots		
		17 Age is too young		
		18 Do not trust vaccine		
		19 Needs more information about vaccine		
		20 Decision left to child who refused		
		77 Don't know / Not sure (Probe: "What was the main reason?")		
99 Refused				
SA08.03OT	Other (Specify) [CHNOHPVOT]	Text Answer	If SA07.03 = 15, continue. Otherwise, go to next module.	

State-Added Module 9: Health Literacy

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA09.01	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 very easy, somewhat easy, somewhat difficult or very difficult? [MEDADVIC]	Please read:		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
		1 Very easy		
		2 Somewhat easy		
		3 Somewhat difficult		
		4 Very difficult		
		Do not read:		
		5 I don't look for health information		

		7 Don't know / Not sure		respondent still doesn't understand, interviewer can say: "You can think about any source of health or medical advice or information."
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA09.02	How difficult is it for you to understand information that doctors, nurses and other health professionals tell you? Would you say it is very easy, somewhat easy, somewhat difficult or very difficult? [UNDRSTND]	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		
SA09.03	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 very easy, somewhat easy, somewhat difficult or very difficult? [WRITTEN]	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		

State-Added Module 10: Arthritis Management

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA10.01	Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you today? [ARTTODAY]	Please read: 1 I can do everything I would like to do 2 I can do most things I would like to do 3 I can do some things I would like to do 4 I can hardly do anything I would like to do Do not read: 7 Don't know / Not sure 9 Refused	If C06.09 > 1, go to next module. Otherwise, continue.	
SA10.02	Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms? [ARTHWGT]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA10.03	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms? [ARTHEXER]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Interviewer Note: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.
SA10.04	Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms? [ARTHEDU]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		

State-Added Module 11: Opioid Use Disorder

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)					
SA11.01	Naloxone, also called Narcan, is a medication that can reverse overdoses from prescription narcotics or heroin. Have you ever heard of this medication? [NALOX1]	<table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 No</td></tr> <tr><td>7 Don't know / Not sure</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused		Interviewer Note: Naloxone is pronounced Na-lahx-own.	
1 Yes									
2 No									
7 Don't know / Not sure									
9 Refused									
Introduction Text	The following questions concern information about your possible involvement with prescription narcotics during the past 12 months. We only want to know about prescription narcotics NOT medication that is available over the counter, such as aspirin, Tylenol, Ibuprofen, Advil, or Aleve. Examples of prescription narcotics that we ARE interested in include Vicodin, Hydrocodone, Lortab, Percocet, OxyContin, Oxycodone, Ultram, Tramadol, Tylenol with Codeine, Opana, and Dilaudid.								
SA11.02	In the past year, has your doctor prescribed to you any prescription narcotics? [DOCPRENY2]	<table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 Yes, I'm taking prescription pain medication as part of a treatment program</td></tr> <tr><td>3 No</td></tr> <tr><td>7 Don't know / Not sure</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Yes	2 Yes, I'm taking prescription pain medication as part of a treatment program	3 No	7 Don't know / Not sure	9 Refused		
1 Yes									
2 Yes, I'm taking prescription pain medication as part of a treatment program									
3 No									
7 Don't know / Not sure									
9 Refused									

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA11.03	<p>The last time you filled a prescription narcotic did you use any of your medication more frequently or in higher doses than directed by a doctor? [PRESHIGH]</p>	<p>1 Yes 2 No 7 Don't know / Not sure 9 Refused</p>	<p>If SA11.02 = 1 (Yes), continue. If SA11.02 = 2 (Yes...as part of a treatment program for opioid dependency), go to next section. Otherwise, go to SA11.04.</p>	
SA11.04	<p>In the past year, did you use any prescription narcotics that were NOT prescribed specifically to you by a doctor? We only want to know about prescription narcotics NOT medication that is available over the counter. Do NOT include any prescription narcotic medications prescribed to you. [NOTRXDRGUSE1]</p>	<p>1 Yes, I took it to relieve my pain 2 Yes, I took it for the feeling or experience it caused 3 No 7 Don't know / Not sure 9 Refused</p>		<p>Interviewer Note: We only want to know about use of prescription narcotic medications NOT prescribed to the respondent.</p>

