



2021 Arkansas

**Behavioral Risk Factor Surveillance System
Questionnaire**

Imported & Hidden Sample Variables

[ASK ALL]

SAMTYPE. Imported Sample Variable: Sample Type

1 Landline
2 Cell Phone

[ASK ALL]

STATE. Imported Sample Variable: State

AR Arkansas

[SET HEALTHDEPT = STATE]

HEALTHDEPT. Hidden Variable for Piping: Health Department Name

AR Arkansas Department of Health

[SET DEPTPHONE = STATE]

DEPTPHONE. Hidden Variable for Piping: Department Phone Number

AR 1-866-784-7166

[ASK ALL]

ASGCNTY. Imported Sample Variable: County by State

Range 000-999 [NUMBER BOX]

[ASK ALL]

HGENDER. Hidden Variable for storing values entered at SEX1, SEX2, ASKGENDR, RSA, AND MOD27_1

1 Male
2 Female

[SET LENGTH = STATE]

LENGTH. Hidden Variable for Piping: Interview Length

AR 24

CDAY. System variable - Current day [NUMBER BOX] RANGE 1-31

CWEEKDAY. System variable - Current weekday

1 Sunday

2	Monday
3	Tuesday
4	Wednesday
5	Thursday
6	Friday
7	Saturday

CMONTH. System variable - Current month

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December

CYEAR. System variable - Current year [NUMBER BOX] WIDTH=4

CDC NOTE: Items in parentheses at any place in the questions or response DO NOT need to be read.

Behavioral Risk Factor Surveillance System

2020 Questionnaire

Table of Contents

Table of Contents	4
Interviewer’s Script Landline.....	5
Interviewer’s Script Cell Phone	14
Core Sections	21
Section 1: Health Status	21
Section 2: Healthy Days	21
Section 3: Healthcare Access.....	23
Section 4: Exercise	25
Section 5: Hypertension Awareness	25
AR State Added Section 1: Home / Self-measured Blood Pressure	26
Section 6: Cholesterol Awareness	26
Section 7: Chronic Health Conditions.....	28
AR State Added Section 2: Pre-Diabetes	31
Module 2: Diabetes.....	31
Section 8: Arthritis	35
Section 9: Demographics	37
Module 28: Sexual Orientation and Gender Identity (SOGI).....	41
AR State-Added Section: County	44
Section 10: Disability	56
Section 11: Tobacco Use	57
Section 12: Alcohol Consumption	59
Section 13: Immunization	61
Section 14: H.I.V./AIDS	64
Section 15: Fruits and Vegetables	65
Optional Modules	68
Module 13: Cancer Survivorship : Type of Cancer	68
AR State Added Section 3: Cancer Survivorship: Course of Treatment	71
Module 15: Cancer Survivorship: Pain Management.....	73
Module 19: Caregiver	74
Module 20: Adverse Childhood Experiences	78
Arkansas State Added Sections	82
AR State Added Section 4: Physical Activity	82
AR State Added Section 5: Breast and Cervical Cancer Screening	85
AR State Added Section 6: Colorectal Cancer Screening	86
AR State Added Section 7: Family Planning	89

Interviewer's Script Landline

Form Approved
OMB No. 0920-1061
Exp. Date 03/31/2021

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

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

ANSWERING MACHINE MESSAGE TEXT:

AM_TEXT. TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPTS THAT RESULT IN ANSWERING MACHINE

1 Hello, my name is _____. I am calling on behalf of the [HEALTHDEPT] to conduct an important study on the health of US residents. We will call again in the next few days to

conduct the interview. If you have any questions, please call us toll free at [DEPTPHONE] at your convenience. Thank you.

PRIVACY MANAGER MESSAGE TEXT:

PM_TEXT. TO BE LEFT ON THE 1ST, 4TH, 9TH ATTEMPT THAT RESULTS IN A PRIVACY MANAGER

1 (NAME) calling on behalf of the [HEALTHDEPT]

[ASK IF SAMPTYPE=2 OR SELFLAG NE 1 OR GETADULT=1]

INT01. Hello, I am calling for the [HEALTHDEPT]. My name is _____. We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices. This call may be monitored or recorded for quality control.

[IF SAMPTYPE=1 INSERT "Is this \$N?"; IF SAMPTYPE=2 INSERT "Is this a safe time to talk with you?"]

[IF SAMPTYPE=1 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.**"; IF SAMPTYPE=2 INSERT "**INTERVIEWER NOTE: IF NO: Thank you very much. We will call you back at a more convenient time**"]

- 01 Yes – Continue
- 02 No [HIDE IF NOT(SAMPTYPE=1)]
- 03 No – Not a safe time [GO TO CALL BACK SCREEN] [HIDE IF NOT(SAMPTYPE=2)]

- 10 Callback
- 20 Refusal
- D3 Answering Machine
- B2 Busy
- DA Dead Air
- HU Hang Up
- NA No Answer
- NW Non-Working Number

[ASK IF INT01=02]

TERM1. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [ASSIGN DISPO U1]

[ASK IF SELFLAG=1 AND SAMPTYPE=1 AND NOT(GETADULT=1)]

INT02. Hello, I'm _____ calling from ICF for the [STATE] State Department of Health and the Centers for Disease Control and Prevention. We are gathering information about the health of US residents. This call may be monitored or recorded for quality control. When

we called previously the computer randomly selected the [IF NOT(RSA=WR) INSERT “[RSA]”; IF RSA=WR AND NOT(ASKGENDR=WR) INSERT “[ASKGENDR]”] to be interviewed.

