

2018 BRFSS Data Collection Protocol with Disposition Table

November 28, 2017



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Introduction

In 1984, the Centers for Disease Control and Prevention (CDC) initiated the state-based Behavioral Risk Factor Surveillance System (BRFSS)—a cross-sectional telephone survey that state health departments conduct monthly over landline telephones and, since 2011, cell phones; the states conduct the BRFSS survey with the use of a standardized questionnaire and the technical and methodologic assistance from CDC. BRFSS collects prevalence data among noninstitutionalized adult US residents regarding their risk behaviors and preventive health practices that can affect their health. Respondent data are forwarded to CDC to be aggregated for each state, returned with standard tabulations, and published at year's end by each state. In 2016, over 450,000 interviews were conducted in the states, the District of Columbia, and participating US territories and other geographic areas.

This document provides data collectors with a BRFSS overview and outlines the processes involved with calling, disposition-code assignment, and data submission. This document does not cover details of sampling and weighting, as they are not data-collectors' responsibility. Specific information regarding data quality, response and/or cooperation rates, or calling outcome can be found in the yearly Summary Data Quality Report released with the annual data set.

Find yearly data and support documents here: http://www.cdc.gov/brfss/data_documentation/index.htm.

Details of the data collection process are discussed in regularly scheduled conference calls and at the annual BRFSS meetings/training workshops. BRFSS encourages data collectors to participate in these events, as updating BRFSS data-collection protocol is a collective process that is strengthened when organizations and day-to-day stakeholders provide their input.

The BRFSS Process

The BRFSS questionnaire was developed in collaboration with CDC and public health departments in each of the states, the District of Columbia, and participating territories. Data derived from the questionnaire provide health departments, public health officials, and policy makers with behavioral and health status information that, when combined with mortality and morbidity statistics, guide the development of health-related policies and priorities as well as help decision makers address and assess strategies to promote good health. A finalized version of the questionnaire is sent to the states each year. CDC also provides computer-assisted telephone interviewing (CATI) programming to states, but they may opt to use their own CATI programming software using the final version of the BRFSS questionnaire as a guide. States may not change the skip patterns or wording of questions in the questionnaire but are free to create state-added questions that can be customized to states' individual needs (see below). In some instances, states may insert state-added questions into the questionnaire--with permission from CDC--when such questions fit into the context of extant topics/sections and do not impede the flow of the interview. Requests should be submitted to the state project officer or the survey methodologist on the Survey Operations Team.

Annual questionnaire construction

The BRFSS questionnaire is comprised of an **annual standard core**, which includes questions asked of respondents each year; a **biannual rotating core**, which includes questions asked only in even- or odd-numbered years; **optional modules**, which include standardized questions adopted verbatim by the states; and **state-added questions**, which states individually customized. Appendix A provides a **draft** copy of the 2018 BRFSS questionnaire, including modules with skip patterns. Data collectors will note that the 2018 questionnaire includes skip patterns for landline and cell phone interviews that administrators should follow when they are conducting interviews using a sample provided by CDC (see Sampling below).

Standard Core Questions: The portion of the questionnaire that is included each year and must be asked by all states. The core may include Emerging Core questions about “late-breaking” health issues. After 1 year, these questions are either discontinued, incorporated back into the standard core or become part of the rotating core or optional modules.

Rotating Core Questions: The portion of the questionnaire asked by all states on an every-other-year basis. These questions regularly appear in even- and odd-numbered years. States may use rotation core questions as optional modules in off-year questionnaires.

Optional Modules: Optional modules are sets of standardized questions on various topics that each state may select and include in its questionnaire. Once selected, a module must be used in its entirety and asked of all eligible respondents. If an optional module is modified in any way (e.g., if a question is omitted), then the questions will be treated as state-added questions (see below).

In order to achieve a wide range of data, states may choose to “split” samples in order to give different modules to each smaller group of participants. For example, if a state adopts a questionnaire that is too long to ensure respondent cooperation, a greater number of modules may be used if the state gives different ones to groups of 2,500 or more respondents. Some respondents, therefore, will answer the core questionnaire and one set of modules, while others answer the core questionnaire and a different set of modules. States are required to conduct at least 2,500 interviews for each of the versions of the questionnaire in order to have enough responses for weighting purposes. States create different questionnaire versions when they split modules among respondents. States may adopt up to three versions of the questionnaire, each including the core (with standard and rotating core questions) and a specified number of modules, which will differ by version. States must include modules on both landline and cell phone interviews. Versions must also be included in both samples. In many instances states may prefer to insert optional modules into the core questionnaire. This may be done to improve the flow of the questionnaire by grouping questions on similar topics. The following optional modules may be inserted into the questionnaire **at the discretion** of the BRFSS coordinators:

Name of Optional Module	Approved section of questionnaire
Industry and Occupation	After the employment question in the demographics section
Diabetes/ Pre-diabetes	After the diabetes question in the chronic disease section

Healthcare access	After core healthcare access questions
E-cigarettes	In Tobacco Use section
Adult HPV, Tetanus, Diphtheria/ Shingles	In Immunization section
Sexual Orientation and Gender Identity	In Demographics section

All other insertions of optional modules into the core sections should be approved by CDC prior to implementation of the survey.

State-added Questions: BRFSS encourages states to add their own extra questions to their questionnaire, so they can gather data on additional topics related to their specific health priorities. All questions included in the BRFSS, with the exception of state-added questions, are cognitively tested prior to inclusion in the questionnaire. It is up to each state to decide whether or not it will cognitively test its state-added questions before use. State-added questions may not be inserted into the text of the core questionnaire or optional modules without approval from BRFSS. States should contact their project officers to request insertion of state-added questions into text that has been approved for use by all states.

The wording of the questions in any part of the BRFSS, with the exception of state-added questions, is determined at the annual BRFSS meeting (in spring or early summer), where BRFSS state coordinators vote to adopt questions submitted by CDC programs. A governing group including state BRFSS coordinators, CDC staff and others known as the BRFSS Working Group, may add questions on emerging issues (such as the H1N1 flu questions added in 2009 and e-cigarette use in 2014). A field test of new questions, modules and those sections of the questionnaire affected by new questions is conducted after the state voting process. CDC then designs core components and optional modules and produces data processing layouts, while considering state priorities, potential funding, and other practical aspects. Minor changes in question wording and format may be made after the field test. The new BRFSS materials for the next surveillance year are then sent to the states, which may add their own questions that they have designed or acquired. A target of October 1 is set for finalization of the questionnaire for the upcoming year.

Data collectors should have the capacity to make modifications, including addition of questions, during the course of the year. In addition, data collectors must be capable of adjusting screening questions that determine eligibility during the course of the year.

Data Collection

Data collection follows a suggested BRFSS interviewing schedule; all calls for a given survey month should be completed in the same sample month if possible. In some cases, samples begun in one month may be completed in the first 7-10 days of the next month. Up to 15 calling attempts may be made for each landline phone number and up to 8 for each cell phone number in the sample, depending on state regulations for calling and outcomes of previous calling attempts. Although states have some flexibility in distribution of calling times, *in general*, surveys are conducted using the following calling occasions:

- Conduct 20% of landline calling attempts on weekdays (before 5:00 PM)

- Conduct 80% of landline calling attempts on weeknights (after 5:00 PM) and weekends
- Conduct cell phone calling attempts during all three calling occasions (weekday, weeknight, and weekend), with approximately 30% on weekend calling occasions.
- Change schedules to accommodate holidays and special events.
- Make weeknight calls after 5:00 PM.
- Adhere to respondents' requests for specific callback/appointment times whenever possible.

Data collectors must develop and maintain procedures to ensure respondents' confidentiality, assure and document the quality of the interviewing process, and supervise and monitor the interviewers. CDC does not authorize the taping of interviews.

Each telephone number in the CDC-provided sample must be assigned a final disposition code to describe the result of calling the number:

- A completed or partially completed interview (see definitions in Appendix B) or
- A determination that:
 - A household was eligible to be included but an interview was not completed or
 - A telephone number was ineligible or could not have its eligibility determined.

The final disposition codes are then used to calculate response rates, cooperation rates, and refusal rates. The distribution of individual disposition codes and the rates of cooperation, refusal, and response are published annually in the Summary Data Quality Reports. BRFSS uses standards set by the American Association of Public Opinion Research (AAPOR) to determine disposition codes and response rates. All BRFSS disposition codes and rules for assigning disposition codes are provided in Appendix B: Disposition Table with Callback Rules. Given the myriad outcomes for assigning specific codes associated with technological barriers, additional guidance is provided in Appendix C: Understanding Coding for Technological/ Telecommunication Barriers. Data collectors must follow the rules for assigning disposition codes and train and monitor interviewers in the use of specific dispositions.

Survey Protocol

BRFSS sets standard protocols for data collection, in order to maintain consistency across states that permits state-to-state data comparison. Data collectors should follow the assignment of disposition codes provided in Appendix B: Disposition Table with Callback Rules. Disposition codes follow the format of 1000-1999 completed/partially completed; 2000-2999 non-completed interviews with eligible respondents/households; 3000-3999 non-completed interviews with unknown eligible persons/households; 4000-4999 ineligible numbers; 5000-5999 interim dispositions. A 2000 level disposition should not be assigned unless the interviewer is certain that both the household and respondent are eligible for the survey. Assigning incorrect disposition codes can lower response rates and efficient use of the sample. The following items are included in the BRFSS survey protocol:

1. All states must include the core questions and introductory scripts without modification. States may choose to add any, all, or none of the optional modules and state-added questions after the core component. Interviewers may not offer information to respondents on the meaning of questions, words, or phrases beyond the interviewer instructions provided by CDC and/or the state BRFSS coordinators. States may not insert state-added questions into the core component or into optional modules without permission. State coordinators should contact their CDC project officers to request the placement of state-added questions into text that has been approved for use by all states.

2. Systematic, unobtrusive electronic monitoring is a routine and integral part of monthly survey procedures for all interviewers. States may also use callback verification procedures to ensure data quality. Unless supervisory monitoring of 10% of all interviews is being routinely conducted, a 5% random sample of each month's interviews must be called back to verify selected responses for quality assurance. Recording calls as part of quality assurance is not part of the BRFSS methodology and recording interviews without respondent knowledge is not legal in all states. Data collectors should remember that cell phone numbers may reach respondents in any state or country, where laws on recording calls may be different than in the state where the call originated.

3. An eligible household is defined as a housing unit that has a separate entrance, where occupants eat separately from other persons on the property, and that is occupied by its members as their principal or secondary place of residence. The following are non-eligible households: vacation homes not occupied by household members for more than 30 consecutive days per year, group homes, institutions, and (in the landline telephone sample) households in states other than the one conducting the BRFSS questionnaire. Persons in a state's cell phone sample who are residents of other states are eligible for interview. The state contacting the respondent should complete the core questionnaire and then provide the data to CDC for transfer to the appropriate state of the respondents' residence. States should especially attempt to obtain the state of residence of respondents who indicate that they have moved and retained their cell phone number from another state. States should collect verbatim county information on persons who live in other states in order to permit the correct weight for the respondent after data are transferred. Since 2012, persons living in college housing have been included as eligible respondents. Although it is rare to contact a college housing resident in the landline sample, this person would also be included as a single adult household. The BRFSS is a self-reported survey. If respondents report that they live in private residences, it is not the role of interviewers to question them. The only instances under which there is discussion of information on whether households qualify as private residences is when respondents initiate the question.

4. Eligible household members include all related adults (aged 18 years or older), unrelated adults, boarders/roomers, live-in au pairs or students and domestic workers who consider the household their home, even though they may not be home at the time of the call. College housing residents are treated as single adult households. Household members do not include adult family members who are currently living elsewhere.

5. Questions should be read verbatim. In many cases introductory phrases are provided which should also be read as written. Interviewer instructions are optional and can be read if the respondent is confused or needs additional information. Items in parentheses in statements are also optional and may be read for clarification. Interviewers should not offer their own interpretation of questions or response options.

6. Proxy interviews are not conducted in the BRFSS. For people interviewed on landline telephones, individual respondents are randomly selected from all adults living in a household and are interviewed in accordance with BRFSS protocol. Household members include all family members, domestic servants, and au pair or live-in students who have resided at the residence for at least 3 months. Cell phone interviews are conducted with respondents who answer the number called and are treated as one-person households.

7. An interview is considered complete if data are collected for all questions which would have normally been asked for any selected respondent. Partially completed interviews are defined as those where the first sections of the interview are completed and the portions of the demographic section which are used for weighting are also asked of the selected respondent in regular order of the questionnaire. For 2018, this would take the respondent through question 8.13. If the respondent does not provide substantive responses for weighting variables (that is, the respondent refuses to answer or responds that he/she does not know), imputed values will be generated and used only to assign weights. **If an interviewer codes a number of responses as “don’t know” or “refused” just prior to cut off in order to have an interview count as a partial complete, this will be noted by the CDC staff as potential falsification of data.**

States should monitor data collection to ensure that the percentage of partial completes is not greater than 10% of the number of completes. A large percentage of partial completes could result in missing data for variables that follow the demographic sections including all optional modules. The number of partial completes which are not part of the RFP may be higher, if the state has contracted with the data collector ONLY on the number of 1100 dispositions.

8. With the exception of verbally abusive respondents, eligible people who initially refuse to be interviewed may be contacted at least one additional time and given the opportunity to be interviewed. Preferably, this second contact will be made by a supervisor or a different interviewer. Some states have regulations on whether refusals should be called again and the manner of the refusal conversion. For example, a period of two days between the initial refusal and second attempt is often standard protocol. Data collectors should contact the state BRFSS coordinator to determine the state’s policy on calling back refusals.

9. States are required to give a final disposition for every number in the sample, usually within the same month of the sample. States should complete all calling on each monthly sample within that month. A few states receive and account for all calling on a sample on a quarterly basis rather than a monthly basis. Data collectors should contact the state BRFSS coordinator to verify whether the state is receiving a monthly or quarterly sample from CDC.

10. The BRFSS OMB number and burden statement must appear on the header page of all interviewer forms. The CDC will provide the header with the questionnaire each year. Please note that the interviewers do not need to read any part of the OMB number or burden statement to the respondents unless asked. The entire burden statement does not need to be read if the respondent is simply asking how long the interview will take. If the respondent asks for any information at any time about the authority by which information is being collected, it is imperative that the OMB approval information be available to the interviewer. The interviewer may then cite the OMB control information, which would allow the respondent to review the project plan online.

11. CDC provides the states with a Spanish translation of the BRFSS questionnaire. Unlike the English version, states may change wording of the Spanish version in order to match local dialects.

12. Each data collector must assign a unique identifier to each interviewer, so that state health departments and the CDC may conduct interviewer-level analyses. This identifier should not be assigned to other interviewers working on the BRFSS.

General callback and disposition coding rules are established by CDC (see Appendix B), and states are encouraged to adhere to them whenever possible. The calling rules are not universally applicable to each state. Data collectors contracted by the states should have the capacity to adhere to the calling rules listed below as well as those to in Appendix B.

1. **All cell phone numbers must be hand dialed.** New rulings by the FCC have called into question some previously standard practices of previewing numbers. Data collectors should seek legal advice if they are uncertain whether their practices are in any way contradictory to the new regulations. (NOTE: TCPA paragraph cut here).
2. Interviewers should be trained specifically for the BRFSS and retrained each year.
3. If possible, calls made to non-English-speaking households and assigned the interim disposition code of 5330 (household language barrier) should be attempted again with an interviewer who is fluent in the household language (e.g., Spanish).
4. States should maximize calling attempts as outlined in Appendix B. The maximum number of attempts (15 for landline telephone and 8 for cell phone) may be exceeded if formal appointments are made with potential respondents. There are many instances in which the maximum number of callbacks is not required. States and data collectors should refer to the callback table provided in Appendix B with this document for the required number of callbacks for each calling outcome/ disposition.
5. Calling attempts should allow for a minimum of 6 rings and up to 10 rings if not answered or diverted to answering devices.
6. The maximum number of attempts may be set by the states. CDC recommendations for the maximum number of attempts are 15 for landlines and 8 for cell phones.
7. All numbers must be assigned a final disposition. Data should not be submitted with interim dispositions.
8. Messages left on answering devices/voice mail devices should be left by interviewers. **Messages should never be left by any automated voice devices.** States may have their own standard scripts for messages, describing the reasons for the call and when

respondents might expect a return call. Messages can be left after any attempt. It is not recommended that respondents be burdened by repeated messages. States should adopt protocols to leave one or two messages during the calling attempts for a single number during the calling period.

Using the BRFSS Sample

In some instances, states design samples within boundaries of sub-state geographic regions. States may determine that they would like to sample by county, public health district, or other sub-state geography in order to make comparisons of geographic areas with their states. To conduct the BRFSS, states get samples of telephone numbers from CDC. States then review their sampling methodology with a state statistician and CDC to make sure data collection procedures are in place to follow the methodology. States must consult with CDC before making changes to methodology. States must maintain sample phone numbers in files that are separate from responses, in order to maintain standards of respondent confidentiality.