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA11.05	From whom did you obtain the prescription narcotic? We are referring to the last time you used prescription narcotics not available over the counter and not prescribed specifically for you. [OBTRXDRGFRM]	1 From a friend or relative	If SA11.04 = 1 (Yes, I took it to relieve my pain) or 2 (Yes, I took it for the feeling or experience it caused), continue. If SA11.04 > 2 & SA11.03 = 1(Yes), go to SA11.06. Otherwise, go to next module.	
		2 From an acquaintance		
		3 From a street dealer or other person I did not know		
		4 Online		
		5 Other (specify)		
		7 Don't know / Not sure		
		9 Refused		
SA11.05OT	Other (Specify) [OBTRXDRGFRMO]	Text Answer	If SA11.05 = 5, continue. Otherwise, go to SA11.06	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA11.06	<p>I am going to read you a list of situations about your use of prescription narcotics in the past 12 months. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.</p> <p>In the past 12 months have you ever...</p> <ul style="list-style-type: none"> • Wanted to cut down or quit taking prescription narcotics, • Felt sick after you stopped taking it, • Continued using in spite of physical, emotional, or social problems caused by your use of prescription narcotics? <p>[PRESNDEC1]</p>	<p>1 One</p> <p>2 Two or more</p> <p>3 None</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA11.07	<p>(I am going to read you a list of situations about your use of prescription narcotics in the past 12 months. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.)</p> <p>In the past 12 months have you ever...</p> <ul style="list-style-type: none"> • Had to increase the amount of prescription narcotics used to get the same effect, • Taken more than intended, • Experienced a strong urge to take it? <p>[PRESNINC]</p>	<p>1 One</p> <p>2 Two or more</p> <p>3 None</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>	<p>If SA11.06 = 2 (Two or more), go to next module.</p> <p>Otherwise, continue.</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA11.08	<p>(I am going to read you a list of situations about your use of prescription narcotics in the past 12 months. When I am done, please tell me how many of the situations apply to you. You do not need to tell me which ones.)</p> <p>In the past 12 months have you ever...</p> <ul style="list-style-type: none"> • Spent lots of time taking, obtaining, or recovering from taking prescription narcotics, • Given up important activities due to continued use, • Recurrently used prescription narcotics in physically hazardous situations, • Failed to fulfill major role obligations due to prescription narcotic use? <p>[PRESNTIM]</p>	<p>1 One</p> <p>2 Two or more</p> <p>3 None</p> <p>7 Don't know / Not sure</p>	<p>If SA11.07 = 2 (Two or more), go to next module.</p> <p>If SA11.07 = 1 (One) and SA11.06 = 1 (One), go to next module.</p> <p>Otherwise, continue.</p>	
<p>9 Refused</p>				

CDC Optional Module 21: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)						
Introduction Text	The next two questions are about sexual orientation and gender identity.									
M21.01a	Which of the following best represents how you think of yourself? [SOMALE]	<table border="1"> <tr><td>1 Gay</td></tr> <tr><td>2 Straight, that is, not gay</td></tr> <tr><td>3 Bisexual</td></tr> <tr><td>4 Something else</td></tr> <tr><td>7 I don't know the answer</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Gay	2 Straight, that is, not gay	3 Bisexual	4 Something else	7 I don't know the answer	9 Refused	<p>If C08.02 = 1 (Male), continue.</p> <p>Otherwise, go to M21.01b.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
1 Gay										
2 Straight, that is, not gay										
3 Bisexual										
4 Something else										
7 I don't know the answer										
9 Refused										
M21.01b	Which of the following best represents how you think of yourself? [SOFEMALE]	<table border="1"> <tr><td>1 Lesbian or Gay</td></tr> <tr><td>2 Straight, that is, not gay</td></tr> <tr><td>3 Bisexual</td></tr> <tr><td>4 Something else</td></tr> <tr><td>7 I don't know the answer</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Lesbian or Gay	2 Straight, that is, not gay	3 Bisexual	4 Something else	7 I don't know the answer	9 Refused	<p>CATI: If C08.02 = 2 (Female), continue.</p> <p>Otherwise, go to M21.02.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
1 Lesbian or Gay										
2 Straight, that is, not gay										
3 Bisexual										
4 Something else										
7 I don't know the answer										
9 Refused										

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M21.02	<p>Do you consider yourself to be transgender? [TRNSGNDR]</p> <p>If “yes”, ask (include number in answer choice): “Do you consider yourself to be: 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?”</p>	<p>1 Yes, Transgender, male-to-female</p> <p>2 Yes, Transgender, female to male</p> <p>3 Yes, Transgender, gender nonconforming</p> <p>4 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>		<p>Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming, read: “Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. “</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>

Closing Statement

Read	CATI instructions (not read)	Interviewer Notes
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.		