May I please speak to [IF HGENDER=1 INSERT “him”; IF HGENDER=2 INSERT “her”]?

01 Selected on the line

03 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

10 Callback

20 Refusal

D3 Answering Machine

B2 Busy

DA Dead Air

HU Hang Up

NA No Answer

NW Non-Working Number

[ASK IF INT01=01 AND SAMPTYPE=1]

HS1. Is this a private residence?

READ IF NECESSARY: By private residence, we mean someplace like a house or apartment.

INTERVIEWER NOTE: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.

1 Yes

2 No

3 No, this is a business

[ASK IF HS1=3]

BUS. Thank you very much but we are only interviewing persons on residential phones at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF HS1=2]

COLLEGE. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – Business
- 3 No – Group Home

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

[ASK IF COLLEGE=2,3,7,9]

X2. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

1 Continue [ASSIGN DISPO M8]

[ASK IF SAMPTYPE=1]

STRES. Do you currently live in [STATE]?

- 1 Yes
- 2 No

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

[ASK IF STRES=2,7,9]

X3. Thank you very much, but we are only interviewing persons who live in [STATE] at this time.

1 Continue [ASSIGN DISPO M7]

[ASK IF HS1=1 or COLLEGE=1]

HS2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes, it is a cell phone
- 2 Not a cell phone

[ASK IF HS2=1]

HS2X. Thank you very much, but we are only interviewing by land line telephones in private residences or college housing at this time.

- 1 Continue [ASSIGN DISPO M3]

[ASK IF COLLEGE=1 AND HS2=2]

ADULT. Are you 18 years of age or older?

- 1 Yes
- 2 No

[ASK IF COLLEGE=1 AND HS2=2 AND ADULT=1]

SEX1. Are you male or female?

- 1 Male
- 2 Female

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

[IF SEX1=1 SET HGENDER=1 (Male); IF SEX1=2 SET HGENDER=2 (Female)]

[ASK IF HS1=1 AND HS2=2]

ADULTS. I need to randomly select an 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?

RANGE 0-18 [NUMBER BOX]

[ASK IF ADULTS=0 OR ADULT=2]

XX3. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF SEX1=7,9]

XX4. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ADULTS=1]

ONEADULT. Are you the adult?

1 Yes

2 No

[ASK IF ONEADULT=1]

ASKGENDR. Are you male or female?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF ASKGENDR=1 SET HGENDER=1 (Male); IF ASKGENDR=2 SET HGENDER=2 (Female)]

[ASK IF ASKGENDR=7,9]

XX5. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF ONEADULT=2]

GETADULT. May I speak with the adult in the household that is 18 years of age or older?

1 Yes, adult coming to the phone [GO TO INT01]

2 No, not here [TERM AS CALL BACK]

[ASK IF ONEADULT=1]

YOU. Then you are the person I need to speak with.

1 Continue

[ASK IF ADULTS > 1]

MEN. How many of these adults are men?

RANGE 0-[ADULTS] [NUMBER BOX]

[ASK IF ADULTS > 1]

NWOMEN. CALCULATE NWOMEN=ADULTS MINUS MEN

[ASK IF NWOMEN>0]

WOMEN. So the number of women in the household is [NWOMEN].

INTERVIEWER NOTE: Confirm the number of adult women or clarify the total number of adults in the household.

Is that correct?

1 Yes

2 No [GO BACK TO ADULTS]

[ASK IF ((ADULTS>=1 OR ASKGENDR=1,2 OR SEX1=1,2) AND (RSA=WR OR PW=150615))]

[IF ADULTS>=1 AND NWOMEN>=1, RANDOMLY SET RSA=01-09]

[IF ADULTS>=1 AND MEN>=1, RANDOMLY SET RSA=11-19]

[IF ASKGENDR=1, SET RSA=21; IF ASKGENDR=2, SET RSA=22]

[IF SEX1=1, SET RSA=21; IF SEX1=2, SET RSA=22]

RSA. System Generated Variable: Randomly Selected Adult

01 Oldest Female

02 2nd Oldest Female

03 3rd Oldest Female

- 04 4th Oldest Female
- 05 5th Oldest Female
- 06 6th Oldest Female
- 07 7th Oldest Female
- 08 8th Oldest Female
- 09 9th Oldest Female
- 11 Oldest Male
- 12 2nd Oldest Male
- 13 3rd Oldest Male
- 14 4th Oldest Male
- 15 5th Oldest Male
- 16 6th Oldest Male
- 17 7th Oldest Male
- 18 8th Oldest Male
- 19 9th Oldest Male
- 20 No respondent selected
- 21 Male
- 22 Female

[IF RSA =11,12,13,14,15,16,17,18,19,21 SET HGENDER=1 (Male); IF RSA =01,02,03,04,05,06,07,08,09,22 SET HGENDER=2 (Female)]

[ASK IF ADULTS>1 AND SAMPTYPE=1]

RESPSLCT. The person in your household that I need to speak with is the [RSA]. Are you the [RSA] in this household?