The BRFSS uses two samples: one for landline telephone respondents and one for cell phone respondents. State BRFSS coordinators work with CDC to produce all samples. The CDC recommends that the range of completed cell phone interviews be a minimum of 50% to a maximum of 80% of total complete interviews. The 50-80% range of cell phone interviews is set to ensure the geographic distribution of the sample (since landlines samples can be geographically distributed across the state) and to ensure that the sample is demographically representative of the state. Data collectors are ultimately responsible to states for the distribution between landline and cell phones. Since landline telephones are often shared, household sampling is used in the landline telephone sample. Household sampling requires interviewers to collect information on the number of adults living in a residence and then select randomly from all eligible adults (see questionnaire). Cell phone respondents are treated as single adult households and therefore do not require household sampling. The samples are fully overlapping, so that any eligible person in the landline frame may also be eligible in the cell phone frame. States receive the sample monthly or quarterly, approximately by the 15th. Note that the BRFSS is a sample with replacement. It is possible, therefore, for a single household/respondent to be eligible and appear in a sample more than once within a year. Some states eliminate duplicate (“de-dup”) numbers that appear within the same quarter. A state with sub state regions that represent small area is more likely to encounter repeat numbers in the sample. States that wish to send advance letters should request addresses with their regular landline sample. For states that send advance letters, mailing addresses are appended to landline telephone numbers. Addresses may not be attached to cell phone samples. Data collections should release all replicates (of 30 numbers) in the sample in the first week of each month. Those who receive samples quarterly should release them in a manner that allows for sufficient calling prior to the end of the quarter. The table below provides the format for the landline and cell phone sample files received by the states.

Field Name	Size	Position	Format/Values/Explanation
Phone Number (AREACODS, PREFIXS, SUFFIXS)	22	1-22	9,1-NNN-NNN-NNNNv20181
	3	23-25	

Geographic Stratum (_GEOSTRS)			First position = 1 for Landline / 2= Cell phone Then States with no geographic strata=01 in each record. Others according to provided information.
Density Stratum (_DENST2S)	1	26	1=Listed number, 2=Not listed one-plus block, 3=Zero block, 9=Not applicable (GU, PR, VI).
Sequence Number (SEQNO)	10	27-36	A unique 10-digit number for a state for a year with year in the first four digits. For example: 2015000001.
Number of Records Selected From Stratum (NRECSELS)	6	37-42	Number of telephone numbers (eligible sampling units) selected from stratum.
Number of Records in Stratum (NRECSTRS)	9	43-51	Number of telephone numbers in the stratum from which sample was selected.
Precall [GENESYS-ID] Status (PRECALLS) Landline sample	1	52	1=To be called, 3=Non-working number, 5=Business phone. (Including GU, PR, VI) 4 = Cellular – PRO-T-S, 6 = Cellular - Interviewer
Precall [Cell-WINS Screening] Status (PRECALLS) Cell phone sample	1	52	1=Active, 3=Inactive, 7=Unknown Status
Replicate Number (SMONTH, REPNUM)	6	53-58	The first two digits, 01-12, represent months, the last four digits a sequential number starting with 0001 each month.
Replicate Depth (REPDEPTH)	2	59-60	A sequential number from 01-30 in each replicate.
State FIPS Code (_STATE)	2	61-62	FIPS code of assigned state.
County FIPS Code (ASGCNTY)	3	63-65	FIPS code of assigned county. Blank=GU, PR, VI.
County FIPS Code of Listed Number (LISTCNTY)	3	66-68	For listed numbers, FIPS code of the county in which number is located. For not listed numbers=999. Blank=GU, PR, VI, and cell phone sample
Number of Landline Assignments in 1K Blocks in Assigned County (NOHHCTY)	4	69-72	Number of Landline Assignments in 1K Blocks that are in assigned county. Blank=GU, PR, VI, and cell phone sample

NXX Type (NXXTYPE)	2	73-74	Blank
Number of Landline Assignments in 100 series bank (BLCKSIZE)	3	75-77	Number of landline assignments in hundred block=000-100. Blank=GU, PR, VI, and cell phone sample
Number of Landline Assignments in 1K Block (LSTHHPRE)	5	78-82	Number of Landline Assignments in 1K Block Blank=GU, PR, VI, and cell phone sample
Estimated Total Households in Prefix (TOTHHPRE)	5	83-87	BLANK
Core Based Statistical Area (CBSACODE)	5	88-92	99999=Not in an MSA. Blank=GU, PR, VI, and cell phone sample
Metropolitan Status Code (MSCODE)	1	93	1=In the center city of an MSA, 2=Outside the center city of an MSA but inside the county containing the center city, 3=Inside a suburban county of the MSA, 4=In an MSA that has no center city, 5=Not in an MSA. Blank=GU, PR, VI.
Rate Center Name (RCNAME) Cell phone only	30	94-123	Rate Center Name (RCNAME)
V&H Coordinate (VNHCOORD)	10	124-133	BLANK
Date Sample Generated (DATESMP)	10	134-143	<i>mm/dd/yyyy</i>
Pre-screening Process Used (PRESCREN)	1	144	0= Not screened 1=ID 2=ID Plus 3 = CSS, 4 = Cell
Date Sample Pre-screened (DATESCRN)	10	145-154	<i>mm/dd/yyyy</i>
Release Date of Active Prefix Database (PHNRLDAT)	10	155-164	<i>mm/dd/yyyy</i> Blank= cell phone sample
Release Date of Listed Phone Number Database (LSTRLDAT)	10	165-174	<i>mm/dd/yyyy</i> Blank=GU, PR, VI, and cell phone sample.
CLEC Number (CLEC)	1	175	1=Yes, 2=No. Blank=GU, PR, VI, and cell phone sample.
	1	176	Blank = All States

Replicate designated for inclusion in Multi-Mode Mail Survey and address match status (MSREPMCH) Landline only			
Time Zone	1	177	Eastern = 7, Central = 6, Mountain = 5, Pacific = 4, Alaska = 3, Hawaii =2 Blank= cell phone sample
Blank	1	178	Blank
Listed in one of the following Databases: InfoUSA, Experian, (DIRLST)	1	179	1=Yes, 2=No. Blank=GU, PR, VI, and cell phone sample.
Secondary Screening Flags	1	180	0/Undetermined/Residential 1/ No Answer 2/ Busy 3/ Fax/Modem 4/ Language Barrier 5/ Privacy Manager 6/ Residential Voice Mail 7/ Residence/Phone Answered 8/Cellular Number 9/Business/Non-Working Blank= cell phone sample
Indication of Address Matching Landline only	1	181	1=Matched 2=Not matched Blank=GU, PR, VI, and cell phone sample
Path variable (PATH) used to help identify which questionnaire is used when there are dual questionnaires. (States may update this variable to use for multiple paths in split samples)	2	182-183	10 = Default Genesys value Landline Survey Sample 20 = Default Genesys value Cell Phone Survey Sample
Note: Monthly files will be sorted by stratum, replicate, and depth. The order of numbers within a replicate will be randomized before assignment of depth numbers. All numeric fields are right aligned and padded with leading zeros. All character fields are left aligned with trailing blanks.			

Each phone number is assigned a precall status to indicate whether the number should be called. States may opt to call landline telephone numbers with precall status >1 but are not required to do so. States may also choose not to call landline numbers with precall status =1 which have secondary screening status as fax/modem lines or are listed as “busy” by the precall screener if the number is taken from the unlisted portion of the sample. States are not required to call cell phone sample numbers with an “inactive” precall status, but may choose to do so. States should

call all cell phone numbers with active and unknown precall status in the cell phone samples. Given that the precall status indicates the potential for reaching an eligible respondent, calling landline numbers with precall >1 or cell phone numbers with inactive precall status may reduce response rates. States may also use the secondary precall status to assign bilingual interviewers to numbers with language barrier precall assignments, or make extra efforts to reach numbers which have precall status indicating residence/household status.

The landline sample is taken from listed and unlisted numbers at a ratio of 1:2. The ratio has changed from previous years, when it was 1:1.5, due to the changes in stability of the landline samples. NOTE: The number of callbacks required on the landline sample is different based on the density strata. Numbers from the low density strata have eight required callbacks, while those on the high density strata should be called 15 times. Please see the callback rules table provided in Appendix B for information on the number of required callbacks for each calling outcome/disposition.

States that request addresses may send advance letters to those households to alert them to the fact that they will be receiving calls and the nature of the survey. States may include a toll free number for potential respondents to inquire about the BRFSS. Studies have shown that the use of advance letters does improve response rates. However, the proportion of the landline sample that is accurately matched to addresses is declining. Currently about 20-30% of the landline sample is accurately matched to an address. Data collectors should speak to their BRFSS state coordinators about advance letters.

Samples for US territories differ from those from the states. BRFSS coordinators in US territories may deviate from the calling and sampling guidelines to fit the data needs of their jurisdictions. Data collectors should work closely with state BRFSS coordinators to ensure that the sample is properly managed. CDC will provide quarterly sample productivity tables on the upload/download site to alert the state coordinators of any problems with sample management.

Data collectors can track samples and productivity using the YTD Data Quality Reports (DQR) available with assigned logins on the upload site. The following table of contents lists the information available in the YTD Data Quality Reports as of August 2014. Changes in the information provided in the DQRs may change according to the needs of the data collectors and state coordinators.

Year-to-Date Data Quality Reports Table of Contents
Definition of Variables
Final Disposition Codes
Table 1A. Interview Month By File Month (Landline only)
Table 1B. Interview Month By File Month (Cell phone only)
Table 2A. Discrepancy in Sex Between Population Estimates and Unweighted BRFSS Data, Year-to-Date (Landline only)
Table 2B. Discrepancy in Sex Between Population Estimates and Unweighted BRFSS Data, Year-to-Date (Cell phone only)
Table 3A. Discrepancy in Age Between Population Estimates and Unweighted BRFSS Data, Year-to-Date (Landline only)
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Summary Data Quality Reports are also available on the BRFSS website for previous years. States may compare their data productivity to that of other states in the summary reports, but will not have access to the YTD reports from other states.

Data Submission

CDC will provide a data layout file for monthly data submission. The BRFSS provides a data submission website to be used for uploading states’ data and monitoring the progress of processing. Access to this site is limited and requires a login accepted by CDC. Details on data submission are included in Appendix D: Uploading BRFSS Data Using OneEdits. Note that 2016 was the first year that OneEdits software will be used for data submission, so procedures have changed recently. Data collectors should download and run edit fix programs from the upload site prior to submitting data. Errors in submitted data will delay processing and may result in data sets being returned to states for corrections. Monthly data submission is preferable (and required during flu season, September-June). Data for each should be submitted by the 25th of April, July, October and January, respectively. Following the quarterly submissions, states will receive a data file for checking. Appendix E outlines the steps in submission of data files that have been cleaned through OneEdits.

State Pilot Projects Using Protocol Adjustments

At any time during the data collection process, states may make greater efforts to reach respondents than the protocols listed here. These efforts may include increasing the number of attempts, increasing the ring times, calling all numbers in the sample regardless of the precall status or increased interviewer monitoring or training. On occasion states may wish to make adjustments to the data collection protocol in order to test the efficiency of a new procedure. For example, in 2015, one state determined that the “next birthday” method might be a better procedure than random computer selection for the household selection process in the landline

interview. Since this change did not change the statistical probability for selection, the protocol adjustment was approved and the change was made and tested by the state. States, and data collectors who wish to make protocol adjustments must have written approval from CDC in order to make adjustments. State coordinators should contact their project officers and the survey operations team at the Public Health Surveillance Branch of the Division of Population Health with full details of the protocol adjustment that they are seeking.



2018 BRFSS Questionnaire

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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 3/31/2018</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 (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

Landline Introduction

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	1 Yes	Go to LL02		63
		2 No	TERMINATE		
LL02.	Is this a private residence?	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
		2 No	Go to LL03		
		3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time.	
LL03.	Do you live in college housing?	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65

		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__(state)_____?	1 Yes	Go to LL05		66
		2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in [STATE] at this time.	
LL05.	Is this a cell telephone?	1 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	67
		2 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline telephones in private residences at this time.	
LL06.	Are you 18 years of age or older?	1 Yes, male respondent 2 Yes, female respondent		Do not read: Sex will be asked again in demographics section.	68
		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?	1	Go to Transition to Section 1.	Read: Are you that adult? Then you are the person I need to speak with.	69-70
		2-6 or more	Go to LL08.		
LL08.	How many of these adults are men?	__ Number 77 Don't know/ Not sure 99 Refused			71-72
LL09.	So the number of women in the household is [X]. Is that correct?			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 [XXX].	73-74
Transition to Section 1.		I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time.		Do not read: Introductory text may be reread when selected respondent is reached.	

		Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call (give appropriate state telephone number).			
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Cell Phone Introduction

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	1 Yes	Go to CP02	Thank you very much. We will call you back at a more convenient time.	75
		2 No	Go to CP02 ([set appointment if possible]) TERMINATE]		
CP02.	Is this [PHONE NUMBER]?	1 Yes	Go to CP03		76
		2 No	TERMINATE		
CP03.	Is this a cell phone?	1 Yes	Go to CADULT	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	77
		2 No	TERMINATE		
CP04.	Are you 18 years of age or older?	1 Yes	Go to CP05		78
		2 No	TERMINATE		
CP05.	Do you live in a private residence?	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent	79

				lives for portions of the year.	
		2 No	Go to CP06	Read: Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.	
CP06.	Do you live in college housing?	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	80
		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 ___(state)___?	1 Yes	Go to CP09		81
		2 No	Go to CP08		
CP08.	In what state do you currently live?	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia			82-83

		15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio 40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin			
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		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?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	84
CP10.	How many members of your household, including yourself, are 18 years of age or older?	__ Number 77 Don't know/ Not sure 99 Refused	If CP06 = yes then number of adults is automatically set to 1		85-86
Transition to section 1.		I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If			

		you have any questions about the survey, please call (give appropriate state telephone number).			
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Core Section 1: Health Status

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C01.01	Would you say that in general your health is—	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			90

Core Section 2: Healthy Days

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			91-92
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?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused			93-94
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?	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused	Skip if C02.01, PHYSHLTH, is 88 and C02.02, MENTHLTH, is 88		95-96

Core Section 3: Healthcare Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes	If using Health Care Access (HCA) Module go to Module 03, M03.01, else continue		97
		2 No 7 Don't know/Not Sure 9 Refused			
C03.02	Do you have one person you think of as your personal doctor or health care provider?	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		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?	98
C03.03	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If using HCA Module, go to Module 03, M03.03, else continue.		99
C03.04	About how long has it been since you last visited a doctor for a routine checkup?	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)	If using HCA Module and C03.01 = 1 go to Module 03 M03.04 or if using HCA Module and C03.01 = 2, 7, or 9 go to Module 03, M03.04A, else	Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	100

		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	go to next section.		
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Core Section 4: Exercise

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	101

Core Section 5: Inadequate Sleep

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	On average, how many hours of sleep do you get in a 24-hour period?	__ Number of hours [01-24] 77 Don't know / Not sure 99 Refused		Do not read: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.	102-103

Core Section 6: Chronic Health Conditions

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		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.	104
C06.02	(Ever told) you had angina or coronary heart disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			105
C06.03	(Ever told) you had a stroke?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			106
C06.04	(Ever told) you had asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C06.06		107
C06.05	Do you still have asthma?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			108
C06.06	(Ever told) you had skin cancer?	1 Yes 2 No			109

		7 Don't know / Not sure 9 Refused			
C06.07	(Ever told) you had any other types of cancer?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			110
C06.08	(Ever told) you have chronic obstructive pulmonary disease, C.O.P.D., emphysema or chronic bronchitis?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
C06.09	(Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		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)	112
C06.10	(Ever told) you have a depressive disorder (including depression,	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	113

	major depression, dysthymia, or minor depression)?				
C06.11	Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			114
C06.12	(Ever told) you have diabetes?	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	115
		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	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
C06.13	How old were you when you were told you have diabetes?	_ _ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		116-117

Core Section 7: Oral Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	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			118
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?	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.	119

Core Section 8: Demographics

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Format 1: What is your sex? Format 2: What was your sex at birth? Was it...	Read if format 2 is selected: 1 Male 2 Female Do not read: 7 Don't know / Not sure 9 Refused	States may adopt one of the two formats of the question. If second format is used, read options.	[NOTE DELETED HERE]	120
C08.02	What is your age?	__ Code age in years 07 Don't know / Not sure 09 Refused			121-122
C08.03	Are you Hispanic, Latino/a, or Spanish origin?	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	123-126
C08.04	Which one or more of the following would you say is your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino	If more than one response to C08.04; continue. Otherwise, go to C08.06.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	127-154

		44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
C08.05	Which one of these groups would you say best represents your race?	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	155-156
C08.06	Are you...	Please read: 1 Married			157

		<p>2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused</p>			
C08.07	What is the highest grade or year of school you completed?	<p>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</p>			158
C08.08	Do you own or rent your home?	<p>1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused</p>		<p>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</p>	159

				different housing situations.	
C08.09	In what county do you currently live?	__ __ _ANSI County Code 777 Don't know / Not sure 999 Refused			160-162
C08.10	What is the ZIP Code where you currently live?	-----			163-167
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?	1 Yes			168
		2 No 7 Don't know / Not sure 9 Refused	Go to C08.13		
C08.12	How many of these telephone numbers are residential numbers?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			169
C08.13	How many cell phones do you have for personal use?	__ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and personal use.	170
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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	171

C08.15	Are you currently...?	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say “select the category which best describes you”.	172
C08.16	How many children less than 18 years of age live in your household?	_ _ Number of children 88 None 99 Refused			173-174
C08.17	Is your annual household income from all sources—	Read if necessary: 04 Less than \$25,000 If no, ask 05; if yes, ask 03 (\$20,000 to less than \$25,000) 03 Less than \$20,000 If no, code 04; if yes, ask 02 (\$15,000 to less than \$20,000) 02 Less than \$15,000 If no, code 03; if yes, ask 01 (\$10,000 to less than \$15,000) 01 Less than \$10,000 If no, code 02 05 Less than \$35,000 If no, ask 06 (\$25,000 to less than \$35,000) 06 Less than \$50,000 If no, ask 07 (\$35,000 to less than \$50,000)		If respondent refuses at ANY income level, code '99' (Refused)	175-176