ANSI Code

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
C08.09A	Enter ANSI (3-digit county number)	<table border="1"> <tr> <td data-bbox="680 646 1228 686">___ ANSI County Code</td> </tr> <tr> <td data-bbox="680 686 1228 760">888 Not KS County (Only used in Cell Phone Interview)</td> </tr> <tr> <td data-bbox="680 760 1228 800">777 Don’t know / Not sure</td> </tr> <tr> <td data-bbox="680 800 1228 928">999 Refused</td> </tr> </table>	___ ANSI County Code	888 Not KS County (Only used in Cell Phone Interview)	777 Don’t know / Not sure	999 Refused		<p>The interviewer will be asked to answer this question after the closing statement is read to the respondent.</p> <p>If a Cell Phone interview and respondent is not from Kansas, please enter 888.</p>
___ ANSI County Code								
888 Not KS County (Only used in Cell Phone Interview)								
777 Don’t know / Not sure								
999 Refused								

**NOTE: FROM THIS POINT FORWARD,
Respondents are randomly assigned to questionnaire Part A or Part B from this point forward.**

Part B: CDC Optional/State-Added Modules

(Asked of Respondents Assigned to QstVer = 12 or 22)

CDC Optional Module 1: Pre-Diabetes [Asked in Core of Respondents Assigned to Part B]

(Per CDC Guidance, this module is be asked in the Core after C16.1, if respondent is eligible to be asked this module.)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years? [PDIABTST]	1 Yes	If Cell Phone (CState1 = 2) OR QSTVER = 11 or 21, go to Core Section 7: Oral Health. If Section C06.12 = 1 (Yes), go to Core Section 7: Oral Health. Otherwise, continue.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes? [PREDIAB1]	1 Yes	If C06.12 = 4 (No, pre-diabetes or borderline diabetes), system will automatically code M01.02 = 1 (Yes).	If Yes and respondent is female, ask: "Was this only when you were pregnant?"
		2 Yes, during pregnancy		
		3 No		
		7 Don't know / Not sure		
		9 Refused		

CDC Optional Module 6: E-Cigarettes [Asked in Core of Respondents Assigned to Part B]

(Approval received from Carol Pierannunzi and Ken Laliberte of CDC to ask this module after the CDC Core Section 9: Tobacco Use and State-Added Module 23: Menthol Cigarette Use. 10/30/2017)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M06.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life? [ECIGARET]	1 Yes	If Cell Phone (CState1 = 2) OR QSTVER = 11 or 21, go to Core Section 10: Alcohol Consumption. Otherwise, continue.	Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy. Interviewer note: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M06.02	Do you now use E-cigarettes or other electronic vaping products every day, some days, or not at all? [ECIGNOW]	1 Every day	If M06.01 > 1, go Core Section 10: Alcohol Consumption Otherwise, continue.	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.
		2 Some days		
		3 Not at all		
		7 Don't know / Not sure		
		9 Refused		

State-Added Module 12: Diabetes Risk Assessment

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA12.01	Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives. Do not include adoptive or those related only by marriage. [FAMDIAB (MOMDIAB, DADDIAB, BRODIAB, SISDIAB, NONEDIAB)]	Please read: 1 Mother 2 Father 3 Brothers 4 Sisters 5 No one Do not read: 7 Don't know / Not sure 9 Refused		Interviewer note: Include had-brother(s) and half-sister(s). More than one option may be selected. [Mark all that apply]
SA12.02	Have you had a baby weighing more than 9 pounds at birth? [BABY9WGT]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If C08.02 = 1 (Male), go to next module. Otherwise, continue.	