[INTERVIEWER: PLEASE CHOOSE A RESPONSE. DO NOT USE QUIT]

[INTERVIEWER: IF PERSON ON THE PHONE IS NOT THE SELECTED ADULT SAY: "May I speak with the [RSA]"]

[INTERVIEWER: WHEN NEW ADULT COMES TO THE PHONE READ: Hello, I am calling for the [HEALTHDEPT]. My name is _____. 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. This call may be monitored or recorded for quality control.]

- 1 Yes, male
- 2 Yes, female

4 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]
5 No, adult refused [GO TO INT20 TERM]
6 TERM [GO TO INTXX]

[ASK IF (RSA=01-09 AND RESPSLCT =1) OR (RSA=11-19 AND RESPSLCT =2)]

SELCK. I'm sorry. The selected person in the household is [RSA] and you have just told me you are [IF RESPSLCT =1 INSERT "Male"; IF RESPSLCT =2 INSERT "Female"]. I must correct this inconsistency.

1 Go Back [GO TO RESPSLCT]

[ASK IF SAMPTYPE=1]

YOURTHE1. 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 [DEPTPHONE]. [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

INTERVIEWER NOTE: The interview takes on average [LENGTH] minutes depending on your answers.

1 Person Interested, Continue

2 Go back to Adults question. **WARNING: A NEW RESPONDENT WILL BE SELECTED AND YOU NEED A SUPERVISORS PASSWORD TO CONTINUE** [GO BACK TO PW]

[ASK IF YOURTHE1=2 OR (INT02=03 AND YOURTHE1 NE 1)]

PW. INTERVIEWER IN ORDER TO GO BACK AND CHANGE THE NUMBER OF ADULTS YOU NEED YOUR SUPERVISORS PERMISSION AND PASSWORD ENTER PASSWORD

150615 Go back to ADULTS [GO BACK TO ADULTS] [HIDE RESPONSE]

Interviewer's Script Cell Phone

[ASK IF INT01=01 AND SAMPTYPE=2]

PHONE. Is this \$N?

INTERVIEWER NOTE: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 Yes
- 2 No
- 3 Not a safe time/driving [GO TO TERM]

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

[ASK IF PHONE=2]

XPHONE. Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

- 1 Continue [CODE AS U1]

[ASK IF PHONE=1]

CELLFON2. Is this a cell phone?

READ IF NECESSARY: By cell phone we mean a telephone that is mobile and usable outside your neighborhood.

INTERVIEWER NOTE: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

- 1 Yes
- 2 No
- 3 Not a safe time / driving [GO TO TERM]

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

[ASK IF CELLFON2=2]

NOTCELL1. Thank you very much, but we are only interviewing cell telephones at this time.

1 Continue [ASSIGN DISPO M2]

[ASK IF PHONE=7,9 OR CELLFON2=7,9]

NOTCELL2. Thank you for your time.

1 Continue [ASSIGN DISPO M2]

[ASK IF CELLFON2=1]

CADULT. Are you 18 years of age or older?

1 Yes

2 No

[ASK IF CADULT=2]

NOTOLD. Thank you very much, but we are only interviewing persons aged 18 or older at this time.

1 Continue [ASSIGN DISPO M6]

[ASK IF CADULT=1]

SEX2. Are you male or female?

1 Male

2 Female

7 DON'T KNOW / NOT SURE

9 REFUSED

[IF SEX2=1 SET HGENDER=1 (Male); IF SEX2=2 SET HGENDER=2 (Female)]

[ASK IF SEX2=7,9]

XX6. Thank you for your time, your number may be selected for another survey in the future.

1 Continue [ASSIGN DISPO R3]

[ASK IF CADULT=1]

PVTRES2. Do you live in a private residence?

READ ONLY IF NECESSARY: BY PRIVATE RESIDENCE, WE MEAN SOMEPLACE LIKE A HOUSE OR APARTMENT.

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

- 1 Yes
- 2 No

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

[ASK IF PVTRES2=2]

COLLEGE2. Do you live in college housing?

READ ONLY IF NECESSARY: BY COLLEGE HOUSING WE MEAN DORMITORY, GRADUATE STUDENT OR VISITING FACULTY HOUSING, OR OTHER HOUSING ARRANGEMENT PROVIDED BY A COLLEGE OR UNIVERSITY.

INTERVIEWER NOTE: IF NO, PROBE TO FIND OUT IF BUSINESS OR GROUP HOME.

- 1 Yes
- 2 No – business
- 3 No – group home
- 4 Not a safe time / driving [GO TO CALL BACK SCREEN]

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

[ASK IF COLLEGE2=2,3]

NOTARES. Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time.

- 1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=7,9 OR COLLEGE2=7,9]

X4. Thank you very much for your time.

1 Continue [ASSIGN DISPO M8]

[ASK IF PVTRES2=1 OR COLLEGE2=1]

CSTATE. Do you currently live in [STATE]?

1 Yes
2 No
3 Not a safe time / driving [GO TO CALL BACK SCREEN]

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE=7,9]

X5. Thank you very much for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF CSTATE=2]

RSPSTATE. In what state do you currently live?