		07 Less than \$75,000 If no, code 08 (\$50,000 to less than \$75,000) 08 \$75,000 or more Do not read: 77 Don't know / Not sure 99 Refused			
C08.18	About how much do you weigh without shoes?	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure 9999 Refused		If respondent answers in metrics, put 9 in first column. Round fractions up	177-180
C08.19	About how tall are you without shoes?				181-184
C08.20	To your knowledge, are you now pregnant?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Skip if C08.01, SEX, is coded 1; or C08.02, AGE, is greater than 49		185
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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			186
C08.22	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			187
C08.23	Because of a physical, mental, or emotional condition, do	1 Yes 2 No 7 Don't know / Not sure 9 Refused			188

	you have serious difficulty concentrating, remembering, or making decisions?				
C08.24	Do you have serious difficulty walking or climbing stairs?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			189
C08.25	Do you have difficulty dressing or bathing?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			190
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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			191

Core Section 9: Tobacco Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C09.01	Have you smoked at least 100 cigarettes in your entire life?	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.	192

				5 packs = 100 cigarettes	
		2 No 7 Don't know/Not Sure 9 Refused	Go to C09.05		
C09.02	Do you now smoke cigarettes every day, some days, or not at all?	1 Every day 2 Some days			193
		3 Not at all	Go to C09.04		
		7 Don't know / Not sure 9 Refused	Go to C09.05		
C09.03	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C09.05		194
C09.04	How long has it been since you last smoked a cigarette, even one or two puffs?	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			195-196

		year but less than 5 years ago) 06 Within the past 10 years (5 years but less than 10 years ago) 07 10 years or more 08 Never smoked regularly 77 Don't know / Not sure 99 Refused			
C09.05	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	197

Core Section 10: Alcohol Consumption

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 __ Days per week 2 __ Days in past 30 days			198-200
		888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
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?	__ Number of times 88 None 77 Don't know / Not sure 99 Refused		Read if necessary: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	201-202
C10.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	__ Number of drinks 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women		203-204
C10.04	During the past 30 days, what is the largest number of drinks	__ Number of drinks 77 Don't know / Not sure 99 Refused			205-206

	you had on any occasion?				
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Core Section 11: Immunization

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C11.04	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.	207
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?	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			208-213
C11.03	At what kind of place did you get your last flu shot or vaccine?	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		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine?	214-215

		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			
C11.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?			Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as prevnar.	216

Core Section 12: Falls

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C12.01	In the past 12 months, how many times have you fallen?	-- Number of times 88 None 77 Don't know / Not sure 99 Refused	Skip if Section 08.02, AGE, coded 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.	217-218
C12.02	Did this fall (from C12.01) cause an injury? How many of these falls caused an injury that limited your regular activities for at least a day?	-- Number of falls [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If C12.01 =1 ask first version of question, if C12.01 > 1 ask second version. If only one fall from C12.01 and response is Yes (caused an injury); code 01. If response is No, code 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.	219-220

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)	Column(s)
C13.01	How often do you use seat belts when you drive or ride in a car? Would you say—	Read: 1 Always 2 Nearly always 3 Sometimes 4 Seldom 5 Never Do not read: 7 Don't know / Not sure			221
		8 Never drive or ride in a car	Go to next section		
		9 Refused			
C13.02	During the past 30 days, how many times have you driven when you've had perhaps too much to drink?	__ Number of times 88 None 77 Don't know / Not sure 99 Refused	If C10.01 = 888 (No drinks in the past 30 days); go to next section.		222-223

Core Section 14: Breast and Cervical Cancer

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C14.01	The next questions are about breast and cervical cancer. Have you ever had a mammogram?	1 Yes	Skip if male.	A mammogram is an x-ray of each breast to look for breast cancer.	224
		2 No 7 Don't know/ not sure 9 Refused		Go to C14.03	
C14.02	How long has it been since you had your last mammogram?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			225
C14.03		1 Yes			226

	Have you ever had a Pap test?	2 No 7 Don't know / Not sure 9 Refused	Go to C14.05		
C14.04	How long has it been since you had your last Pap test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			227
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?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to C14.07	Human papillomavirus (pap-uh-loh-muh virus)	228

C14.06	How long has it been since you had your last H.P.V. test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 3 years (2 years but less than 3 years ago) 4 Within the past 5 years (3 years but less than 5 years ago) 5 5 or more years ago 7 Don't know / Not sure 9 Refused			229
C14.07	Have you had a hysterectomy?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	If response to Core Q8.20 = 1 (is pregnant); then go to next section.	Read if necessary: A hysterectomy is an operation to remove the uterus (womb).	230

Core Section 15: Prostate Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is <39 years of age, or C08.01 is coded 2, female, 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.	231
C15.02	Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			232
C15.03	Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused			233
C15.04	Have you ever had a P.S.A. test?	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next section		234
C15.05	How long has it been since you had your last P.S.A. test?	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years			235

		(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 ...?	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			236

Core Section 16: Colorectal Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(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?	1 Yes	Skip if Section 08.02, AGE, is less than 50	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.	237
		2 No 7 Don't know/ not sure 9 Refused	Go to C16.03		
C16.02	How long has it been since you had your last blood stool test using a home kit?	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			238
C16.03	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in	1 Yes			239
		2 No 7 Don't know / Not sure	Go to next section		

	the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	9 Refused			
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?	1 Sigmoidoscopy 2 Colonoscopy 7 Don't know / Not sure 9 Refused			240
C16.05	How long has it been since you had your last sigmoidoscopy or colonoscopy?	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			241

		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			
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Core Section 17: HIV/AIDS

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C17.01	<p>The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.</p> <p>Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.</p>	1 Yes			242
		2 No 7 Don't know/ not sure 9 Refused	Go to C17.03		
C17.02	Not including blood donations, in what month and year was your last HIV test?	__/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	243-248

<p>C17.03</p>	<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> <p>You have injected any drug other than those prescribed for you in the past year.</p> <p>You have been treated for a sexually transmitted disease or STD in the past year.</p> <p>You have given or received money or drugs in exchange for sex in the past year.</p> <p>You had anal sex without a condom in the past year.</p> <p>You had four or more sex partners in the past year.</p> <p>Do any of these situations apply to you?</p> <p>Do any of these situations apply to you?</p>	<p>1 Yes 2 No</p> <p>7 Don't know / Not sure</p> <p>9 Refused</p>			<p>249</p>
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Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
<p>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.</p>		<p>Read if no optional continue to option</p>

Optional Modules

Module 1: Prediabetes

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section C06.12, DIABETE3, is coded 1		250
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section 06.12, DIABETE3, is coded 1; If C06.12, DIABETE3, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	251

Module 2: Diabetes

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M02.01	Are you now taking insulin?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	To be asked following Core Q6.13; if response to Q6.12 is Yes (code = 1)		252
M02.02	About how often do you check your blood for glucose or sugar?	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 888 Never 777 Don't know / Not sure 999 Refused		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system (a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	253-255
M02.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never			256-258

		777 Don't know / Not sure 999 Refused			
M02.04	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			259-260
M02.05	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	261-262
M02.06	About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?	__ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused	If M02.03 = 555 (No feet), go to M02.07		263-264
M02.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less			265

		than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			
M02.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			266
M02.09	Have you ever taken a course or class in how to manage your diabetes yourself?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			267

Module 3: Healthcare Access

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M03.01	Do you have Medicare?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to C03.02	Read if necessary: Medicare is a coverage plan for people age 65 or over and for certain disabled people.	268
M03.02	What is the primary source of your health care coverage? Is it...	Read: 01 A plan purchased through an employer or union (including plans purchased through another person's employer) 02 A plan that you or another family member buys on your own 03 Medicare 04 Medicaid or other state program 05 TRICARE (formerly CHAMPUS), VA, or Military 06 Alaska Native, Indian Health Service, Tribal Health Services Or 07 Some other source	Go to C03.04 If M03.01 = 1 (Yes) continue, else go to M03.04a	If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (name of state Marketplace), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.	269-270

		08 None (no coverage) Do not read: 77 Don't know/Not sure 99 Refused			
M03.03	Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months? Was it because.....	Read: 1 You couldn't get through on the telephone. 2 You couldn't get an appointment soon enough. 3 Once you got there, you had to wait too long to see the doctor. 4 The clinic or doctor's office wasn't open when you got there. 5 You didn't have transportation. Do not read: 6 Other _____ (specify) 8 No, I did not delay getting medical care/did not need medical care 7 Don't know/Not sure 9 Refused		If respondent provides more than one reason, say: "Which was the most important reason you delayed getting care?"	271
M03.04	In the past 12 months was there any time when you did not have any health insurance or coverage?	1 Yes 2 No 7 Don't know/not sure 9 Refused	If C03.01 = 2, 7, or 9 continue, else Go to M03.05		297

M03.04a	About how long has it been since you last had health care coverage?	Read if necessary: 1 6 months or less 2 More than 6 months, but not more than 1 year ago 3 More than 1 year, but not more than 3 years ago 4 More than 3 years 5 Never Do not read: 7 Don't know/Not sure 9 Refused			298
M03.05	How many times have you been to a doctor, nurse, or other health professional in the past 12 months?	__ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused			299-300
M03.06	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?	1 Yes 2 No 3 No medication was prescribed 7 Don't know/ not sure 9 Refused			301
M03.07	In general, how satisfied are you with the health care you received? Would you say—	Read: 1 Very satisfied 2 Somewhat satisfied 3 Not at all satisfied Do not read: 8 Not applicable			302

		7 Don't know/Not sure 9 Refused			
M03.08	Do you currently have any health care bills that are being paid off over time?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to Core Section 4.	Read if necessary: This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year. Read if necessary: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.	303

Module 4: Cognitive Decline

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M04.01	<p>The next few questions ask about difficulties in thinking or remembering that can make a big difference in everyday activities. This does not refer to occasionally forgetting your keys or the name of someone you recently met, which is normal. This refers to confusion or memory loss that is happening more often or getting worse, such as forgetting how to do things you've always done or forgetting things that you would normally know. We want to know how these difficulties impact you.</p> <p>During the past 12 months, have you experienced confusion or memory loss that is happening</p>	1 Yes	<p>If respondent is 45 years of age or older continue, else go to next module.</p> <p>Go to M04.02</p>		304
		2 No	Go to next module		
		7 Don't know/ not sure	Go to M04.02		
		9 Refused	Go to next module		

	more often or is getting worse?				
M04.02	During the past 12 months, as a result of confusion or memory loss, how often have you given up day-to-day household activities or chores you used to do, such as cooking, cleaning, taking medications, driving, or paying bills? Would you say it is...	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			305
M04.03	As a result of confusion or memory loss, how often do you need assistance with these day-to-day activities? Would you say it is...	Read: 1 Always 2 Usually 3 Sometimes			306
		4 Rarely 5 Never	Go to M04.05		
		Do not read: 7 Don't know/Not sure 9 Refused			
M04.04	When you need help with these day-to-day activities, how often are you able to get the help that you need? Would you say it is...	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			307

M04.05	During the past 12 months, how often has confusion or memory loss interfered with your ability to work, volunteer, or engage in social activities outside the home? Would you say it is...	Read: 1 Always 2 Usually 3 Sometimes 4 Rarely 5 Never Do not read: 7 Don't know/Not sure 9 Refused			308
M04.06	Have you or anyone else discussed your confusion or memory loss with a health care professional?	1 Yes 2 No 3 No medication was prescribed 7 Don't know/not sure 9 Refused			309

Module 5: Caregiver

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M05.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	310
		2 No 7 Don't know/Not sure	Go to M05.09		
		8 Caregiving recipient died in past 30 days	Go to next module		
		9 Refused	Go to M05.09		
M05.02	What is his or her relationship to you?	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	311-312
M05.03	For how long have you provided care for that person? Would you say...	Read: 1 Less than 30 days 2 1 month to less than 6 months 3 6 months to less than 2 years 4 2 years to less than 5 years 5 More than 5 years			313

		Do not read: 7 Don't Know/ Not Sure 9 Refused			
M05.04	In an average week, how many hours do you provide care or assistance? Would you say...	Read: 1 Up to 8 hours per week 2 9 to 19 hours per week 3 20 to 39 hours per week 4 40 hours or more Do not read: 7 Don't know/Not sure 9 Refused			314
M05.05	What is the main health problem, long-term illness, or disability that the person you care for has?	01 Arthritis/ rheumatism 02 Asthma 03 Cancer 04 Chronic respiratory conditions such as emphysema or COPD 05 Alzheimer's disease, dementia or other cognitive impairment disorder 06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida 07 Diabetes 08 Heart disease, hypertension, stroke 09 Human Immunodeficiency Virus Infection (HIV) 10 Mental illnesses, such as anxiety,			315-316

		depression, or schizophrenia 11 Other organ failure or diseases such as kidney or liver problems 12 Substance abuse or addiction disorders 13 Injuries, including broken bones 14 Old age/ infirmity/frailty 15 Other 77 Don't know/Not sure 99 Refused			
M05.06	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			317
M05.07	In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			318
M05.08	Of the following support services, which one do you, as a caregiver, most need that you are not currently getting?	Read: 1 Classes about giving care, such as giving medications 2 Help in getting access to services 3 Support groups 4 Individual counseling to help		If respondent asks what respite care is read: "Respite care means short-term breaks for people who provide care."	319

		cope with giving care 5 Respite care, or 6 You don't need any of these support services Do not read: 7 Don't Know /Not Sure 9 Refused			
M05.09	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If M05.01 = 1 or 8, go to next module		320

Module 6: E-Cigarettes

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M06.01	Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?	1 Yes 2 No 7 Don't know/Not sure 9 Refused	Go to next module	<p>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.</p> <p>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.</p>	321
M06.02	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		<p>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.</p>	322

Module 7: Marijuana Use

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M07.01	During the past 30 days, on how many days did you use marijuana or cannabis?	_ _ 01-30 Number of days			323-324
		88 None 77 Don't know/not sure 99 Refused	Go to next module		
M07.02	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using waxes or concentrates), or 6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused		Select one. If respondent provides more than one say: which way did you use it most often.	325

M07.03	When you used marijuana or cannabis during the past 30 days, was it usually:	Read: 1 For medical reasons (like to treat or decrease symptoms of a health condition); 2 For non-medical reasons (like to have fun or fit in), or 3 For both medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused			326
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Module 8: Sleep Disorder

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M08.01	Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?	__ __ 01-14 Number of days 88 None 77 Don't know/not sure 99 Refused			327-328
M08.02	Over the last 2 weeks, how many days did you unintentionally fall asleep during the day?	__ __ 01-14 Number of days 88 None 77 Don't know/not sure 99 Refused			329-330
M08.03	Have you ever been told that you snore loudly?	1 Yes 2 No 7 Don't know/not sure 9 Refused			331
M08.04	Has anyone ever observed that you stop breathing during your sleep?	1 Yes 2 No 7 Don't know/not sure 9 Refused		Enter yes (1) if respondent mentions having a machine or CPAP that records that breathing sometimes stops during the night.	332

Module 9: Depression and Anxiety

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M09.01	Over the last 2 weeks, how often have you been bothered by having little interest or pleasure in doing things. Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day. Do not read: 7 Don't know/ Not sure 9 Refused			333
M09.02	Over the last 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day. Do not read: 7 Don't know/ Not sure 9 Refused			334
M09.03	Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge? Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day. Do not read:			335

		7 Don't know/ Not sure 9 Refused			
M09.04	Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying? Would you say this happens...	Read: 1 Never, 2 for several days, 3 for more than half the days or 4 nearly every day. Do not read: 7 Don't know/ Not sure 9 Refused			336

Module 10: Respiratory Health

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M10.01	During the past 3 months, did you have a cough on most days?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			337
M10.02	During the past 3 months, did you cough up phlegm [FLEM] or mucus on most days?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			338
M10.03	Do you have shortness of breath either when hurrying on level ground or when walking up a slight hill or stairs?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			339
M10.04	Have you ever been given a breathing test to diagnose breathing problems?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			340
M10.05	Over your lifetime, how many years have you smoked tobacco products?	__ Number of years (01-76) 88 Never smoked or smoked less than one year 77 Don't know/Not sure 99 Refused			341-342

Module 11: Indoor Tanning

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M11.01	Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed, or booth?	___ Number (0-365) 777 Don't know/ Not sure 999 Refused			343-345

Module 12: Excess Sun Exposure

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M12.01	During the past 12 months, how many times have you had a sunburn?	___ Number (0-365) 777 Don't know/ Not sure 999 Refused			346-348
M12.02	When you go outside on a warm sunny day for more than one hour, how often do you protect yourself from the sun? Is that....	Read: 1 Always 2 Most of the time 3 Sometimes 4 Rarely 5 Never Do not read: 6 Don't stay outside for more than one hour on warm sunny days 8 Don't go outside at all on warm sunny days 7 Don't know/ Not sure 9 Refused		Protection from the sun may include using sunscreen, wearing a wide-brimmed hat, or wearing a long-sleeved shirt.	349
M12.03	On weekdays, in the summer, how long are you outside per day between 10am and 4pm?	01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours		Friday is a weekday. If respondent says never code 01.	350-351

		05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to 5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused			
M12.04	On weekends in the summer, how long are you outside each day between 10am and 4pm?	01 Less than half an hour 02 (More than half an hour) up to 1 hour 03 (More than 1 hour) up to 2 hours 04 (More than 2 hours) up to 3 hours 05 (More than 3 hours) up to 4 hours 06 (More than 4 hours) up to 5 hours 07 (More than 5) up to 6 hours 77 Don't know/ Not sure 99 Refused		Friday is a weekday. If respondent says never code 01.	352-353