State-Added Module 13: Lifestyle Change Behaviors to Prevent or Control Diabetes

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text Option 1	Earlier you stated that you had been diagnosed with diabetes . Are you now doing any of the following to help manage your diabetes ?		CATI: If C06.12 = 4 (No, prediabetes or borderline diabetes) OR M01.02 = 1 (Yes), go to Introduction Text Option 2. Otherwise, go to next module.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA13.01 Option 1	Are you changing your eating habits to help manage your diabetes? [UCHNGEATDB]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA13.02 Option 1	(Are you) exercising (to help manage your diabetes)? [UEXERDB]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
Introduction Text 2 Option 1	Has a doctor or other health professional ever advised you to do any of the following to help manage your diabetes.			
SA13.03 Option 1	Ever advised you to change your eating habits to help manage your diabetes? [DRCHNGEATDB]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA13.04 Option 1	(Ever advised you to) exercise (to help manage your diabetes?) [DREXERDB]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA13.05 Option 1	Have you ever taken a course or class in how to manage your diabetes? [DIABEDU]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
			Go to next module.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text Option 2	Earlier you stated that you had been diagnosed with prediabetes or borderline diabetes. Are you now doing any of the following to help prevent your diabetes?		If C06.12 = 1 (Yes), go to next module. Otherwise, continue.	
SA13.01 Option 2	Are you changing your eating habits to help prevent your diabetes? [UCHNGEATDB]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA13.02 Option 2	(Are you) exercising (to help manage your diabetes?)? [UEXERDB]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
Introduction Text 2 Option 2	Has a doctor or other health professional ever advised you to do any of the following to help prevent your diabetes.			
SA13.03 Option 2	Ever advised you to change your eating habits to help prevent your diabetes? [DRCHNGEATDB]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA13.04 Option 2	(Ever advised you to) exercise (to help prevent your diabetes?) [DREXERDB]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA13.05 Option 2	Have you ever taken a course or class in how to prevent your diabetes? [DIABEDU]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

State-Added Module 14: Hypertension Medication Adherence

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA14.01	Not including over the counter (OTC) medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost? [NOMEDCOST]	1 Yes 2 No Do no read: 3 No medication was prescribed 7 Don't know / Not sure 9 Refused		Interviewer Note: This refers to any prescribed medication.
SA14.02	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? [HIGHBP5]	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline high or pre-hypertensive 7 Don't know / Not sure 9 Refused	If respondent says borderline high or pre-hypertensive, use response code 4.	Read only if necessary: By "other health professional", we mean a nurse practitioner, a physician's assistant, or some other licensed health professional. Interviewer Note: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA14.03	Are you currently taking medicine for your high blood pressure? [BPMEDS]	1 Yes	If SA14.02 = 1 (Yes), continue. Otherwise, go to next module.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA14.04	Has a doctor, nurse, or other health professional EVER talked with you about the advantages of taking your high blood pressure medication as prescribed? [DRADVHPBMED]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA14.05	Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of not taking your high blood pressure medication as prescribed? [DRDADHPBMED]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA14.06	Have you EVER received instructions from a doctor, nurse, or other health professional about how to correctly take your high blood pressure medication? [DRINSTRHPBMD]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA14.07	Were these instructions written down or printed on paper for you? [PRNTINSTHPBMD]	1 Yes	If SA14.06 > 1, go to next module. Otherwise, continue.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		

State-Added Module 15: Action to Control High Blood Pressure

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text	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?		If SA14.02 = 1 (Yes), continue. Otherwise, go to next module.	
SA15.01	Ever advised you to change your eating habits to help lower or control your high blood pressure? [BPEATADV2]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
SA15.02	(Ever advised you to) cut down on salt (to help lower or control your high blood pressure)? [BPSLTADV2]	1 Yes		
		2 No		
		3 Do not use salt		
		7 Don't know / Not sure		
		9 Refused		
SA15.03	(Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)? [BPALCADV]	1 Yes		
		2 No		
		3 Do not drink		
		7 Don't know / Not sure		
		9 Refused		
SA15.04	(Ever advised you to) exercise (to help lower or control your high blood pressure)? [BPEXRADV]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA15.05	Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure? [BPHI2MR]	1 Yes 2 Yes, but female told only during pregnancy 3 No 4 Told borderline or pre-hypertensive 7 Don't know / Not sure 9 Refused		Interviewer Instruction: If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

State-Added Module 16: Worksite Wellness

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA16.01	Which of the following best describes your experience with employer-provided wellness or health promotion programs? [EMPLRWELL]	Read: 1 I have participated in my employer's wellness program in the past year 2 My employer has a wellness program, but I have not participated in the past 3 My employer does not offer a wellness program Do not read: 7 Don't Know / Not sure 9 Refused	If C08.15 = 1 (Employed for wages) or 2 (Self-employed), continue. Otherwise, go to next module.	Interviewer Note: Worksite wellness program include wellness coaching, fitness challenges, biometric screenings, weight management programs and on-site fitness programs.