AL Alabama
AK Alaska
AZ Arizona
AR Arkansas
CA California
CO Colorado
CT Connecticut
DE Delaware
DC District of Columbia
FL Florida
GA Georgia
HI Hawaii
ID Idaho
IL Illinois
IN Indiana
IO Iowa
KS Kansas
KY Kentucky
LA Louisiana

ME Maine
MD Maryland
MA Massachusetts
MI Michigan
MN Minnesota
MS Mississippi
MO Missouri
MT Montana
NE Nebraska
NV Nevada
NH New Hampshire
NJ New Jersey
NM New Mexico
NY New York
NC North Carolina
ND North Dakota
OH Ohio
OK Oklahoma
OR Oregon
PA Pennsylvania
RI Rhode Island
SC South Carolina
SD South Dakota
TN Tennessee
TX Texas
UT Utah
VT Vermont
VA Virginia
WA Washington
WV West Virginia
WI Wisconsin
WY Wyoming
66 Guam
72 Puerto Rico
78 Virgin Islands
77 Live outside US and participating territories
99 Refused

[ASK IF RSPSTATE= 99]

REFSTATE. I'm sorry, but our data is compiled by state. In order to qualify for the interview we need to know which state you live in." Thank you for your time.

1 Continue [ASSIGN DISPO M7]

[ASK IF RSPSTATE=77]

REFSTATE2. Thank you very much, but we are only interviewing persons who live in the United States and Territories.

1 Continue [ASSIGN DISPO M7]

[ASK IF SAMPTYPE=2]

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

READ ONLY IF NECESSARY: BY LANDLINE TELEPHONE, WE MEAN A REGULAR TELEPHONE IN YOUR HOME THAT IS USED FOR MAKING OR RECEIVING CALLS. PLEASE INCLUDE LANDLINE USED FOR BOTH BUSINESS AND PERSONAL USE.

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF PVTRES2=1]

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

RANGE 1-18 [NUMBER BOX]

77 DON'T KNOW/NOT SURE

99 REFUSED

[ASK IF SAMPTYPE=2]

SVINTRO. 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 personal information that you provide will not be used to identify you. If you have any questions about the survey, please call [DEPTPHONE]. [if STATE = RI, insert: Your continued participation in this telephone survey serves as express consent to be monitored or recorded.]

INTERVIEWER NOTE: The interview takes on average [IF SPLIT=2 OR STATE NE CO INSERT “[LENGTH]”; IF SPLIT=1 AND STATE=CO INSERT “21”] minutes depending on your answers.

- 1 Continue
- 2 Driving / not a safe time [GO TO CALL BACK SCREEN]

- 9 REFUSED [GO TO TERM SCREEN]

Core Sections

Section 1: Health Status

[ASK ALL]

S1Q1. Section 1: Health Status

Would you say that in general your health is —

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

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

Section 2: Healthy Days

[ASK ALL]

S2Q1. Section 2: Healthy Days

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

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK ALL]

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

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S2Q1 NE 88 OR S2Q2 NE 88]

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

INTERVIEWER: 88 may be coded if respondent says “never” or “none”. It is not necessary to ask respondents to provide a number if they indicate that this never occurs.

RANGE 1-30 [NUMBER BOX]

88 None

77 DON'T KNOW / NOT SURE

99 REFUSED

Section 3: Healthcare Access

[ASK ALL]

S3Q1. Section 3: Healthcare Access

What is the current primary source of your health insurance?

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

Interviewer: If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance purchased independently, through their employer, or whether it is through Medicaid or CHIP.

READ IF NECESSARY:

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type

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

[ASK ALL]

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

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

- 1 Yes, only one
- 2 More than one
- 3 No

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

[ASK ALL]

S3Q3. Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- 1 Yes
- 2 No

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

[ASK ALL]

S3Q4. About how long has it been since you last visited a doctor for a routine checkup?

READ IF NECESSARY: A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

READ LIST ONLY IF NECESSARY

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

- 8 NEVER
- 7 DON'T KNOW
- 9 REFUSED

Section 4: Exercise

[ASK ALL]

S4Q1. Section 4: Exercise

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

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 5: Hypertension Awareness

[ASK ALL]

S5Q1. Section 5: Hypertension Awareness

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

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

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

1 Yes

2 Yes, but female told only during pregnancy

3 No

4 Told borderline high or pre-hypertensive or elevated blood pressure

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S5Q1=2 AND HGENDER=1]

S5Q1A. INTERVIEWER: You recorded that the respondent was told by a doctor, nurse, or other health professional that she had high blood pressure. Are you sure? The respondent selected was a male.

You have to go back and correct this INCONSISTENCY ERROR.

1 GO BACK [GO TO S5Q1]

[ASK IF S5Q1=1]

S5Q2. Are you currently taking prescription medicine for your high blood pressure?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

AR State Added Section 1: Home / Self-measured Blood Pressure

[ASK IF STATE=AR AND CSTATE NE 2]

AR1_1. State Added Section: Home / Self-measured Blood Pressure

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

Section 6: Cholesterol Awareness

[ASK ALL]

S6Q1. Section 6: Cholesterol Awareness

Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago

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

[ASK IF S6Q1 NE 1 OR 9]

S6Q2. Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?

INTERVIEWER READ IF NECESSARY: By other health professional we mean nurse practitioner, a physician assistant, or some other health professional.

- 1 Yes
- 2 No

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

[ASK IF S6Q2=1]

S6Q3. Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "High cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines."

- 1 Yes
- 2 No

7 DON'T KNOW
9 REFUSED

Section 7: Chronic Health Conditions

[ASK ALL]

S7Q1. Section 7: Chronic Health Conditions

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

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

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q2. (Ever told you had) angina or coronary heart disease?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q3. (Ever told you had) a stroke?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S7Q4. (Ever told you had) asthma?