Module 13: Lung Cancer Screening

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M13.01	<p>You've told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer.</p> <p>How old were you when you first started to smoke cigarettes regularly?</p>	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>	<p>If C09.01=1 (yes) and C09.02 = 1, 2, or 3 (every day, some days, or not at all) continue, else go to question M13.04.</p>	<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).</p> <p>If respondent indicates age inconsistent with previously entered age, verify that this is the correct answer and change the age of the respondent regularly smoking or make a note to correct the age of the respondent.</p>	354-356
		<p>888 Never smoked cigarettes regularly</p>	<p>Go to M13.04</p>		
M13.02	<p>How old were you when you last smoked cigarettes regularly?</p>	<p>___ Age in Years (001 – 100) 777 Don't know/Not sure 999 Refused</p>			357-359
M13.03	<p>On average, when you {smoke/smoked} regularly, about how many cigarettes {do/did} you usually smoke each day?</p>	<p>___ Number of cigarettes 777 Don't know/Not sure 999 Refused</p>		<p>Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all). Respondents may answer in packs</p>	360-362

				<p>instead of number of cigarettes. Below is a conversion table:</p> <p>0.5 pack = 10 cigarettes/ 1.75 pack = 35 cigarettes/ 0.75 pack = 15 cigarettes/ 2 packs = 40 cigarettes/ 1 pack = 20 cigarettes/ 2.5 packs = 50 cigarettes/ 1.25 pack = 25 cigarettes/ 3 packs = 60 cigarettes/ 1.5 pack = 30 cigarettes</p>	
M13.04	<p>The next question is about CT or CAT scans. During this test, you lie flat on your back on a table. While you hold your breath, the table moves through a donut shaped x-ray machine while the scan is done. In the last 12 months, did you have a CT or CAT scan?</p>	<p>Read if necessary: 1 Yes, to check for lung cancer 2 No (did not have a CT scan) 3 Had a CT scan, but for some other reason Do not read: 7 Don't know/not sure 9 Refused</p>			363

Module 14: Cancer Survivorship

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M14.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	1 Only one 2 Two 3 Three or more	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.		364
		7 Don't know / Not sure 9 Refused	Go to next module		
M14.02	At what age were you told that you had cancer?	__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused		If M14.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.	365-366
M14.03	What type of cancer was it?	Read if respondent needs prompting for cancer type: 01 Breast cancer Female reproductive (Gynecologic) 02 Cervical cancer (cancer of the cervix)	If C06.06 = 1 (Yes) and M14.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code 21	If M14.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	367-368

		<p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p> <p>15 Stomach</p> <p>Leukemia/Lymphoma (lymph nodes and bone marrow)</p> <p>16 Hodgkin's Lymphoma (Hodgkin's disease)</p> <p>17 Leukemia (blood) cancer</p> <p>18 Non-Hodgkin's Lymphoma</p> <p>Male reproductive</p> <p>19 Prostate cancer</p> <p>20 Testicular cancer</p> <p>Skin</p> <p>21 Melanoma</p> <p>22 Other skin cancer</p> <p>Thoracic</p> <p>23 Heart</p> <p>24 Lung</p> <p>Urinary cancer</p> <p>25 Bladder cancer</p> <p>26 Renal (kidney) cancer</p> <p>Others</p>	<p>if Melanoma or 22 if other skin cancer</p> <p>CATI note: If C16.06 = 4 (Because you were told you had Prostate Cancer) and Q1 = 1 (Only one) then code 19.</p>		
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		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?	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	369
		2 No, I've completed treatment			
		3 No, I've refused treatment 4 No, I haven't started treatment 7 Don't know / Not sure 9 Refused	Go to next module		
M14.05	What type of doctor provides the majority of your health care? Is it a....	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 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.	370-371
M14.06	Did any doctor, nurse, or other health professional	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse	372

	ever give you a written summary of all the cancer treatments that you received?			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?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to M14.09		373
M14.08	Were these instructions written down or printed on paper for you?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			374
M14.09	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	375

M14.10	Were you ever denied health insurance or life insurance coverage because of your cancer?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			376
M14.11	Did you participate in a clinical trial as part of your cancer treatment?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			377
M14.12	Do you currently have physical pain caused by your cancer or cancer treatment?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		378
M14.13	Would you say your pain currently under control...?	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			379

Module 15: Prostate Cancer Screening Decision Making

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M15.01	Which one of the following best describes the decision to have the P.S.A. test done?		If C15.01 = 4 continue, otherwise go to next module.		380
		Read: 1 You made the decision alone 2 Your doctor, nurse, or health care provider made the decision alone	Go to next module.		
		3 You and one or more other persons made the decision together			
		4 You don't know how the decision was made Do not read: 9 Refused	Go to next module		
M15.02	Who made the decision with you?	Read if necessary: 1 Doctor/nurse /health care provider 2 Spouse/significant other 3 Other family member 4 Friend/non-relative Do not read: 7 Don't know / Not sure 9 Refused		Select one response. If respondent offers more than one response ask for primary person who made decision.	381

Module 16: Clinical Breast Exam

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?		If respondent is male, go to the next module.		382
		1 Yes			
		2 No 7 Don't know/ not sure 9 Refused	Go to next module.		
M16.02	How long has it been since your last breast exam?	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:			383

		7 Don't know / Not sure			
		9 Refused			

Module 17: Adult Human Papillomavirus (HPV) - Vaccination

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M17.01	A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. Have you ever had an H.P.V. vaccination?	1 Yes	To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module.	Human Papillomavirus (Human Pap·uh·loh·muh virus); Gardasil (Gar·duh· seel); Cervarix (Sir·var· icks)	384
		2 No 3 Doctor refused when asked 7 Don't know/ not sure 9 Refused	Go to next module		
M17.02	How many H.P.V. shots did you receive?	_ _ Number of shots 03 All shots 77 Don't know / Not sure 99 Refused			385-386

Module 18: Tetanus Diphtheria (Tdap) (Adults)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M18.01	Have you received a tetanus shot in the past 10 years?	1 Yes, received Tdap 2 Yes, received tetanus shot, but not Tdap 3 Yes, received tetanus shot but not sure what type 4 No, did not receive any tetanus shot in the past 10 years 7 Don't know/Not sure 9 Refused		If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?	387

Module 19: Shingles (Zostavax or ZOS)

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M19.01	Have you ever had the shingles or zoster vaccine?	1 Yes 2 No 7 Don't know/ not sure 9 Refused	If respondent is < 49 years of age, go to next section.	Shingles is an illness that results in a rash or blisters on the skin, and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix, a new vaccine which requires 2 shots.	388

Module 20: Industry and Occupation

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M20.01	What kind of work do you do? For example, registered nurse, janitor, cashier, auto mechanic.	_____ Record answer 99 Refused	If C08.15 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue. 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." Else go to next module	If respondent is unclear, ask: What is your job title? If respondent has more than one job ask: What is your main job?	389-488
M20.02	What kind of business or industry do you work in? For example, hospital, elementary school, clothing manufacturing, restaurant	_____ Record answer 99 Refused	If Core Q8.15 = 4 (Out of work for less than 1 year) ask, "What kind of business or industry did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant."		489-588

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)	Column(s)
M21.01	<p>The next two questions are about sexual orientation and gender identity.</p> <p>Do you consider yourself to be 1- Straight, 2- Lesbian or Gay, 3- Bisexual or 4- other orientation?</p>	<p>1 Straight 2 Lesbian or gay 3 Bisexual 4 Other 7 Don't know/Not sure 9 Refused</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>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	589
M21.02	<p>Do you consider yourself to be transgender?</p>	<p>1 Yes, Transgender, male-to-female 2 Yes, Transgender, female to male 3 Yes, Transgender, gender nonconforming 4 No 7 Don't know/not sure 9 Refused</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</p>	590

				<p>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: 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>If yes, ask Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?</p> <p>Please say the number before the text response. Respondent can answer with either the number or the text/word.</p>	
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Module 22: Random Child Selection

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Intro text and screening	<p>If C08.16 = 1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.</p> <p>If C0.16 is >1 and C08.16 does not equal 88 or 99, Interviewer please read: Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The</p>		<p>If C08.16 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.</p> <p>CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.</p> <p>INTERVIEWER PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth [CATI: please fill in correct number] child in your household. All following questions about children will be about the Xth [CATI: please fill in] child.</p>		

	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.				
M22.01	What is the birth month and year of the [Xth] child?	--/----- Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused			591-596
M22.02	Is the child a boy or a girl?	1 Boy 2 Girl 9 Refused			597
M22.03	Is the child Hispanic, Latino/a, or Spanish origin?	Read if response is yes: 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		If yes, ask: Are they...	598-601
M22.04	Which one or more of the following would you say is the	10 White 20 Black or African American	[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q4; CONTINUE.	Select all that apply If 40 (Asian) or 50 (Pacific Islander) is selected read and	602-629

	race of the child?	30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	OTHERWISE, GO TO Q6.]	code subcategories underneath major heading.	
M22.05	Which one of these groups would you say best represents the child's race?	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		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.	630-631

		52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused			
M22.06	How are you related to the child? Are you a....	Please read: 1 Parent (include biologic, step, or adoptive parent) 2 Grandparent 3 Foster parent or guardian 4 Sibling (include biologic, step, and adoptive sibling) 5 Other relative 6 Not related in any way Do not read: 7 Don't know / Not sure 9 Refused			632

Module 23: Childhood Asthma Prevalence

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M23.01	The next two questions are about the Xth child.	1 Yes	If response to C08.16 = 88 (None) or 99 (Refused), go to next module. Fill in correct [Xth] number.		633
	Has a doctor, nurse or other health professional EVER said that the child has asthma?	2 No 7 Don't know/ not sure 9 Refused	Go to next module		
M23.02	Does the child still have asthma?	1 Yes 2 No 7 Don't know/ not sure 9 Refused			634

Asthma Call-Back Permission Script

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

Text	<p>We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve the asthma programs in <STATE>. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.</p>				
CB01.01	<p>Would it be okay if we called you back to ask additional asthma-related questions at a later time?</p>	<p>1 Yes 2 No</p>			635
CB01.03	<p>Which person in the household was selected as</p>	<p>1 Adult 2 Child</p>			636

	the focus of the asthma call-back?				
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Reproductive Health Call-Back Permission Script

Question Number	Question text	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CB02.01	We would like to call you again to talk in more detail about your reproductive health. The information will be used to help develop and improve the programs in <STATE>. Would it be okay if we called you back to ask questions related to reproductive health at a later time?	1 Yes 2 No			637

Closing Statement

Read

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

Appendix B: Disposition Table with Callback Rules

Definitions of terms	
Respondent	An adult who is contacted by an interviewer and who may be eligible for interview.
Calling attempt	An attempt is an effort to reach a potential respondent by dialing a phone number, even if the dialing does not reach or connect with a working phone line.
Complete	An interview in which all questions are complete, including all core and module questions which would be assigned to a selected respondent.
Partial compete	An interview which in which the selected respondent has been asked all questions up to those which will be used for weighting. For the 2018 questionnaire this will include through question 8.13. Questions do not have to be answered substantively to be counted as asked (respondents may have provided answers of “do not know” or refused to answer questions).
Landline telephone	A telephone that is used within a specific location. Includes traditional household telephones, VOIP and internet phones connected to computers in a household.
Cell phone	A mobile device that is not tied to specific location for use and uses cell towers to connect users.
Selected respondent	An adult who is eligible for interview. For the cell telephone sample a selected respondent is an adult associated with the phone number who lives in a private residence or college housing within the US or territories covered by the BRFSS. For the landline telephone sample a selected respondent is the person selected for interview

	during the household enumeration section of the screening questions.
Calling occasions	There are three calling occasions: weekday (before 5:00 pm on a weekday); weeknight (after 5:00 pm on a weekday), and; weekend (any time on Saturday or Sunday).
Personal Cell phone	A cell phone that is used for personal calls. Cell phones that are used for both personal and business calls may be categorized as personal telephones and are eligible for interview. Telephones that are used exclusively as business phones are not personal telephones and, therefore, are not eligible for interview.
Private residence	A non-institutionalized residence in which adults persons aged 18 and over reside at least 30 days per year that has a separate entrance and cooking capabilities. It may also be college housing, such as a dormitory, fraternity or sorority house, campus sponsored housing or college family housing, or international student or visiting faculty housing. Personal RVs may be private residences. Group homes, military barracks, vacation homes that are not lived in for 30 days, or other temporary housing are not private residences. The determination of private residence is primarily made by the respondents. If the respondents indicate that they live in private residences, interviewers do not question their interpretation of their living situations.

<u>Disposition Code</u>	<u>Description</u>	<u>Definition</u>	<u>Range of Number of Attempts</u>	<u>Callback Rules</u>
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1100	Complete	Assign if selected respondent completes questionnaire.	1-15 attempts (landline) 1-8 attempts (cell phone)	
1200	Partial complete	Assign if selected respondent completes demographic questions that are used for weighting. For the 2016 questionnaire this will include through question 8.16.	1-15 attempts (landline) 1-8 attempts (cell phone)	Selected respondent may be called back to fully complete the interview. Give final disposition on 15 th or subsequent call attempt even if there is only one occurrence of a refusal or termination.
2111	Household level refusal (landline telephone only)	Assign for landline telephone only if refusal after confirmation of reaching household telephone line used by adults in correct state but before household selection and core BRFSS Q1 in landline telephone. <u>Refusal can be from any member of the household (note: if refusal by selected respondent use code 2112).</u> Automated messages should not count as refusals.	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition of 5111 (household level refusal).
2112	Selected respondent refusal	Assign if <u>refusal by selected respondent</u> before core BRFSS Q1 is answered by landline telephone. Automated messages should not count as refusals. Assign if cell phone respondent refuses after number determined	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts and at least one interim disposition

		to be personal phone and respondent confirms living in private residence or college housing.		of 5112 (respondent refusal).
2120	Break off/ termination within questionnaire	Assign if selected respondent has completed portions of Core BRFSS with responses other than “don’t know” or “refused” and terminates/breaks off prior to the last question used for weighting (in the demographics section). (NOTE: If respondent completes questionnaire through weighting questions, code 1200.)	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt if hard refusal or special circumstance. Assign after maximum number of attempts with at least one interim disposition of 5120 (break off/termination).
2210	Selected respondent never available	Assign if selected respondent is never available during sample period. Selected respondent may not have been contacted or contacted and asked to be called later. Includes repeated unsafe location for interview, respondent away during period of interview, respondent not available for appointment. Includes selected respondents who die during interview period.	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	Give final disposition when notified or after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephone. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of calling attempts with at least one interim disposition of 5100

				(appointment), or 5560 (unsafe location).
MOVE THESE CALLS TO 3140				
2320	Selected respondent physically or mentally unable to complete interview	Assign if selected respondent is unable to complete interview due to physical or mental impairment. This includes temporary conditions such as bereavement, which will last beyond the interview period.	1-6 attempts	Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as physically or mentally incapable of completing survey or the second time a respondent who is physically or mentally impaired is contacted.
2330	Language barrier, selected respondent	Selected respondent does not speak English or other language for which interviewers are available. (NOTE: If language barriers prevent completion of respondent selection, assign code 3330 (language barrier, physical or mental impairment).	1-6 attempts	Assign the first time a <u>selected respondent</u> is contacted or is described by someone else as not speaking English or other language (i.e. Spanish) for which interviewers are available.
3100	Unknown if eligible	Assign if hang up or call back request without confirming private residence/college housing or age of respondent (landline telephone and cell phone).	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	Give final disposition after second hang-up / call back request / termination or when a first time hang up will not be called back because of hard refusal or special circumstances and when household eligibility

				is NOT established. If the first occurrence is on 15 th attempt, give final disposition. Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if housing unit).
3130	No answer	Assign if telephone rings normally but no one answers.	6-15 (8) attempts	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephones. Cell phone respondents may be called up to 8 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with plurality of interim dispositions of 5130 (no answer).
3140	Answering device, unknown whether eligible	Assign if a mailbox is full or not yet established. Assign if answering device leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age.	10-15 (8) attempts for landline telephones; up to 8 attempts for cell telephones	Give final disposition after at least 5 calling occasions of no more than 3 attempts with at least 3 weekday, 3 weeknight and 3 weekend calls for landline telephones. Cell phone respondents may be called

				up to 8 times, with at least 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of attempts with plurality of interim dispositions of 5140 (answering device, unknown if eligible residence or respondent).
3150	Telecommunication barrier	Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time.	1-6 attempts	Give final disposition after up to 3 calling occasions of no more than 2 attempts with at least 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones. Cell phone respondents may be called up to 6 times, with at least 2 weekday, 2 weeknight and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5150 (telecommunication barrier) and all others noncontact.
3200	Household, not known if respondent eligible	Assign for landline telephone sample if private residence confirmed without selecting respondent. (NOTE: If contact is made and <u>household eligibility is unknown</u> , use code 3100). Contact with vacation home may	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	Give final disposition after second hang-up/ termination or when a first time hang up will not be called back because of hard refusal or special circumstances and when