State-Added Module 17: Doctor Discussion on Breast Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text	There are a number of screening tests for breast cancer. Some examples of these screening tests are a breast self-exam (BSE), a breast physical exam or a mammogram.		If C08.01 = 2 (Female), continue. Otherwise, go to next module.	
SA17.01	Has a nurse, doctor or other health care professional EVER discussed with you any kind of screening test to check for breast cancer? [DRDISCSCRTST]	1 Yes 2 No 7 Don't know /Not sure 9 Refused		

State-Added Module 18: Unable to Obtain Cancer Screening Due to Cost

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
Introduction Text	Your doctor may have recommended a screening test or exam for cancer. There are a number of types; some examples of these screenings are a mammogram, a pap test, a low dose CT scan for lung cancer, a PSA (Prostate Specific Antigen) test, a sigmoidoscopy, a colonoscopy, or a blood stool test also known as a FOBT.							
SA18.01	Was there a time in the past 12 months when you needed a recommended cancer screening test or exam but could not get it because of cost? [CANOSCRNCOST]	<table border="1"> <tr> <td data-bbox="617 837 955 878">1 Yes</td> </tr> <tr> <td data-bbox="617 878 955 919">2 No</td> </tr> <tr> <td data-bbox="617 919 955 959">7 Don't know / Not sure</td> </tr> <tr> <td data-bbox="617 959 955 1000">9 Refused</td> </tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused		
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								

State-Added Module 19: Unable to Obtain Cancer Diagnostic Testing Due to Cost

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
Introduction Text	There are a number of types of diagnostic tests for cancer. Some examples of these tests are an ultrasound, polyp removal, fine needle aspiration or a biopsy.							
SA19.01	During the past 12 months, has a doctor, nurse, or other health professional recommended that you have a diagnostic test for cancer? [DRDISDIAGTST]	<table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 No</td></tr> <tr><td>7 Don't know / Not sure</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused		
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								
SA19.02	Was there a time in the past 12 months when you needed a recommended cancer diagnostic test but could not get it because of cost? [CANODIAGCOST]	<table border="1"> <tr><td>1 Yes</td></tr> <tr><td>2 No</td></tr> <tr><td>7 Don't know / Not sure</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused	<p>If SA19.01 > 1, go to next module.</p> <p>Otherwise, continue.</p>	
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								

CDC Optional Module 14: Cancer Survivorship

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text	You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.		If C06.06 or C06.07 = 1 (Yes) or C15.06 = 4 (Because you were told you had prostate cancer) continue, else go to next module. Otherwise, go to next module.	
M14.01	How many different types of cancer have you had? [CNCRDIF]	1 Only one 2 Two 3 Three or more 7 Don't know / Not sure 9 Refused		
M14.02	If M14.01 = 1 (Only one), ask: At what age were you told that you had cancer? If M14.01 = 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? [CNCRAGE]	__ Age in Years [97 = 97 and older] 98 Don't know/ Not sure 99 Refused	If M14.01 = 7 (Don't know/Not sure) or 9 (Refused), go to next module.	Read if necessary: This question refers to the first time they were told about their first cancer.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M14.03	<p>If C06.06 = 1 (Yes) and M14.01 = 1 (Only one), ask: Was it Melanoma or other skin cancer?</p> <p>If M14.01 = 2 (Two) or M14.01 = 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?</p> <p>If M14.01 = 1 (Only one), ask: What type of cancer was it?</p> <p>[CNCRTYP1]</p>	<p>Read only if respondent needs prompting for cancer type [1-30]:</p> <p>Breast 01 Breast cancer</p> <p>Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix) 03 Endometrial cancer (cancer of the uterus) 04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck 05 Head and neck cancer 06 Oral cancer 07 Pharyngeal (throat) cancer 08 Thyroid 09 Larynx</p> <p>Gastrointestinal 10 Colon (intestine) cancer 11 Esophageal (esophagus) 12 Liver cancer 13 Pancreatic (pancreas) cancer 14 Rectal (rectum) cancer 15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow) 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma</p>	<p>CATI: If Melanoma, then select code 21.</p> <p>If other skin cancer, then select code 22.</p> <p>If C16.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one), then select code 19.</p>	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M14.03 continued		Male reproductive 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer Thoracic 23 Heart 24 Lung Urinary cancer 25 Bladder cancer 26 Renal (kidney) cancer Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused		
M14.04	Are you currently receiving treatment for cancer? [CSRVRT2]	Read if necessary: 1 Yes 2 No, I've completed treatment 3 No, I've refused treatment 4 No, I haven't started treatment Do not read: 7 Don't know / Not sure 9 Refused		Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M14.05	What type of doctor provides the majority of your health care? Is it a...? [CSRVD0C1]	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused	If M14.04 = 2(No, I've completed treatment), continue. Otherwise, go to next module.	If the respondent requests clarification of this question, say: "We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.)." Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.
M14.06	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received? [CSRVSUM]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.
M14.07	Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer? [CSRVRTRN]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M14.08	Were these instructions written down or printed on paper for you? [CSRVINST]	1 Yes	If M14.07 = 1 (Yes), continue.	
		2 No		
		7 Don't know / Not sure	Otherwise, go to next module.	
		9 Refused		
M14.09	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment? [CSRVINSR]	1 Yes		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M14.10	Were you ever denied health insurance or life insurance coverage because of your cancer? [CSRVDEIN]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M14.11	Did you participate in a clinical trial as part of your cancer treatment? [CSRVCLIN]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		
M14.12	Do you currently have physical pain caused by your cancer or cancer treatment? [CSRVPAIN]	1 Yes		
		2 No		
		7 Don't know / Not sure		
		9 Refused		