- 1 Yes
- 2 No

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

[ASK IF S7Q4=1]

S7Q5. Do you still have asthma?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q6. (Ever told you had) skin cancer?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q7. (Ever told you had) any other types of cancer?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q8. (Ever told you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q9. (Ever told) you had a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q10. Not including kidney stones, bladder infection, or incontinence, were you ever told you had kidney disease?

READ IF NECESSARY: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No

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

[ASK ALL]

S7Q11. (Ever told you had) diabetes?

INTERVIEWER: 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 04.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF HGENDER=1 AND S7Q11=2]

S7Q11A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had diabetes. Are you sure? The respondent selected was male.

You have to go back and correct this INCONSISTENCY ERROR.

01 GO BACK [GO TO S7Q11]

AR State Added Section 2: Pre-Diabetes

[ASK IF STATE = AR AND (S7Q11 NE 1,4 AND CSTATE NE 2)]

AR2_1 State Added Section: Pre-Diabetes

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

[ASK IF S7Q11=1]

S7Q12. How old were you when you were told you had diabetes?

RANGE 0-97 [NUMBER BOX]

98 DON'T KNOW / NOT SURE
99 REFUSED

Module 2: Diabetes

[ASK IF S7Q11=1 AND CSTATE NE 2]

MOD2_1. Module 2: Diabetes

Are you now taking insulin?

- 1 Yes
- 2 No

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

[ASK IF (S7Q11=1 AND CSTATE NE 2)]

MOD2_2. About how often do you check your blood for glucose or sugar?

READ IF NECESSARY: Include times when checked by a family member or friend, but do not include times when checked by a health professional.

INTERVIEWER NOTE: 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.'

- 1 __ Times per day (RANGE 101-199)
- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2_2=105-120 OR MOD2_2=205-220 OR MOD2_2=305-390]

MOD2_2A. I am sorry, but you said that you check your blood [MOD2_2] times per [MOD2_2].

Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_2]

[ASK IF (S7Q11=1 AND CSTATE NE 2)]

MOD2_3. 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 (RANGE 101-199)

- 2 __ Times per week (RANGE 201-299)
- 3 __ Times per month (RANGE 301-399)
- 4 __ Times per year (RANGE 401-499) [NUMBER BOX]

- 555 No feet
- 888 Never
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF MOD2_3=105-120 OR MOD2_3=205-220 OR MOD2_3=305-390]

MOD2_3A. I am sorry, but you said that you check your feet for sores or irritations [MOD2_3] times per [MOD2_3]. Is this information correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_3]

[ASK IF S7Q11=1 and CSTATE NE 2]

MOD2_4: About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

INTERVIEWER NOTE: ENTER 76 FOR 76 TIMES OR MORE

RANGE 1-76 [NUMBER BOX]

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

[ASK IF MOD2_4=52-76]

MOD2_4A: I am sorry, but you said that you have seen a health professional [MOD2_4] times in the past 12 months. Is this correct?

- 1 Yes, correct as is
- 2 No, re-ask question [GO BACK TO MOD2_4]

[ASK IF S7Q11=1 AND CSTATE NE 2]

MOD2_5. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

READ IF NECESSARY: A test for A one C measures the average level of blood sugar over the past three months.

RANGE 1-76 [NUMBER BOX]

- 88 None
- 98 Never heard of A one C test
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK IF S7Q11=1 AND MOD2_3 NE 555 AND CSTATE NE 2]

MOD2_6. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S7Q11=1 AND CSTATE NE 2]

MOD2_7. When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?

READ ONLY IF NECESSARY:

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

DO NOT READ:

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

[ASK IF S7Q11=1 AND CSTATE NE 2]

MOD2_8. 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

[ASK IF S7Q11=1 AND CSTATE NE 2]

MOD2_9. 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

[ASK ALL]

LANG1. INTERVIEWER: DO NOT ASK QUESTION:

IN WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED?

1 ENGLISH

2 SPANISH

Section 8: Arthritis

[ASK ALL]

S8Q1. Section 8: Arthritis

Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S8Q1=1]

S8Q2. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.

- 1 Yes
- 2 No

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

[ASK IF S8Q1=1]

S8Q3. Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

- 1 Yes
- 2 No

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

[ASK IF S8Q1=1]

S8Q4. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

INTERVIEWER NOTE: If a respondent question arises about medication, say "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."

- 1 Yes
- 2 No

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

[ASK IF S8Q1=1]

S8Q5. In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?

INTERVIEWER NOTE: If respondent gives an answer to each issue (whether works, type or work or amount of work), then if any issues is “yes” mark the overall response as yes.

INTERVIEWER NOTE: If a question arises about medications or treatment, say “Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment.”

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S8Q1=1]

S8Q6. Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be.

RANGE 0-10 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

Section 9: Demographics

[ASK ALL]

S9Q1. Section 9: Demographics

What is your age?

RANGE 18-99 [NUMBER BOX]

07 DON'T KNOW / NOT SURE
09 REFUSED

[ASK IF S7Q12>S9Q1 AND S9Q1<> 07,09 AND S7Q12 NE 98,99]

S9Q1CHK. You said you are [S9Q1] years of age and told you had diabetes at age [S7Q12]. I must correct this inconsistency.