		<p>apply. Contact with household where residents are away for interview period may apply.</p> <p>Assign for cell phone if contact is made with household resident without determining whether cell phone number and respondent are eligible.</p>		<p>respondent eligibility is NOT established. If the first occurrence is on 15th attempt, give final disposition.</p> <p>Assign after maximum number of attempts with at least one interim disposition of 5050 (hang up, unknown if respondent eligible).</p>
3322	Physical or mental impairment (household level)	Assign if physical or mental impairment prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent is physically or mentally impaired, assign 2320 after first attempt.	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5320 (physical or mental impairment).
3330	Language barrier, (household level)	Assign if language barrier prevents determination of private residence or prevents determination of eligibility of household or resident. This is a household level assignment. If selected respondent has language barrier assign 2330 when informed. Information may come from respondent or other household member.	1-6 attempts	Assign after maximum number of attempts with at least one interim disposition of 5330 (household language barrier). Do not assign if there are interviewers within the calling center who could complete the interview in language spoken by household (i.e. Spanish).
3700	On never call list	Assign only if supervisor can determine that respondent/	No attempt	Assign with confirmation by supervisor. Interviewer

		household is on never call list. Interviewer should not assign based on respondent information. (NOTE: If respondent insists that he/she is on never call list assign household level refusal (2111) or respondent refusal (2112).		should not assign based on respondent information.
4100	Out of sample	Assign if out of state for landline telephone or out of country for cell phone. Assign if indication that number reaches vacation home or household members are not living in home during interview period. (NOTE: If contact is made with respondent who indicates that they have been reached at their vacation home where they live for at least 30 consecutive days per year, interview can continue). Assign if no adults available on landline number (teen phone). Assign if landline telephone sample number connects to cell phone or if sample indicates that a number in the landline telephone sample has been ported to a cell phone.	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	Assigned as soon as sample ineligibility determined. This should take priority over other final dispositions.
4200	Fax/data/modem	Assign if call reaches fax or data line without human contact.	1-6 attempts	May be assigned to landline unlisted sample with secondary precall status of fax. May be assigned after

				<p>one attempt. If states choose to use 6 attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight and 2 weekend calls for landline telephones. If states choose to use 6 attempts, cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. If 6 attempts are used, assign after maximum number of attempts with at least one interim disposition of 5200 (fax/data/modem) and all others noncontact with any person.</p>
4300	Nonworking number/ disconnected	<p>Assign if tritone. Assign if operator message of nonworking number. States may choose to assign for temporary nonworking number message on first attempt or after repeated temporary nonworking number messages. Assign if "number changed" message. Assign if correctly dialed number rings to incorrect number. Assign if respondent reports that</p>	<p>1-6 attempts. Do not call more than 6 attempts.</p>	<p>May be precall assigned (for both landline and cell phone). May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones. Cell phone</p>

		<p>connection has been made to wrong number. A number that does not accept incoming calls (such as a hospital line only used for outgoing calls)</p>		<p>respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of attempts with at least one interim disposition of 5400 (technological barrier), 5300 (possible nonworking) or 5550 (busy) and all others noncontact.</p>
4400	Technological Barrier	<p>Assign if repeated busy, fast busy or circuit busy messages. Assign if repeated ambiguous operator messages. Assign if repeated poor audio quality. Assign if number repeatedly does not connect.</p> <p>Assign if number reaches a retrieval or connectivity system (such as Skype or OnStar).</p> <p>Assign if cell phone respondent is outside calling area. Assign if respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached.</p>	<p>1-6 attempts. Do not call more than 6 attempts.</p>	<p>May be assigned to landline unlisted sample with secondary precall status of busy. May be assigned after one attempt. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephones. Cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts. Assign after maximum number of attempts with interim dispositions of 5200</p>

				(fax/data/modem), 5400 (technological barrier), 5300 (possible nonworking) and/or 5550 (busy) and all others noncontact.
4430	Call forwarding / pager	<p>Assign if <u>message</u> indicates number has been forwarded. Assign if number reaches a pager. Assign if connection produces series of beeps. NOTE: Do not select respondents from landline household or location that is different from the original number. Do not enumerate the number of adults at location which is different from original number.</p> <p><u>However, landline respondent may be interviewed if number has been temporarily forwarded and the respondent is still living at location of original number.</u> Cell phone respondents who have forwarded their numbers may also be interviewed.</p>	1-6 attempts. Do not call more than 6 attempts.	May be assigned after one attempt. May give final disposition after respondent or automated message informs that the number has been forwarded after multiple attempts. May give final disposition after series of beeps indicates a pager has been reached. If states use 6 attempts, give final disposition after recommendation for 3 calling occasions with 2 weekday, 2 weeknight, and 2 weekend calls for landline telephone. Cell phone respondents may be called up to 6 times, with recommendations for 2 weekday, 2 weeknight, and 2 weekend attempts.
MOVE THESE TO 4100				

4460	Landline telephone (cell phone only)	Assign if cell phone sample number connects to a landline telephone.	1-15 (8) attempts (landline) 1-8 attempts (cell phone).	Can be precall assigned. Given final disposition when informed. This disposition should take priority over other possible final dispositions for the cell phone sample.
4500	Non-residence	Assign if business, group home, government, or other organization. For cell phone, assign if telephone is used exclusively for business purposes.	1-15 (8) attempts (landline) 1-8 attempts (cell phone)	Given final disposition when informed. This disposition should take priority over other possible final dispositions. This disposition should be assigned to numbers with a precall status of 5.
MOVE THESE CALLS TO 4500				
MOVE THESE CALLS TO 4100				
4900	Miscellaneous, non-eligible	Assign for null numbers, special data circumstances only. May be assigned if data are believed by state coordinator or data collection supervisor to be falsified or in error. Notify CDC when this code is used.	1-15 attempts (landline) 1-8 attempts (cell phone)	May be assigned after one attempt. Assign only with supervisor approval.

5050	Unknown whether eligible	Respondent hangs up or refuses before establishing eligibility. <u>The state location question is not needed to establish eligibility for cell phone respondents.</u>		Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.
5100	Appointment	Respondent asks for an appointment or asked to be called at some other time. Assign if child answers the phone and does not get an adult to come to the phone. Appointments may be formal or informal statements that the respondent is temporarily not able to complete the interview from household members or selected respondent.		Schedule a callback for appropriate time.
5111	Household level refusal (landline telephone only)	Assign for landline telephone only if refusal after confirmation of reaching household phone line used by adults in correct state but before core BRFSS Q1 in landline telephone. Refusal can be from any member of the household (note: if refusal by selected respondent, use code 2112). Automated messages should not count as refusals.		Give interim disposition when this situation occurs. Call back after an interval of at least one day. May assign final disposition of 2111 if hard refusal.
5112	Selected Respondent refusal: hang up or termination	Assign if refusal by selected respondent before Core BRFSS Q1 in landline telephone. Automated messages should not count as refusals. Assign if cell		Give interim disposition. Schedule callback for as long as practical for up to two weeks after initial refusal.

		phone respondent refuses after number determined to be personal (nonbusiness) phone and respondent confirms living in private residence or college housing.		
5120	Break off / termination in questionnaire	Assign after respondent completes through Core BRFSS Q1 with an answer other than “don’t know/not sure” or “refused” but breaks off prior to end of demographic section.		Give interim disposition when this situation occurs. Call back after an interval of at least one day.
5121	Call dropped	Assign for cell phone respondent if call is dropped.		Give interim disposition when this situation occurs. Call back may occur immediately or rescheduled after an interval of one hour.
5130	No answer	Assign if number rings normally without answer.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5140	Answering device, unknown whether eligible	Assign if a mailbox is full or not yet established. Assign if answering device whether or not the message leaves open the possibility that the telephone number is not a residence or that the respondent is not eligible due to age.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.

5150	Telecommunication barrier	Assign if call blocking, call ID requirements or other respondent initiated block device leaves open the possibility of the number reaching an eligible household and/or respondent. Assign if call forwarded to other number and there is some potential for reaching household or actual respondent at later time.		Give interim disposition when this occurs. Call back after an interval of at least one hour until maximum call attempts are reached.
5200	Fax/data/modem	Assign if number connects to data or fax line without human contact.		States may assign final disposition of 4200 at any attempt, including the first attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one day.
MOVE THESE TO 5140				
5300	Possible nonworking	Assign if message indicates number might be nonworking. Assign if recorded message indicates number is temporarily out of service. Assign if message indicates telephone number cannot be reached at this time. Assign if recording indicates that the number is for outgoing calls only (such as a hospital line for outgoing calls only).		States may assign final disposition of 4300 at any attempt including the first attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one hour.

5320	Physical or mental impairment	<p>A household respondent or selected respondent is temporarily unable to be interviewed due to physical or mental impairment. NOTE: If <u>selected respondent</u> has permanent physical or mental impairment that renders him/her unable to complete the interview, assign final disposition of 2320 (physical or mental impairment) as soon as informed.</p>		<p>Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.</p>
5330	Language barrier	<p>Assign if a respondent who is not the selected respondent does not speak English or other language for which an interviewer is available. (NOTE: If <u>selected respondent</u> does not speak English or language for which there is an interviewer available, give final disposition of 2330 as soon as informed.)</p>		<p>Give interim disposition when this occurs. Call back after an interval of at least one day until maximum call attempts are reached.</p>
5400	Technological barrier	<p>Assign if fast busy or circuit busy messages. Assign if ambiguous operator messages.</p> <p>Assign if number reaches a retrieval or connectivity system (such as Skype or Onstar).</p> <p>Assign if poor audio quality. Assign if number does not</p>		<p>States may assign final disposition of 4400 at any attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one day.</p>

		connect. Assign if cell phone respondent is outside calling area. Assign if respondent is unable to receive calls. DO NOT assign if answering device (which permits leaving messages) is reached.		
5550	Busy	Assign if number produces normal busy (not fast busy) signal.		States may assign final disposition of 4400 at any attempt. If states choose to call up to 6 attempts, give interim disposition and schedule callback after an interval of at least one hour.
5560	Unsafe location/ activity for interview	Assign if respondent indicates he/she unable to continue due to safety concerns. May be assigned to numbers in cell phone or landline phone sample.		Give interim disposition when this occurs. Schedule a callback time or call back after an interval of at least one hour until maximum call attempts are reached.
5700	Supervisor attention	Assign if special circumstances require supervisor attention		Assign only for special circumstances.
5900	Null attempt	Assign only with supervisor approval for special data circumstances.		Assign only with supervisor approval for special data circumstances.

Appendix C: Understanding Coding for Technological / Telecommunication Barriers

Introduction

The Ci3 2015 BRFSS survey programming includes four-digit disposition codes. Disposition code changes resulted from the move toward the standards of the American Association of Public Opinion Research (AAPOR), the increased diversity of types of telephones in the sample, and the rapid changes in telephone usage.

This document provides a quick overview of the differences between Technological Barriers and Telecommunication Barriers, and Phone Circuit Messages and Answering Device Messages. It also provides examples of Phone Circuit messages and Answering Device messages with comments on their proper coding. The number and variety of messages that phone companies use are changing rapidly. The lists provided here are not comprehensive, but they are intended to give an overview of coding for commonly heard messages. This list was developed following discussions with data collectors at the 2013 BRFSS conference, and amended after discussions in 2015.

Definitions of Technological Barriers, Telecommunication Barriers, Phone Circuit Messages and Answering Devices

One challenge with BRFSS disposition codes is the differentiation between a Telecommunication Barrier [5150] and a Technological Barrier. [5400]. The differences between these codes are based on whether the respondent initiates the barrier (Telecommunication Barrier) or the barrier is due to something outside of the control of the respondent (Technological Barrier). Technological Barriers may be due to the carrier or problems in the circuits or with the type of telephone. Technological barriers may also be due to a connection to a system that is not used as a phone, but a connectivity system itself, such as Skype.

Keep in mind that a Technological Barrier will be coded as ineligible while a Telecommunication Barrier is coded as unknown eligibility. Also remember that clear messages for non-working numbers should be coded as final disposition nonworking number (4300) or possible nonworking number (interim code 5300). Personal answering devices should not be coded as a Technological Barrier.

Telecommunication Barriers vs. Technological Barriers

Technological Barrier (5400 or 4400): A Technological Barrier is either:

- a) a telephone # that does not behave like a telephone line but instead acts like some other device (pager, alarm system, etc.); or
 - b) a NON-connecting telephone line that a telephone owner cannot answer (fast busy, circuit busy, etc.);
 - c) a retrieval or connectivity system (such as Skype or Onstar).
- or
- c) a line with an ambiguous phone circuit message.

Telecommunication Barrier (5150 or 3150): A Telecommunication Barrier is a device or service on the end of a telephone line put by the telephone line owner to block incoming calls. This type of barrier includes call blocking devices or requirements for codes prior to connection but does not include personal answering devices (such as voice mail). Telecommunication Barriers result from screening by potential respondents NOT by telephone companies.

Code a result as a telecommunication barrier only when there is assurance that the respondent put the block on the phone line. Otherwise, code the call as a technological barrier.

Interviewers often encounter messages from a phone company, or a phone circuit message. Phone circuit messages are not specific to a potential respondent and DO NOT ALLOW INTERVIEWERS TO LEAVE MESSAGES. Answering devices, on the other hand, do allow for interviewers to leave messages, unless the mailbox is full. Answering devices are set up by respondents or are specific to their telephone numbers. Even if a recorded message is heard on the answering device, it is still specific to that number and should be coded appropriately.

Phone Circuit Messages vs. Answering Devices

Phone Circuit Messages: A phone circuit message is produced by a telephone company. It is not specific to a potential respondent. Phone circuit messages do not permit interviewers to leave messages for potential respondents. Phone circuit messages may result in technological barrier dispositions (5400 or 4400), nonworking number dispositions (5300 or 4300) or other ineligible dispositions.

Answering Devices: Answering devices must allow interviewers to leave messages or indicate that a specific mailbox is full. An answering device is specific to a potential respondent, even if it is a recorded message. For example, a recording which indicates that the interviewer has reached a specific number and allows the interviewer to leave a message is an answering device, not a phone circuit message. Codes for answering devices are 5140 and 3140 regardless of whether the number is in the landline or cell phone sample. .

Code a result as an answering device only if the interviewer has the potential to leave a message (or if the mailbox is full).

Examples of Messages and Coding Suggestions

Sometimes it is difficult to tell if a number is non-working or if there is a technological barrier. If the number is identified as purely non-working (you get an operator message that says it's non-working) then use a non-working disposition code (either final non-working [4300] or possible non-working [5300]). CATI centers should define how strong the message needs to be to decide between final [4300] and possible [5300] non-working. The table below illustrates some common phone circuit messages that have been reported by states in the recent months. We have provided suggested coding for each message. This list is not exhaustive and it is likely that data collectors will continue to hear ambiguous messages in the future. Keep in mind the general rule that technological barriers are outside the control of the respondents, while telecommunication barriers are specifically placed by the respondents to block calls.

Phone Circuit Message	Comment	Suggested Coding
You have reached the (XXX) Telecom voice messaging service. If you have a mailbox on this system and would like to access it now, enter your 10-digit phone number, then press pound.	This is a number to a voicemail service, not a household.	4500--Non-residence
Tritone with and/or without a message	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number you have reached is not in service at this time.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
At the subscriber's request, this phone does not accept incoming calls.	Although this may appear to be a block, our experience with this message is that it is a hospital or group home where the phone places outgoing calls only.	5300--Possible Non-working 4300--Nonworking
Welcome to [cell phone carrier]. The number you have dialed is unassigned.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
We're sorry; your call cannot be completed as dialed. If you feel you have reached this recording in error, please check the area code and the number and try your call again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking

We're sorry. Your call cannot be completed as dialed. Please check the number and dial again or call your operator to help you.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number you are trying to call is not reachable.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
Your call has been connected to a vacant number series. Please check the number and dial again or call an operator to assist you.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300-Nonworking
The number you dialed is not a working number. Please check the number and dial again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The number or code you have dialed is incorrect. Please check the number or code and try again.	This message indicates that the number may not be a working number.	5300--Possible Non-working 4300--Nonworking
The mobile customer you have dialed has turned the unit off or is outside its service area.	Note that this message indicates that the call may not be blocked by the respondent but by the lack of phone coverage; therefore, this message still may be coded as a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The subscriber you have dialed is not available or has traveled outside the coverage area. Please try you call again later.	Note that this message indicates that the call may not be blocked by the respondent but by the lack of phone coverage. Therefore this message still may be coded as a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you are calling cannot accept calls at this time. We're sorry for any inconvenience this may cause.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The mobile number you dialed is unavailable. Please try your call again later.	The potential respondent could not answer this call, even if he/she wanted to therefore it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
Welcome to (cell phone carrier). The wireless customer you called is not available at this time. Please try your call again later.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400-Technological Barrier
The person you are trying to reach is not accepting calls at this time. Please try your call again later.	The potential respondent could not answer this call, even if	5400--Technological Barrier 4400--Technological Barrier

	he/she wanted to therefore it is a technological barrier.	
The subscriber is off line. Please call again later.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you have called is not available right now. Please try again later.	The potential respondent could not answer this call, even if he/she wanted to therefore it is a technological barrier.	5400--Technological Barrier 4400- Technological Barrier
The party you are calling is currently unavailable.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400--Technological Barrier
The person you have dialed is not able to receive calls at this time.	The potential respondent could not answer this call, even if he/she wanted to; therefore, it is a technological barrier.	5400--Technological Barrier 4400- Technological Barrier
The (cell phone carrier) number you dialed does not subscribe to voicemail services.	This appears to be a working number without voicemail set up.	5130--No Answer 3130--No Answer
The number you have reached has not yet set up voicemail services.	This appears to be a working number without voicemail set up.	5130--No Answer
The mobile customer you have dialed has turned the unit off.	Because this is a clear message that the call has been blocked by an action of the respondent, it is a telecommunication barrier.	5150--Telecommunication Barrier 3150--Telecommunication Barrier
Please enter your PIN to be connected.	Because this is a clear message that the call has been blocked by an action of the respondent, it is a telecommunication barrier	5150--Telecommunication Barrier 3150--Telecommunication Barrier

An answering device is differentiated from a phone circuit message in that it offers the interviewers the possibility to leave a message. In some cases, the answering device indicates that the number dialed has reached a residence. In other cases, messages from answering devices are less specific or seem to indicate that the answering device is attached to a business. Care should be taken to ensure that coding from answering device messages is accurate. Moreover, messages from cell phone sample answering devices are coded differently in some cases than are messages from landline sample answering devices. As in the past, assigning a disposition code for a message from an answering device before the household selection is complete will cause a prompt to be displayed. This prompt asks if the message includes “home,” “house,” “family,” “residence” or a family name. It is important to answer this question correctly.