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M14.13	Would you say your pain is currently under control...? [CSRVCTL1]	Read:	If M14.12 = 1 (Yes), continue. Otherwise, go to next module.	
		1 With medication (or treatment)		
		2 Without medication (or treatment)		
		3 Not under control, with medication (or treatment)		
		4 Not under control, without medication (or treatment)		
		Do not read:		
		7 Don't know / Not sure		
9 Refused				

State-Added Module 20: Financial Hardship Due to Cancer

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA20.01	Have you ever experienced financial hardship, such as borrowing money or going into debt because of your cancer, its treatment or the lasting effects of that treatment? [CAFINCDEBT]	1 Yes	If C06.06 = 1 (Yes), C06.07 = 1 (Yes) or C15.06 = 4 (Because you were told you had prostate cancer), continue. Otherwise, go to next module.	
		2 No		
		7 Don't know / Not sure		
		9 Refused		

State-Added Module 21: Current Use of Other Tobacco Products

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA21.01	During the past 30 days, have you smoked any of these types of tobacco products? [OTRTOBPROD (CIGARS, CIGARILLOS, HOOKAH, PIPE, BIDIS, OTRTOB)]	Read: 01 Full-sized cigars 02 Cigarillos or small cigars 03 Tobacco in a hookah or water pipe 04 Tobacco in a pipe 05 Bidis (small, thin, hand-rolled cigarettes) 06 Other (Specify) Do not read: 88 None 77 Don't know / Not sure 99 Refused		CHECK ALL THAT APPLY
SA21.01OT	[OTRTOBPRODOT]	Text Response	If SA21.01 = 06 (Other), continue. Otherwise, go to next module.	

State-Added Module 22: Quitline Awareness

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
Introduction Text	A telephone Quitline is a free telephone-based service that connects people who use tobacco with someone who can help them quit.			

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)				
SA22.01	Are you aware of any telephone Quitline services that are available to help [Fill: "you" or "people"] quit using tobacco? [QTLINAWRNT2]	<table border="1"> <tr> <td data-bbox="617 220 957 253">1 Yes</td> </tr> <tr> <td data-bbox="617 253 957 285">2 No</td> </tr> <tr> <td data-bbox="617 285 957 318">7 Don't know / Not sure</td> </tr> <tr> <td data-bbox="617 318 957 703">9 Refused</td> </tr> </table>	1 Yes	2 No	7 Don't know / Not sure	9 Refused	<p>If C09.02 (cigarettes) = 1 (Everyday) or 2 (Somedays) OR If C09.05 (chew, snuff or snus) = 1 (Everyday) or 2 (Somedays) OR If M06.02 (e-cigarettes) = 1 (Everyday) or 2 (Somedays) OR If SA22.01 (other tobacco products) = 1-6 or any combination, Fill with "you".</p> <p>Otherwise, fill with "people".</p>	
1 Yes								
2 No								
7 Don't know / Not sure								
9 Refused								

State-Added Module 23: Provider Advice and Assistance for Tobacco Use Cessation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
			If C09.02 = 1(Everyday) or 2(Some days) OR If C09.2 = 3(Not at all) & Q9.4 = 01-04 (within the past year) OR If C09.05 = 1(Everyday) or 2(Some days) OR M06.02 (e-cigarettes) = 1(Everyday) or 2(Some days) OR If SA22.01 (other tobacco products) = 1-6 or any combination, continue. Otherwise, go to next module.	
SA23.01	In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products? [DRADVQTSMK]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		
SA23.02	The last time a health professional advised you to quit using tobacco, did they also offer any assistance, information, or additional advice to help you quit? [DROFRCSAID]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If SA23.01 = 1 (Yes), continue. Otherwise, go to next module.	