1 GO BACK [GO TO S9Q1]

[ASK ALL]

S9Q2. Are you Hispanic, Latino/a, or Spanish origin?

1 No, not of Hispanic, Latino/a, or Spanish origin

2 Yes

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF S9Q2=2]

[MUL=4]

S9Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

1 Mexican, Mexican American, Chicano/a

2 Puerto Rican

3 Cuban

4 Another Hispanic, Latino/a, or Spanish origin

7 DON'T KNOW / NOT SURE [EXCLUSIVE]

9 REFUSED [EXCLUSIVE]

[DATA PROCESSING NOTE: CDC lists this as one question, s9q2 response 5= not Hispanic, 1-4 hispanic options. Deliver based on CDC layout]

[ASK ALL]

[MUL=6]

S9Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander

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

[ASK IF S9Q3=40]

[MUL=7]

S9Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

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

[ASK IF S9Q3=50]

[MUL=4]

S9Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other

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

[ASK IF NBR(S9Q3)>1]

[HIDE RESPONSES NOT SELECTED IN S9Q3 AND DISPLAY 60, 77, 99]

S9Q4. Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: If respondent has selected multiple races in previous and refuses to select a single race, code "refused."

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
50 Pacific Islander

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

[ASK IF NBR(S9Q3A)>1 AND (NBR(S9Q3)==1 OR S9Q4=40)]

[HIDE RESPONSES NOT SELECTED IN S9Q3A AND DISPLAY 77, 99]

[IF S9Q3A NE MUL AND S9Q4=40, AUTO PUNCH S9Q3A RESPONSE]

S9Q4A. Is that...

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

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

[ASK IF NBR(S9Q3PI)>1 AND (NBR(S9Q3)==1 OR S9Q4=50)]

[HIDE RESPONSES NOT SELECTED IN S9Q3PI AND DISPLAY 77, 99]

[IF S9Q3PI NE MUL AND S9Q4=50, AUTO PUNCH S9Q4PI RESPONSE]

S9Q4PI. Is that...

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

- 60 Other
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

Module 28: Sexual Orientation and Gender Identity (SOGI)

[ASK IF HGENDER=1 AND CSTATE NE 2]

MOD28_1A. Module 28: Sexual Orientation and Gender Identity (SOGI)

The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7

PLEASE READ:

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

DO NOT READ:

- 7 I don't know the answer
- 9 REFUSED

[ASK IF HGENDER=2 AND CSTATE NE 2]

MOD28_1B. The next two questions are about sexual orientation and gender identity. Which of the following best represents how you think of yourself?

READ IF NECESSARY: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word. If the respondent does not understand the question topic, code 7.

PLEASE READ:

- 1 1- Lesbian or Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else

DO NOT READ:

- 7 I don't know the answer
- 9 REFUSED

[ASK IF CSTATE NE 2]

MOD28_2. Do you consider yourself to be transgender?

If yes, ask: “Do you consider yourself to be **1.** male-to-female, **2.** female-to-male, or **3.** gender non-conforming?”

READ IF NECESSARY: Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgender. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

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

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

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming

4 4 - No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK ALL]

S9Q5. Are you...?

PLEASE READ:

1 Married

2 Divorced

3 Widowed

4 Separated

5 Never married

6 A member of an unmarried couple

9 REFUSED

[ASK ALL]

S9Q6. What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

9 REFUSED

[ASK ALL]

S9Q7. Do you own or rent your home?

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

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

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

- 1 Own
- 2 Rent
- 3 Other arrangement

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

AR State-Added Section: County

[ASK IF STATE=AR AND CSTATE NE 2]

AR_CNTY. State-Added Section: County

In what county do you currently live?

- 001 Arkansas
- 003 Ashley
- 005 Baxter
- 007 Benton
- 009 Boone
- 011 Bradley
- 013 Calhoun
- 015 Carroll
- 017 Chicot
- 019 Clark
- 021 Clay
- 023 Cleburne
- 025 Cleveland
- 027 Columbia
- 029 Conway
- 031 Craighead
- 033 Crawford
- 035 Crittenden
- 037 Cross
- 039 Dallas
- 041 Desha
- 043 Drew
- 045 Faulkner

047	Franklin
049	Fulton
051	Garland
053	Grant
055	Greene
057	Hempstead
059	Hot Spring
061	Howard
063	Independence
065	Izard
067	Jackson
069	Jefferson
071	Johnson
073	Lafayette
075	Lawrence
077	Lee
079	Lincoln
081	Little River
083	Logan
085	Lonoke
087	Madison
089	Marion
091	Miller
093	Mississippi
095	Monroe
097	Montgomery
099	Nevada
101	Newton
103	Ouachita
105	Perry
107	Phillips
109	Pike
111	Poinsett
113	Polk
115	Pope
117	Prairie
119	Pulaski
121	Randolph
125	Saline
127	Scott
129	Searcy
131	Sebastian
133	Sevier
135	Sharp
123	St. Francis
137	Stone
139	Union
141	Van Buren

143 Washington
 145 White
 147 Woodruff
 149 Yell

[ASK IF STATE=AR AND CSTATE NE 2]

S9Q8. Aggregated state-specific county response

AR [AR_CNTY]

77 DON'T KNOW / NOT SURE
 99 REFUSED

[ASK IF STATE=AR, AND S9Q8 NE 77,99 AND CSTATE NE 2]

S9Q8C. I just want to confirm, you said you live in the county of [S9Q8]. Is that correct?