The table below explains the coding for the four answering device codes.

Table 2 Assigning Codes for Answering Devices		
Message	Comment	Code
A message may/may not indicate that the number is a household in the landline telephone sample. For cell phone sample numbers use this code on all answering devices where you can leave a message.	Assign if answering device permits the interviewer to leave a message, without indication of whether the number is connected to a household or business. Assign if answering device is reached on the cell phone sample.	3140--Answering device, unknown whether eligible 5140--Answering device, unknown whether eligible
The answering device indicates that the mailbox is full without indication of household status in the landline telephone sample number. Use this code for all cell phone answering devices where the mailbox is full.	Even though the interviewer cannot leave a message on this call, there is still potential for leaving a message on this device. Follow rules for household status on landline telephone devices.	3140-Answering device, unknown whether eligible 5140- Answering device, unknown whether eligible

Appendix D: Uploading BRFSS Data Using OneEdits

Using OneEdits 2015

out update to the program

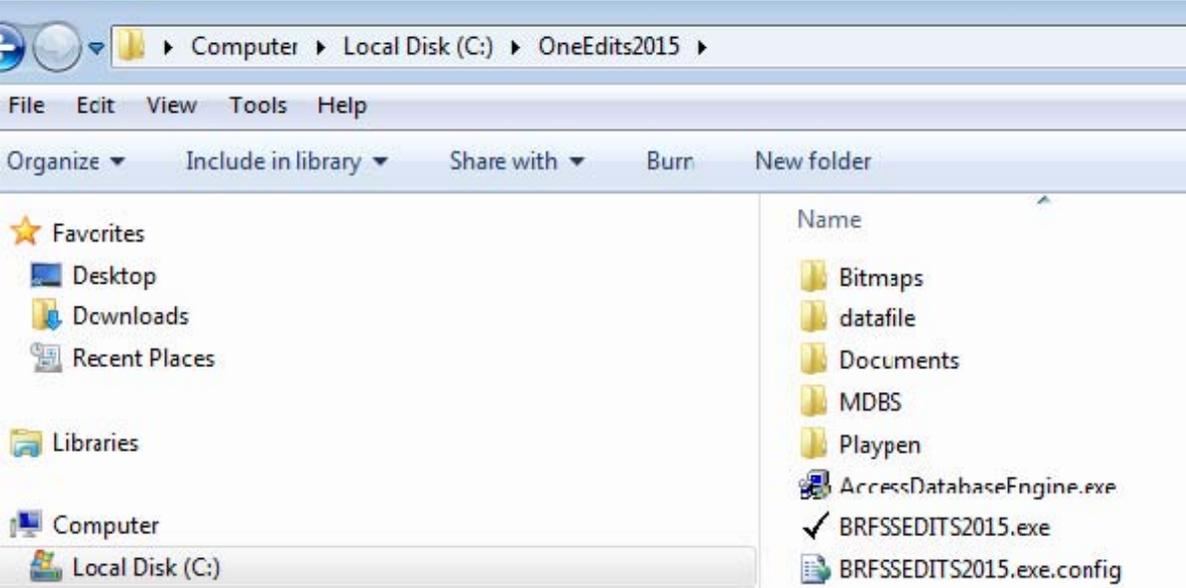
15 years helped in improving editing process



New Features of OneEdits2015

- ✚ Landline and Cell Phone survey in one software survey in one
- ✚ Includes a feature that allows ‘Resume Editing’ ‘Resume Editing’
- ✚ Allows Users to “Hide Errors” Hide Errors
 - —Help in temporarily suppressing errors (avoid crowding) to focus on other problems on other problems
 - —Can be reactivated
- ✚ Global field value replacement field value replacement
 - —Value of a particular field across the dataset can be replaced in one action
- ✚ Appropriate error messages error messages
 - —Allows users to fix problems at their end users to fix problems at their end

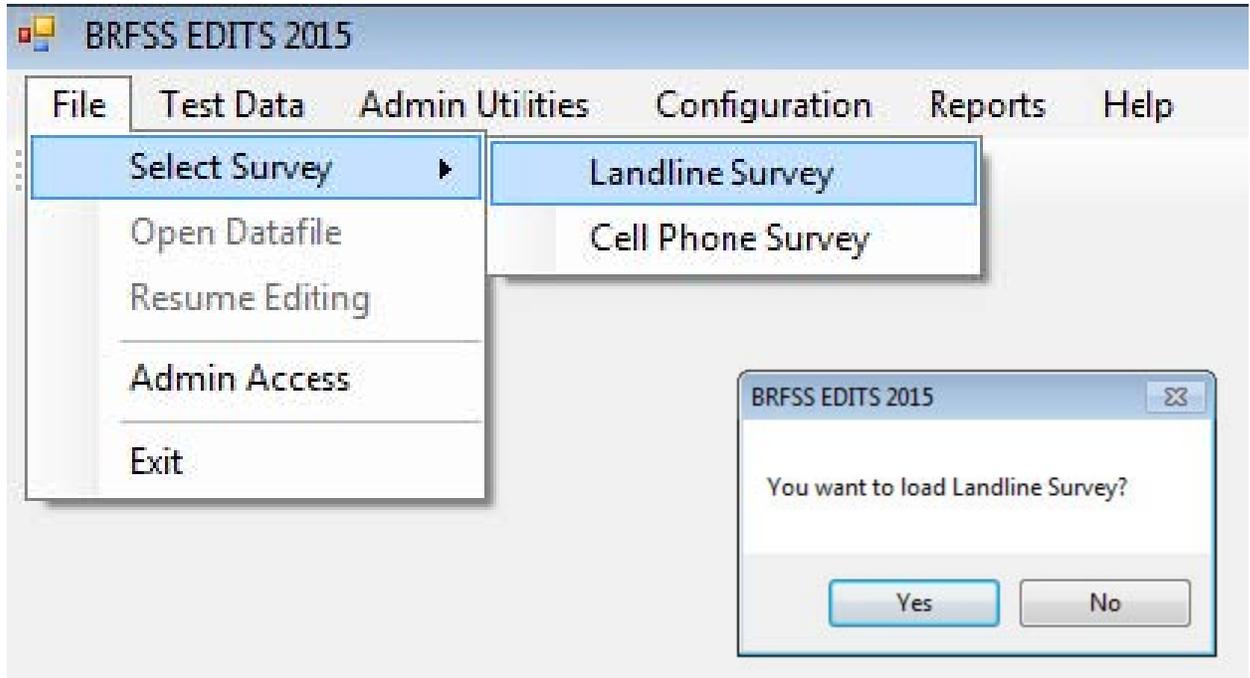
Default Folder Structure



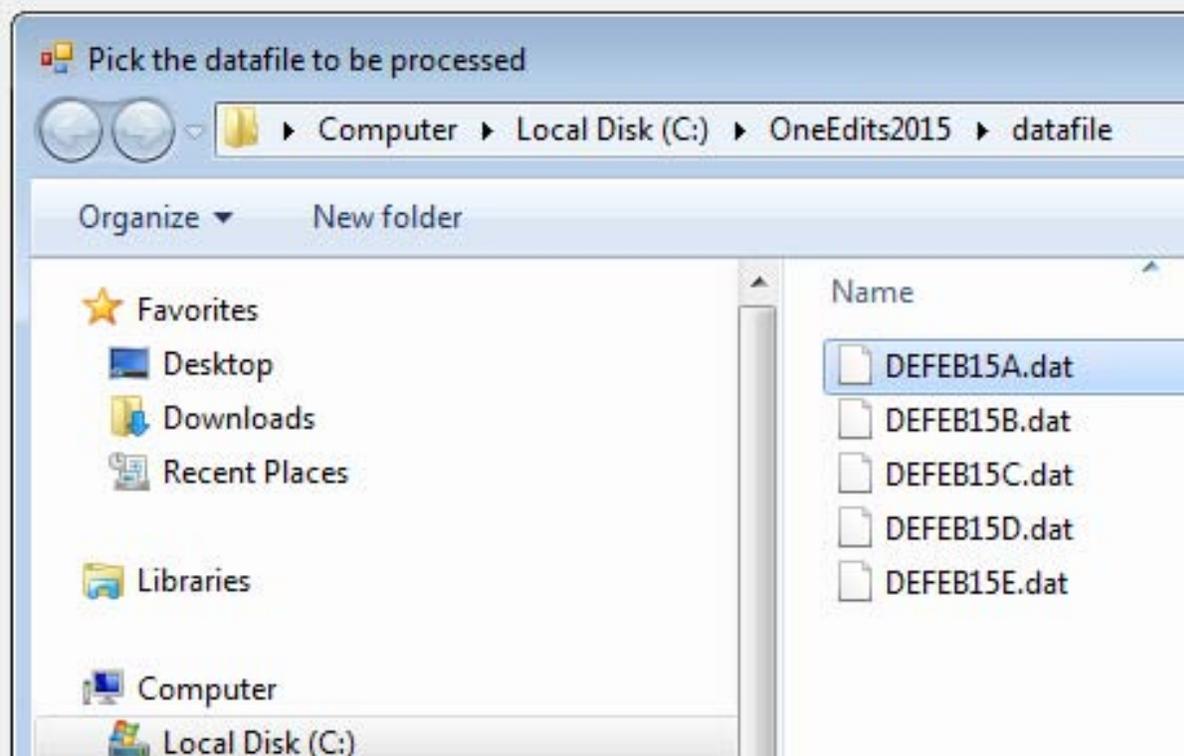
Datafile—Keep original .datfile

Playpen —OneEdits keeps duplicate file there and make changes there
duplicate file there and make changes there

Select Survey



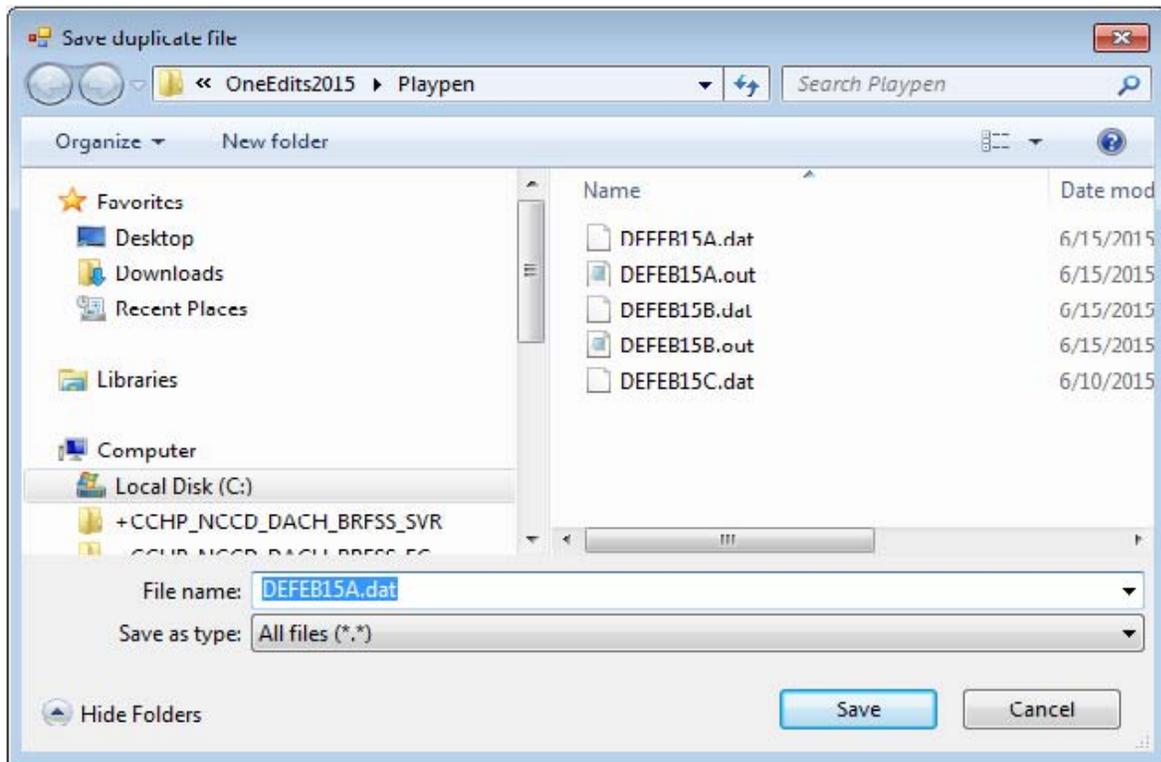
Select data file



Select file from Datafile folder

Save selected data file....

Save selected file in playpen folder. Keep filename same as original file. in playpen folder. Keep filename same as original file.



Screening Results

Basic screening run results, good place to verify if selected modules have data.ve data.

Data Screening Result

Screening Result - C:\OneEdits2015\Playpen\DEFEB15A.dat

Module name	Records W/ Resp	Recs No Resp
MOD 01 - PRE DIABETES	0	153
MOD 02 - DIABETES	11	142
MOD 03 - HEALTHY DAYS	0	153
MOD 04 - CAREGIVER	0	153
MOD 05 - VISUAL IMPAIRMENT	0	153
MOD 06 - COGNITIVE DECLINE	0	153
MOD 07 - SALT RELATED BEHAVIOR	0	153
MOD 08 - ADLT ASTHMA HISTORY	0	153
MOD 09 - CARDIOVASCULAR HEALTH	0	153
MOD 10 - ARTHRITIS MGMT	0	153
MOD 11 - TETANUS	0	153

Number of Completes 74
Number of Incompletes 76
Number of Partial Completes 3
Number of Total Records 153

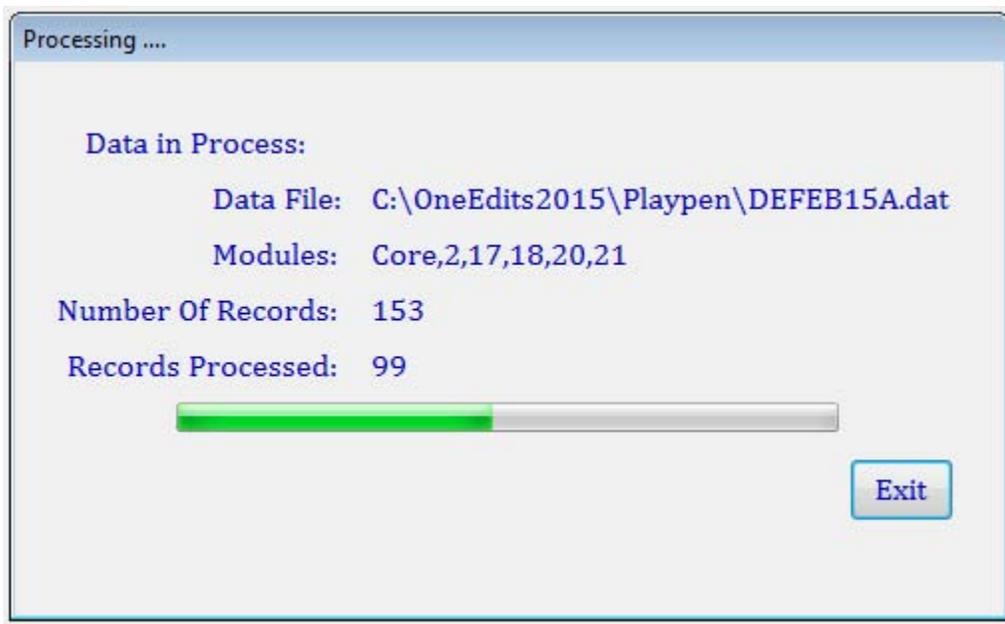
OK

Screening Results

Test Dataset T--> Run Edits menu would run edits on selected dataset.> Run Edits menu would run edits on selected dataset.

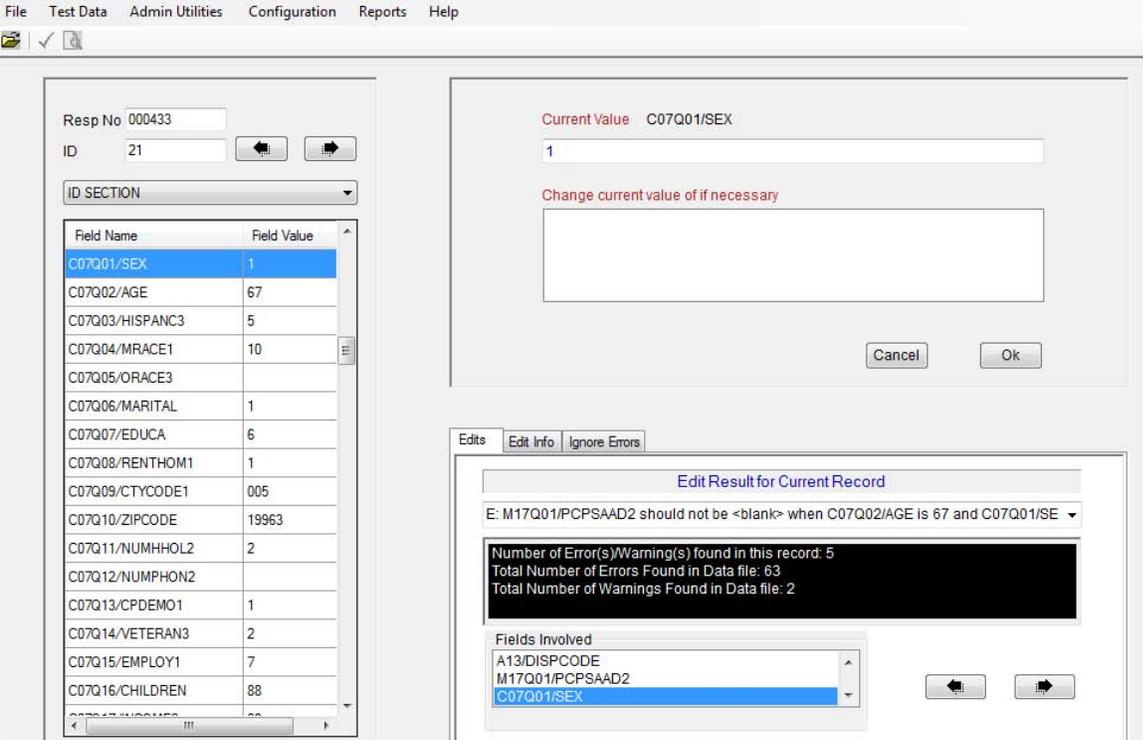
Good place to review modules being run and see if that matches with what state intended to collect.

state intended to collect.