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA23.03	Did the health care professional recommend or prescribe a nicotine patch, nicotine gum, lozenges, nasal spray, an inhaler, or pills such as Wellbutrin, Zyban, bupropion, Chantix, or varenicline? [TOBCESAIDS]	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Interviewer Instruction: Please read the list above slowly. Interviewer Note: Protonation: "Wellbutrin" as Well BYOU trin, "Zyban" as Z EYE ban, "BU PRO PRI ON" as byou pro pri on, "Chantix" as SHAN tix, "Varenicline" as var en ih clean.

State-Added Module 24: Awareness of Medicaid for NRT

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
SA24.01	Are you aware that nicotine cessation medications are available to adult Kansans enrolled in KanCare, the Kansas Medicaid Program? [MEDCARNRT]	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If SA01Q01 = 4 (Medicaid or KanCare), continue. Otherwise, go to next module.	

CDC Optional Module 21: Sexual Orientation and Gender Identity (SOGI)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)						
Introduction Text	The next two questions are about sexual orientation and gender identity.									
M21.01a	Which of the following best represents how you think of yourself? [SOMALE]	<table border="1"> <tr><td>1 Gay</td></tr> <tr><td>2 Straight, that is, not gay</td></tr> <tr><td>3 Bisexual</td></tr> <tr><td>4 Something else</td></tr> <tr><td>7 I don't know the answer</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Gay	2 Straight, that is, not gay	3 Bisexual	4 Something else	7 I don't know the answer	9 Refused	<p>If C08.02 = 1 (Male), continue.</p> <p>Otherwise, go to M21.01b.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
1 Gay										
2 Straight, that is, not gay										
3 Bisexual										
4 Something else										
7 I don't know the answer										
9 Refused										
M21.01b	Which of the following best represents how you think of yourself? [SOFEMALE]	<table border="1"> <tr><td>1 Lesbian or Gay</td></tr> <tr><td>2 Straight, that is, not gay</td></tr> <tr><td>3 Bisexual</td></tr> <tr><td>4 Something else</td></tr> <tr><td>7 I don't know the answer</td></tr> <tr><td>9 Refused</td></tr> </table>	1 Lesbian or Gay	2 Straight, that is, not gay	3 Bisexual	4 Something else	7 I don't know the answer	9 Refused	<p>CATI: If C08.02 = 2 (Female), continue.</p> <p>Otherwise, go to M21.02.</p>	<p>Read if necessary: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>
1 Lesbian or Gay										
2 Straight, that is, not gay										
3 Bisexual										
4 Something else										
7 I don't know the answer										
9 Refused										

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
M21.02	<p>Do you consider yourself to be transgender? [TRNSGNDR]</p> <p>If “yes”, ask (read number with answer choice): Do you consider yourself to be:</p> <ol style="list-style-type: none"> 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?” 	<p>1 Yes, Transgender, male-to-female</p> <p>2 Yes, Transgender, female to male</p> <p>3 Yes, Transgender, gender nonconforming</p> <p>4 No</p> <p>7 Don’t know/not sure</p> <p>9 Refused</p>		<p>Read if necessary: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.</p> <p>If asked about definition of gender non-conforming, read: “Some people think of themselves as gender non-conforming when they do not identify only as a man or only as a woman. “</p> <p>Interviewer Note: Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>

Closing Statement

Read	CATI Instructions (not read)	Interviewer Notes
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.		

ANSI Code

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)
C08.09A	Enter ANSI (3-digit county number)	__ _ ANSI County Code		The interviewer will be asked to answer this question after the closing statement is read to the respondent. If a Cell Phone interview and respondent is not from Kansas, please enter 888.
	[CTYCODE2]	888 Not KS County (only used in Cell Phone Interview)		
		777 Don't know / Not sure		
		999 Refused		