1 Yes, correct county
 2 No, incorrect county [GO BACK TO AR_cnty]

[ASK IF CSTATE=2]

CNTY. In what county do you currently live?

1 Gave Response [TEXT BOX]
 7 DON'T KNOW / NOT SURE
 9 REFUSED

[ASK ALL]

S9Q9. What is the ZIP Code where you currently live?

RANGE 00000-99999 [NUMBER BOX]

77777 DON'T KNOW / NOT SURE
 99999 REFUSED

[ASK IF S9Q9 NE 77777,99999]

S9Q9C. I just want to confirm, you said your zip code is [S9Q9]. Is that correct?

- 1 Yes, correct zip code
- 2 No, incorrect zip code [GO BACK TO S9Q9]

[ASK IF SAMPTYPE=1]

S9Q10. Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?

- 1 Yes
- 2 No

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

[ASK IF S9Q10=1 AND SAMPTYPE=1]

S9Q11. How many of these telephone numbers are residential numbers?

RANGE 1-5 [NUMBER BOX]

- 6 6 or more
- 7 DON'T KNOW / NOT SURE
- 8 None
- 9 REFUSED

[ASK ALL]

S9Q12. How many cell phones do you have for personal use?

INTERVIEWER NOTE: Include cell phones used for both business and personal use.

RANGE 1-5 [NUMBER BOX]

- 6 Six or more

- 7 DON'T KNOW / NOT SURE
- 8 NONE
- 9 REFUSED

[ASK ALL]

S9Q13. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

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

- 1 Yes
- 2 No

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

[ASK ALL]

S9Q14. Are you currently...?

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

- PLEASE READ:**
- 1 Employed for wages
 - 2 Self-employed
 - 3 Out of work for 1 year or more
 - 4 Out of work for less than 1 year
 - 5 A Homemaker
 - 6 A Student
 - 7 Retired
 - \$ Or
 - 8 Unable to work

 - 9 REFUSED

[ASK ALL]

S9Q15. How many children less than 18 years of age live in your household?

RANGE 1-87 [NUMBER BOX]

- 88 NONE
- 99 REFUSED

[ASK IF S9Q15=1-87]

S9Q15CHK. Just to be sure - you have [S9Q15] [IF S9Q15=1 INSERT “child”; IF S9Q15=2-87 INSERT “children”] under 18 living in your household. Is that correct?

- 1 Yes
- 2 No [GO BACK TO S9Q15]

- 9 REFUSED

[ASK ALL]

S9Q16A. Is your annual household income from all sources –

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

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

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

[ASK IF S9Q16A=01]

S9Q16B. Less than \$25,000 (\$20,000 to less than \$25,000)?

INTERVIEWER NOTE: If respondent refuses at any income level, code '99' (refused)

- 01 Yes
- 02 No

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

[ASK IF S9Q16B=01]

S9Q16C. Less than \$20,000 (\$15,000 to less than \$20,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16C=01]

S9Q16D. Less than \$15,000 (\$10,000 to less than \$15,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16D=01]

S9Q16E. Less than \$10,000?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16A=02]

S9Q16F. Less than \$50,000 (\$35,000 to less than \$50,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes
02 No

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16F=02]

S9Q16G. Less than \$75,000 (\$50,000 to less than \$75,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

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

[ASK IF S9Q16G=02]

S9Q16H. Less than \$100,000 (\$75,000 to less than \$100,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

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

[ASK IF S9Q16H=02]

S9Q16I. Less than \$150,000 (\$100,000 to less than \$150,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

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

[ASK IF S9Q16I=02]

S9Q16J. Less than \$200,000 (\$150,000 to less than \$200,000)?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

- 01 Yes
- 02 No

- 77 DON'T KNOW / NOT SURE

99 REFUSED

[ASK IF S9Q16J=02]

S9Q16K. \$200,000 or more?

READ ONLY IF NECESSARY: Is your annual household income from all sources—

01 Yes

02 No

77 DON'T KNOW / NOT SURE

99 REFUSED

SET S9Q16=01 IF S9Q16E=01
SET S9Q16=02 IF S9Q16E=02
SET S9Q16=03 IF S9Q16D=02
SET S9Q16=04 IF S9Q16C=02
SET S9Q16=05 IF S9Q16B=02
SET S9Q16=06 IF S9Q16F=01
SET S9Q16=07 IF S9Q16G=01
SET S9Q16=08 IF S9Q16H=01
SET S9Q16=09 IF S9Q16I=01
SET S9Q16=10 IF S9Q16J=01
SET S9Q16=11 IF S9Q16K=01
SET S9Q16=77 IF ANY S9Q16A-S9Q16K=77
SET S9Q16=99 IF ANY S9Q16A-S9Q16K=99

[ASK ALL]

S9Q16. Aggregated response to income question

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

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

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

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

01 Less than \$10,000

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

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

08 Less than \$100,000 (\$75,000 to less than \$100,000)

09 Less than \$150,000 (\$100,000 to less than \$150,000)
10 Less than \$200,000 (\$150,000 to less than \$200,000)
11 \$200,000 or more

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S9Q16 NE 77,99]

S9Q16AA. Your Annual Household Income is [S9Q16]. Is This Correct?