Edits Result

Test Dataset --> View Data menu would show edits run results. Data can be modified here in real time.
Data can be modified here in real time.



Ignore Errors....

This is where repeating errors can be suppressed temporarily to focus on other errors.

The screenshot shows the 'BRFSS EDITS 2015 Landline Survey' application window. The main interface includes a menu bar (File, Test Data, Admin Utilities, Configuration, Reports, Help) and a toolbar. On the left, there is a form for 'Resp No' (000412) and 'ID' (1). Below this is a table of field names and values for 'ID SECTION'. The 'Ignore Errors' dialog box is open, featuring two input fields: 'Current Value' and 'Change current value of if necessary'. At the bottom of the dialog are 'Cancel' and 'Ok' buttons. In the background, a table lists various edit names, their error counts, and warning counts.

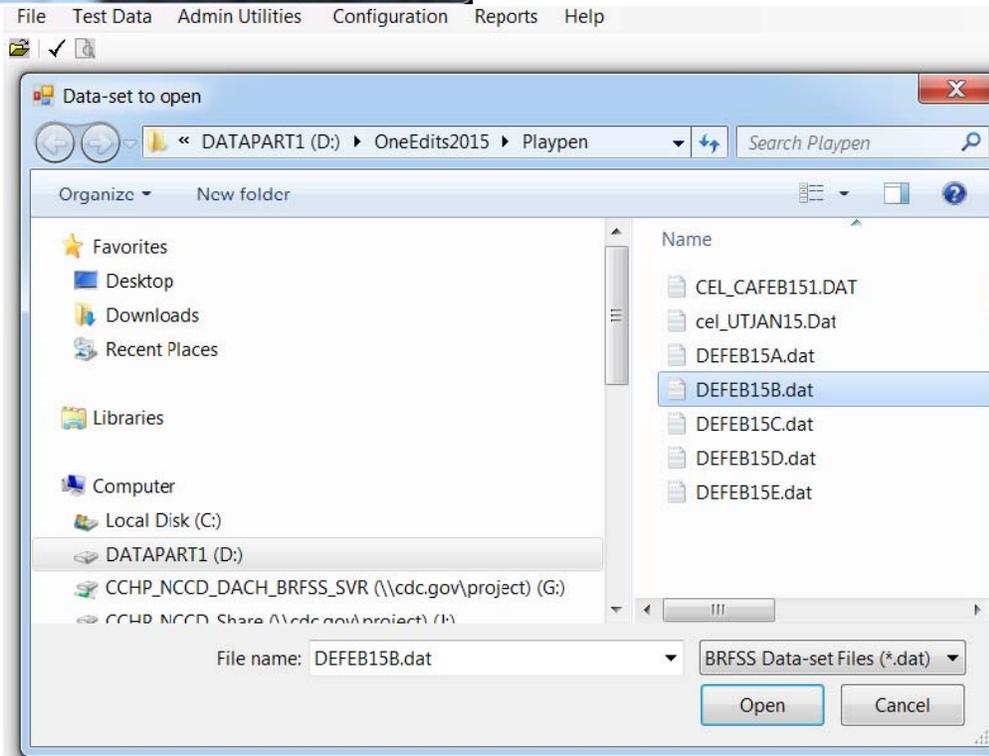
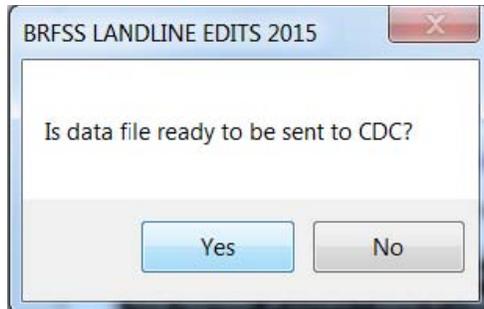
Field Name	Field Value
A01/STATE	01
A02/GEOSTR	101
A03/DENSTR2	1
A04/PRECALL	1
A05/SECSCRFL	1
A06/REPNUM	020014
A07/REPDEPTH	01
A08/FMONTH	02
A09/IDATE	02072015
A10/INTVID	30035
A13/DISPCODE	2210
A14/SEQNO	2015002011
B01/NATTMPTS	03
B02/NRECSSEL	001944
B03/NRECSTR	000042278
B04/CTELENUM	1

editsetname	Editname	ErrCount	WarnCount	Hide
ID SECTION	A01/STATE Vs ...	153	0	<input type="checkbox"/>
ID SECTION	A08/FMONTH V...	1	0	<input type="checkbox"/>
ID SECTION	A13/DISPCODE ...	1	0	<input type="checkbox"/>
ID SECTION	A13/DISPCODE ...	3	0	<input type="checkbox"/>
CORE	C01Q01/GENHL...	1	0	<input type="checkbox"/>
CORE	C02Q01/PHYSH...	1	0	<input type="checkbox"/>
CORE	C02Q02/MENTH...	1	0	<input type="checkbox"/>
CORE	C02Q03/POORH...	1	0	<input type="checkbox"/>

Resume Edits....

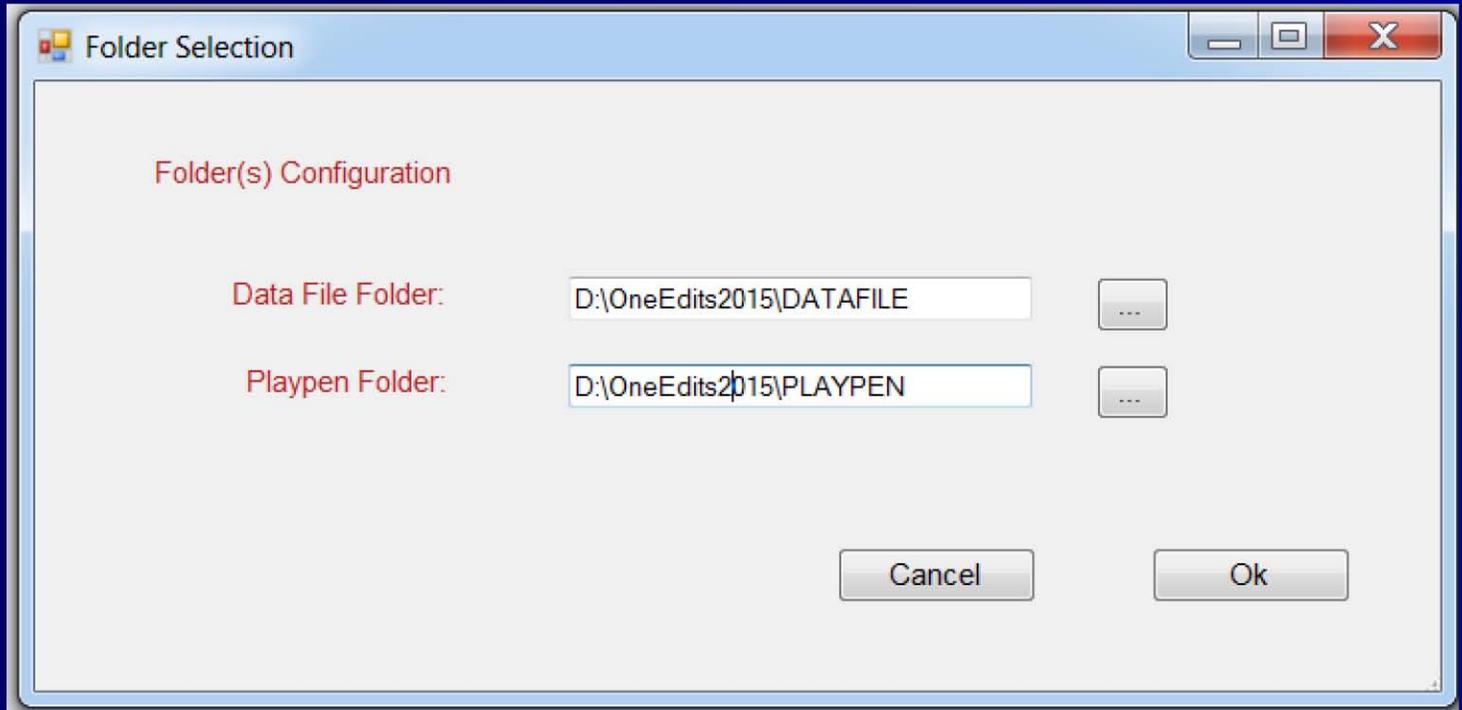
Select 'No' while quitting application if user wants to resume editing in future.

File --> Select Survey and File --> Resume Editing would allow > Resume E resumption of editing.



Folder Selection....

File --> Select Survey and Configuration



- File -> Select Survey and Configuration-> Folder Selection would allow users to change folders related to Data file and Playpen locations.
- User can point these locations to network drive if one wish to.

Module Selection....

Select a State *State is doing 3 version in the survey.
+10,22,23/+2,6,11,22,23/+22,23*

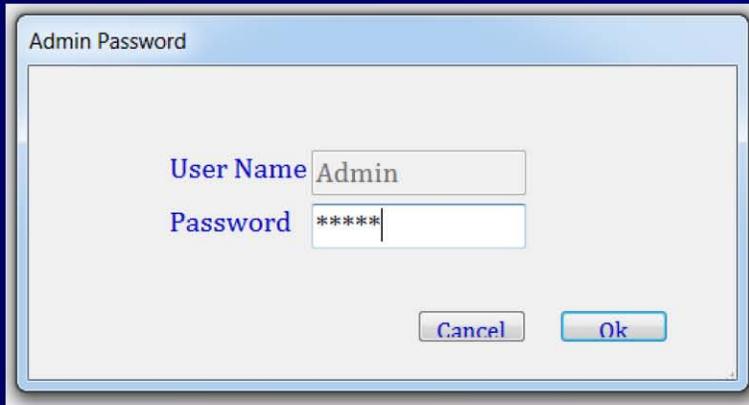
Available Modules

<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> CORE	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MOD 11 - TETANUS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MOD 22 - RANDOM CHILD SELECTION
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 01 - PRE DIABETES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 12 - ADLT HPV	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> MOD 23 - CHILDHOOD ASTHMA
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MOD 02 - DIABETES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 13 - SHINGLES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 24 - EMT SUPRT
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 03 - HEALTHY DAYS	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 14 - BRST CERVICAL CNCR SCRNM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 25 - ANXIETY DEPRESSION
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 04 - CAREGIVER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 15 - CLNCL BRST CNCR	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 05 - VISUAL IMPAIRMENT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 16 - COLORECTAL CNCR SCRNM	
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> MOD 06 - COGNITIVE DECLINE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 17 - PROSTATE CNCR SCRNM	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 07 - SALT RELATED BEHAVIOR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 18 - PROSTATE CNCR SCRNM DMM	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 08 - ADLT ASTHMA HISTORY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 19 - INDUSTRY OCCUPATION	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 09 - CARDIOVASCULAR HEALTH	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 20 - SOCIAL CONTEXT	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 10 - ARTHRITIS MGMT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> MOD 21 - SEXUAL ORIENTATION	

- File -> Select Survey and Configuration-> Module Selection would allow users to change modules being collected for states doing split version.
- No need to provide module list for states not doing dual survey.

Global field value change

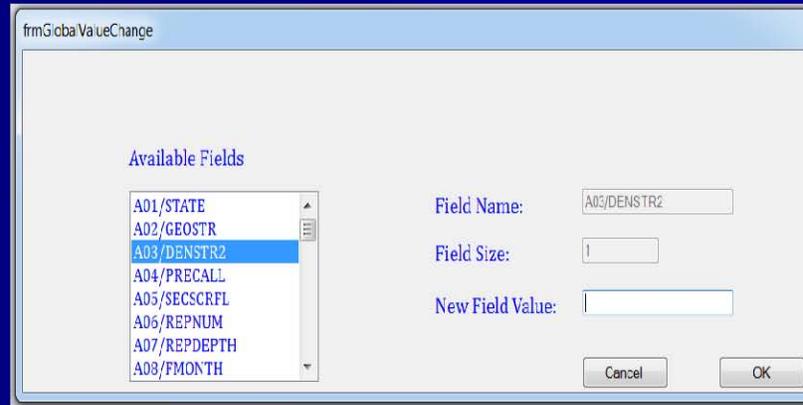
File --> Select Survey, File --> Admin Access, Admin



Admin Password

User Name

Password



frmGlobalValueChange

Available Fields

- A01/STATE
- A02/GEOSTR
- A03/DENSTR2
- A04/PRECALL
- A05/SECSCRFL
- A06/REPNUM
- A07/REPDEPTH
- A08/FMONTH

Field Name:

Field Size:

New Field Value:

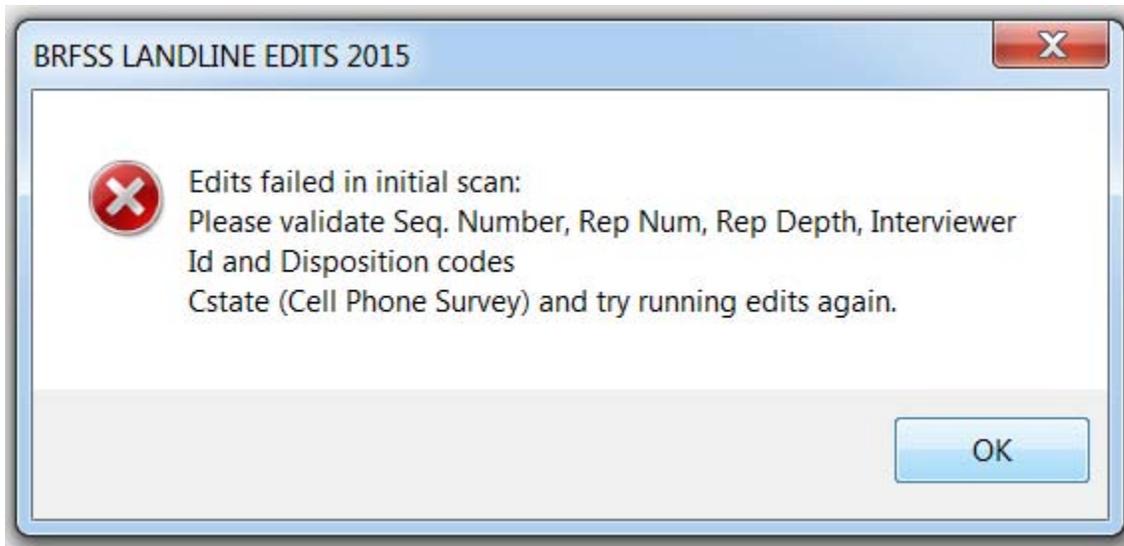
- File -> Select Survey, File -> Admin Access, Admin Utilities -> Global field value change would allow users to change value of a field across records in data file.

Reports ...

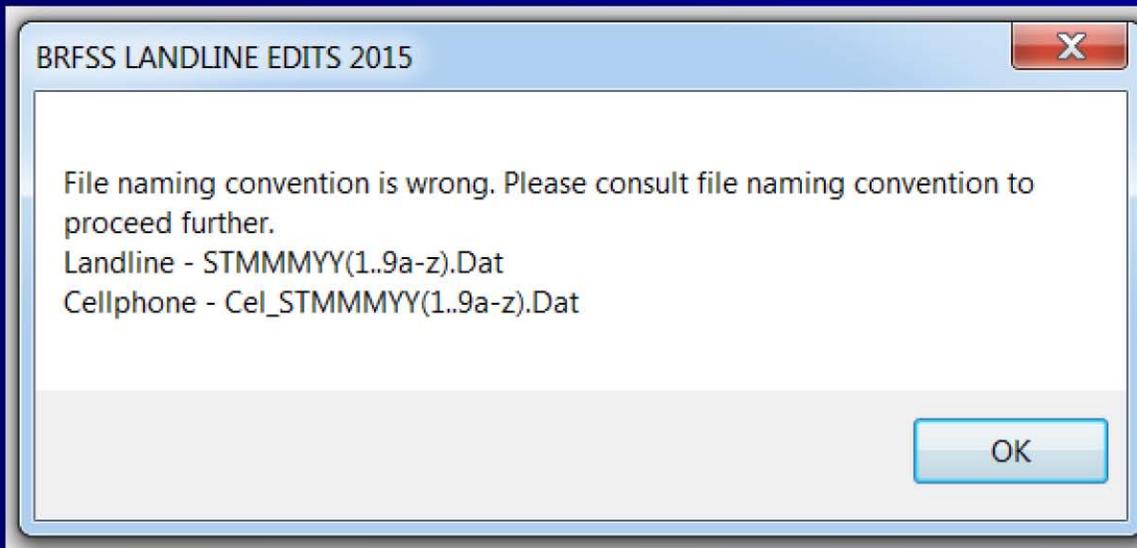
- **Screening Report**
 - Report shows modules presence in the dataset along with number of complete, partial complete
- **Summary Report**
 - Report shows summary of errors generated during edits run grouped by edit names
- **Complete Report**
 - Report shows detailed error messages along with screening and summary part of it

Error Messages

This message will show up if selected data file has missing data for any one of the fields mentioned in error message. one of the fields mentioned in error message.

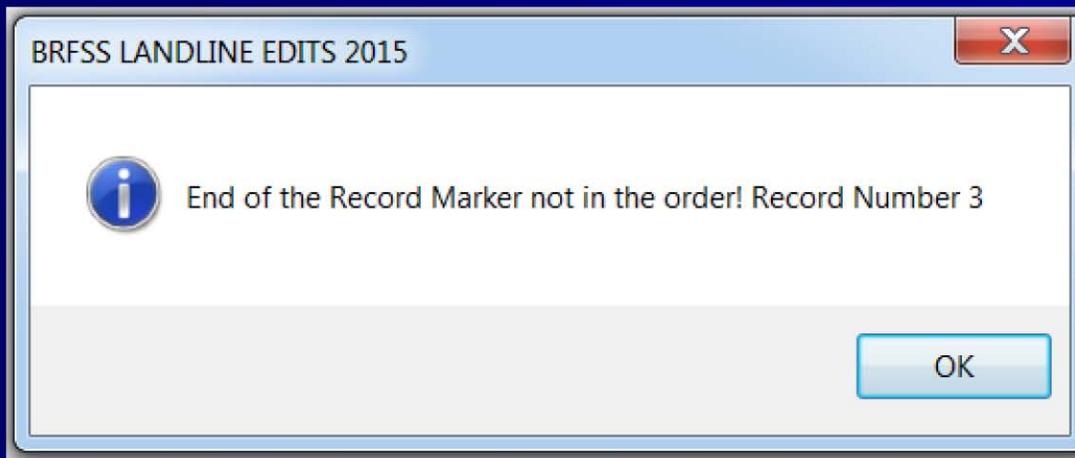


Error Messages



- This message will show up if data file selected does not follow file naming convention.
- User may inadvertently select cell phone survey data file when he/she is in landline survey session.

Error Messages



- This message will show up if data file selected does not follow record layout.
- Missing EOR marker (^1') at the end of any record will prompt this error message.

As with any software, there may be unexpected errors.

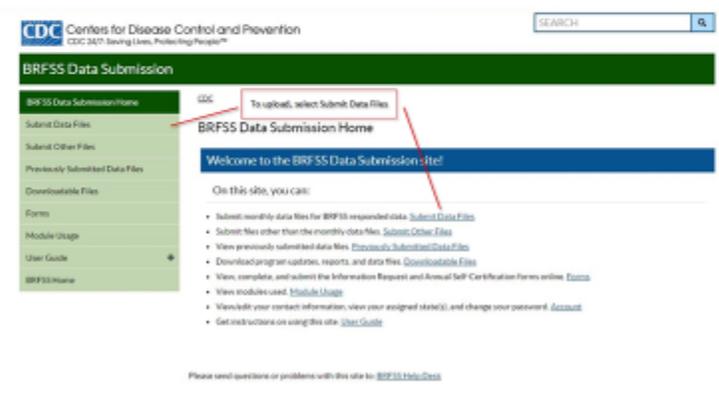
If you continue to experience problems with OneEdits, please contact Ajay Sharma

AUS6@cdc.gov or Bill Garvin WSG1@cdc.gov.

Appendix E: BRFSS State Data Submit File Process

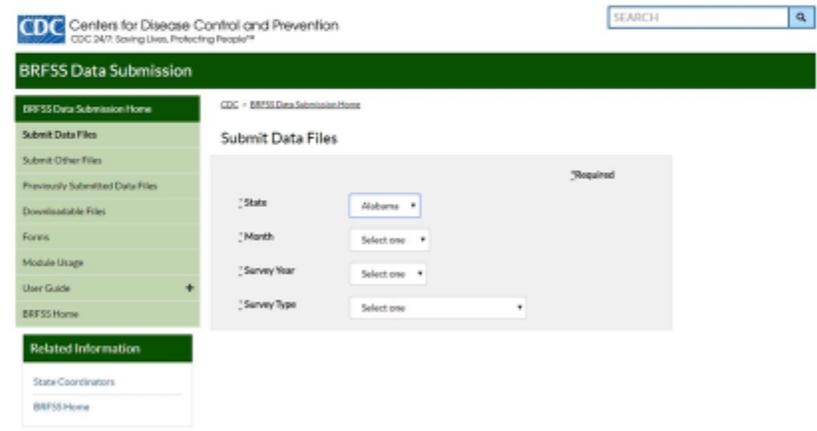
Submit Data Files

To submit BRFSS state survey files to the CDC, select the Submit Data Files page. This page only accepts unzipped files with a file type of .dat.



Submit Data Files

Clicking Submit Data Files on the BRFSS Data Submission Home page brings up the following screen.



State Contractors and State Coordinators

Data submission works differently for State Contractors than for State Coordinators. Contractors may upload to any of the states they've been assigned.

A screenshot of a web form with a light gray background. On the left, there are three labels: ***State**, ***Survey Year**, and ***Survey Type**. To the right of these labels is a dropdown menu currently showing "Select one" with a downward arrow. The menu is open, displaying a list of states: "Select one", "Alabama", "Alaska", "Arizona", "Wyoming", "Palau", "American Samoa", and "Federated States of Micronesia". The "Select one" option is highlighted in blue. In the top right corner, there is a ***Required** label. At the bottom right, there is a note: "Depending upon the file size, uploads may take up to 5 minutes."

Select Month and Year

Select the month and year the survey was conducted.

Submit Data Files

A screenshot of a web form with a light gray background. On the left, there are four labels: ***State**, ***Month**, ***Survey Year**, and ***Survey Type**. To the right of these labels are four dropdown menus. The first menu shows "Alabama", the second shows "February", and the third shows "2017". The fourth menu shows "Select one" with a downward arrow. The "Select one" option is highlighted in blue. In the top right corner, there is a ***Required** label.

Select Survey

Select the type of survey.

Submit Data Files *Required

State	Alabama
Month	February
Survey Year	2017
Survey Type	<div style="border: 1px solid black; padding: 2px;"><div style="background-color: #e0e0e0; padding: 2px;">Select one</div><div style="padding: 2px;">Select one</div><div style="padding: 2px;">Asthma Callback Adult Cell Phone</div><div style="background-color: #0070c0; color: white; padding: 2px;">Cell Phone</div><div style="padding: 2px;">Land Line</div></div>

File Naming

Selecting Survey Type will bring up guidelines on requirements for creating a model to upload. There is no longer a maximum file size for submitting state survey files.

File Name Mask	CEL_ALFEB17.dat
	<small>The name begins with a four character prefix; three characters followed by an underscore, "_". The current prefix allowed is "CEL_". The naming convention is as follows: four-character prefix [two-character state abbreviation [three-character month abbreviation [two-digit year [one optional extra character].[extension], where the optional extra character can be a number (1-9) or letter (A-M). Examples are CEL_GAAPR03.dat or CEL_WVMAR052.zip. If you choose to use an optional extra character, please start with 1, using 1-9 in numerical order before using A-M in alphabetical order. See the Quick Reference Guide for more information and examples.</small>
*File	<input type="button" value="Browse"/> <input type="text"/>

File Naming

File names conform to the following convention:

- 4 character prefix, consisting of three letters describing the type of survey, followed by an underscore (see table below)
- Two character state abbreviation; i.e. Georgia = GA
- Three character abbreviation for the month
- Two-digit year
- An optional one-digit number or letters, 1-9.

For instance, a survey for Asthma Callback Adult Cellphone for Georgia, taken in May, 2014, could be rendered as "AAC_GAMAY14.dat".

File Naming

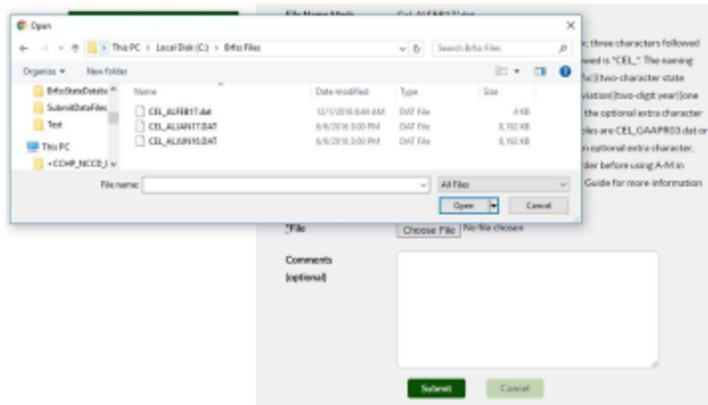
Currently, the following prefixes are used in the system:

- Asthma Callback Adult Cellphone - AAC_
- Asthma Callback Adult Landline - AAL_
- Asthma Callback Child Cellphone - ACC_
- Asthma Callback Child Landline - ACL_
- Asthma Follow-Up Adult - AFA_
- Asthma Follow-Up Child - AFC_
- Cellphone - CEL_
- Landline - No prefix

Files must conform to the required data model type of .dat. The system no longer accepts .zip files as the file is zipped as it is uploaded.

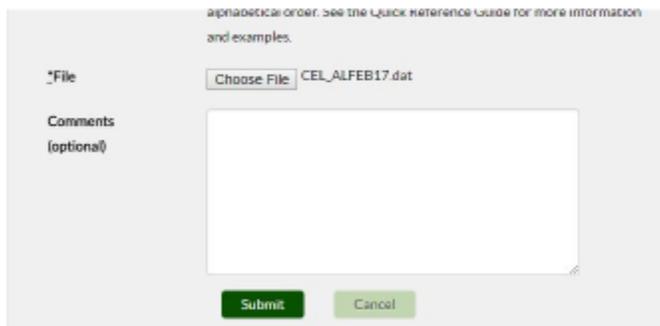
Select File

Select a file to upload with a name that matches the naming instructions.



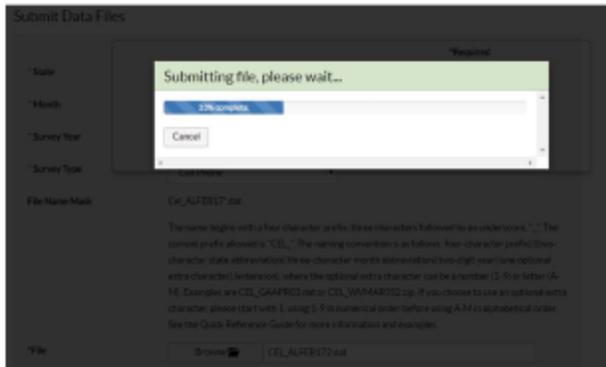
Select File

Select the desired file and click Open, and comments are optional. This brings up the following.



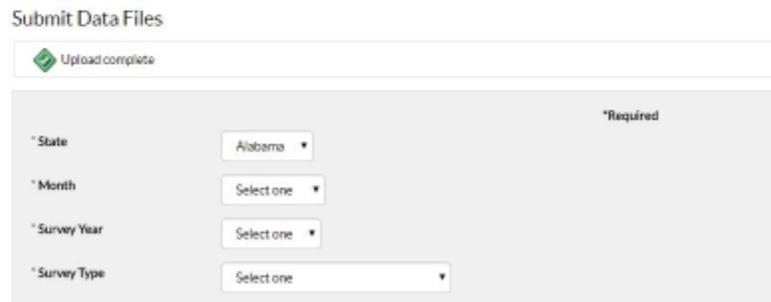
Submit File

Click Submit. A progress bar will appear to show the percentage complete of the upload process.



Upload Complete

Once complete, the following will appear and the new file will appear on the Previously Submitted Data Files page.



Errors

Users may encounter the following error messages.

- The selected survey does not match the 3 character survey prefix in the file name AAC_GAJUN16.DAT
AAC_GAJUN16.DAT
The prefix before the underscore (AAC_GAJUN16.DAT) must match the required prefix for the survey type
- The selected state does not match the 2 character state in the file name AAC_GAJUN16.DAT.
The state code (AAC_GAJUN16.DAT) must match the state selected
- The selected month does not match the 3 character month in the file name AAC_GAJUN16.DAT.
The month code (AAC_GAJUN16.DAT) must match that of the month selected
- The selected year does not match the 2 digit year in the file name AAC_GAJUN16.DAT.
The year (AAC_GAJUN16.DAT) must match that of the year selected

Submit Other Files

The BRFSS data submission site supports upload of files that are not state survey files.

- Call Data and History files (*.cmp)
- CATI files (*.Ci3)
- Sample files (*.smp, *.sam)
- One Edit Outputs (*.out)
- State Added Layouts (*.doc, *.xlsx)
- Other miscellaneous file types as needed

Files of any type may be submitted through the Submit Other Files page, but must be compressed into a .zip file before uploading

Submit Other Files

To submit other files, select the Submit Other Files menu item.

The screenshot shows the BRFSS Data Submission Home page. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". To the right is a search bar. Below this is a green header bar with "BRFSS Data Submission". On the left is a navigation menu with items: "BRFSS Data Submission Home", "Submit Data Files", "Submit Other Files", "Previously Submitted Data Files", "Downloadable Files", "Forms", "Module Usage", "User Guide", and "BRFSS Home". An orange callout box with the text "To upload, select Submit Other Files" has an arrow pointing to the "Submit Other Files" menu item. The main content area has a blue header "BRFSS Data Submission Home" and a blue box saying "Welcome to the BRFSS Data Submission site!". Below this is a section "On this site, you can:" followed by a list of links: "Submit monthly data files for BRFSS respondents data: [Submit Data Files](#)", "Submit files other than the monthly data files: [Submit Other Files](#)", "View previously submitted data files: [Previously Submitted Data Files](#)", "Download program updates, reports, and data files: [Downloadable Files](#)", "View, complete, and submit the Information Request and Annual Self-Certification forms online: [Forms](#)", "View modules used: [Module Usage](#)", "View/edit your contact information, view your assigned state(s), and change your password: [Account](#)", and "Get instructions on using this site: [User Guide](#)". At the bottom, it says "Please send questions or problems with this site to: [BRFSS Help Desk](#)".

Submit Other Files

Clicking Submit Data Files on the BRFSS Data Submission Home page brings up the following screen.

The screenshot shows the "Submit Other Files" form. At the top left is the CDC logo and the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives. Protecting People™". To the right is a search bar. Below this is a green header bar with "BRFSS Data Submission". On the left is a navigation menu with items: "BRFSS Data Submission Home", "Submit Data Files", "Submit Other Files", "Previously Submitted Data Files", "Downloadable Files", "Forms", "Module Usage", "User Guide", and "BRFSS Home". Below the menu is a "Related Information" section with "State Coordinators". The main content area has a header "Submit Other Files" and a form with the following fields: "State" (dropdown menu with "Alabama" selected), "Survey Year" (dropdown menu with "Select one" selected), "Survey Type" (dropdown menu with "Select one" selected), and "File" (file upload button with "Browse" and a folder icon). A note below the form states: "Note: Files must be zipped and 10 MB or less. Depending upon the file size, uploads may take up to 5 minutes." A "Required" label is positioned to the right of the form fields.

Select State

As with the submit data files

- Contractors may upload to any of their states
- State Coordinators may upload to their assigned state

Submit Other Files

***Required**

* State

* Survey Year

* Survey Type

Select Year and Survey Type

Select the year and survey type with which the file is associated,

***Required**

* State

* Survey Year

* Survey Type
Asthma Callback Adult Cell Phone
Land Line

File Naming

Selecting Survey Type will bring up guidelines on requirements for creating a file name for the file to update. The maximum file size is 10 MB.

The name begins with a four character prefix; three characters followed by an underscore, "_". The current prefixes allowed are "AAC_". The naming convention is as follows: four-character prefix|[two-character state abbreviation]|[three-character month abbreviation]|[two-digit year]|[one optional extra character].[extension], where the optional extra character can be a number (1-9) or letter (A-M). Examples AAC_GADECO3.zip. If you choose to use an optional extra character, please start with 1, using 1-9 in numerical order before using A-M in alphabetical order. See the Quick Reference Guide for more information and examples.

Note: Files must be zipped and 10 MB or less. Depending upon the file size, uploads may take up to 5 minutes.

Browse

Select File

Select a file to upload with a name that matches the naming instructions and click Open.

The screenshot shows a Windows File Explorer window titled 'Open' with the address bar set to 'This PC > Local Disk (C:) > Bifs Files'. The file list contains the following items:

Name	Date modified	Type	Size
AAC_ALJUN161.Zip	6/6/2016 3:00 PM	Compressed (zipp...	8,192 KB
AAC_GAJUN16.DAT	6/6/2016 3:00 PM	DAT File	8,192 KB
CEL_ALFEB17.dat	10/1/2016 9:44 AM	DAT File	4 KB
CEL_ALFEB171.DAT	6/6/2016 3:00 PM	DAT File	8,192 KB
CEL_ALFEB172.dat	10/22/2014 11:52 ...	DAT File	48,865 KB
CEL_ALJAN17.DAT	6/6/2016 3:00 PM	DAT File	8,192 KB
CEL_ALJUN16.DAT	6/6/2016 3:00 PM	DAT File	8,192 KB

The 'File name' field at the bottom contains 'AAC_ALJUN161.Zip' and the 'All Files' file type is selected. The 'Open' button is highlighted in blue.

Select File

Enter any comments if desired, and click Submit.

Submit Data Files

***Required**

*State: Alabama

*Survey Year: 2015

*Survey Type: Select one

Note: File size must be 50 MB or less. Depending upon the file size, uploads may take up to 5 minutes.

*File:

Comments (optional):

Upload Complete

Once complete, the following will appear and the new file will appear on the Previously Submitted Data Files page

 The data file AAC_ALAPR15.zip was successfully submitted.

***Required**

*State: Alabama

*Survey Year: 2015

*Survey Type: Asthma Callback Adult Cell Phone