1 Yes, correct as is.
2 No, re-ask question [GO BACK TO S9Q16A]

[ASK IF HGENDER=2 AND S9Q1=18-49]

S9Q17. To your knowledge, are you now pregnant?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

PS9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: ENTER "P" FOR WEIGHT GIVEN IN POUNDS OR ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P Pounds
K Kilograms

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS9Q18=P]

S9Q18. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 50-999 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q18=50-79 OR S9Q18=351-776]

S9Q18_A. Just to double-check, you indicated [S9Q18] pounds as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q18]

[ASK IF PS9Q18=K]

S9Q18M. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

RANGE 23-352 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q18M=23-352 AND PS9Q18=K]

S9Q18AM. Just to double-check, you indicated [S9Q18M] kilograms as your weight. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q18M]

[ASK ALL]

PS9Q19. About how tall are you without shoes?

INTERVIEWER NOTE: ENTER "F" FOR HEIGHT GIVEN IN FEET OR ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F Feet
M Centimeters

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF PS9Q19=F]

S9Q19. About how tall are you without shoes?

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

RANGE 300-311, 400-411, 500-511, 600-611, 700-711 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q19=300-407 OR S9Q19=609-711]

S9Q19A. Just to double check, you indicated you are [S9Q19] FEET / INCHES TALL. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q19]

[ASK IF PS9Q19=M]

S9Q19M. About how tall are you without shoes?

INTERVIEWER NOTE: Round fractions up. Enter height in centimeters. Ex: 2 meters 5 centimeters would be entered as 205

RANGE 90-254 [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S9Q19M=90-254 AND PS9Q19=M]

S8Q19AM. Just to double check, you indicated you are [S9Q19M] centimeters tall. IS THIS CORRECT?

1 Yes
2 No [GO BACK TO S9Q19M]

Section 10: Disability

[ASK ALL]

S10Q1. Section 10: Disability

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

Are you deaf or do you have serious difficulty hearing?

- 1 Yes
- 2 No

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

[ASK ALL]

S10Q2. 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

[ASK ALL]

S10Q3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 1 Yes
- 2 No

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

[ASK ALL]

S10Q4. Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q5. Do you have difficulty dressing or bathing?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S10Q6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 11: Tobacco Use

[ASK ALL]

S11Q1. Section 11: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF S11Q1=1]

S11Q2. Do you now smoke cigarettes every day, some days, or not at all?

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

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

READ IF NECESSARY: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

DO NOT READ:

- 1 Every day
- 2 Some days
- 3 Not at all

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK ALL]

S11Q4. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?

READ IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vapid products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint, or candy. Brands you may have heard of are JUUL, NJOY, or blu.

INTERVIEWER NOTE: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

- 1 Every day
- 2 Some days
- 3 Not at all
- 4 Never smoke e-cigs

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

Section 12: Alcohol Consumption

[ASK ALL]

S12Q1. Section 12: Alcohol Consumption

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?

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

- 1__ Days per week (RANGE 101-107)
- 2__ Days in past 30 days (RANGE 201-230) [NUMBER BOX]

- 888 No drinks in past 30 days
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

[ASK IF S12Q1 NE 888,777,999]

S12Q2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

RANGE 1-76 [NUMBER BOX]

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

[ASK IF S12Q2=12-76]

S12Q2A. I am sorry, you just said that you consume [S12Q2] drinks per day. Is that correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q2]

[ASK IF S12Q1 NE 888,777,999]

S12Q3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion?

RANGE 1-76 [NUMBER BOX]

88 NO DAYS
77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q3=16-76]

S12Q3A. I am sorry, you said that in the past month there were [S12Q3] occasions when you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

[ASK IF S12Q1 NE 888,777,999]

S12Q4. During the past 30 days, what is the largest number of drinks you had on any occasion?

RANGE 1-76 [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S12Q4=16-76]

S12Q4A. I am sorry, you said that in the past 30 days you had [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=88 AND HGENDER=2 AND S12Q4=4-76) OR (S12Q3=88 AND HGENDER=1 AND S12Q4=5-76)]

S12Q4B. I'm sorry, but previously you said that you did not have [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q4]

[ASK IF (S12Q3=1-76 AND HGENDER=2 AND S12Q4=1-3) OR (S12Q3=1-76 AND HGENDER=1 AND S12Q4=1-4)]

S12Q4C. I'm sorry, but previously you said that you had [IF HGENDER=1 INSERT "5"; IF HGENDER=2 INSERT "4"] or more drinks on an occasion. And you've said that in the past 30 days you had a maximum of [S12Q4] drinks on one occasion. Is this correct?

- 1 Correct as is
- 2 No, Re-ask question [GO BACK TO S12Q3]

Section 13: Immunization

[ASK ALL]

S13Q1. Section 13: Immunization

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

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

- 1 Yes
- 2 No

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

[ASK IF S13Q1=1]

S13Q2M. During what month and year did you receive your most recent flu vaccine that was sprayed in your nose or flu shot injected into your arm?

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S13Q1=1 OR S13Q2CHK=1]

S13Q2Y.

Code YEAR (RANGE 2020-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S13Q1=1 AND S13Q2M<CMONTH AND S13Q2Y<CYEAR]

S13Q2CHK. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is more than 12 months ago. Have you had a flu vaccination within the past 12 months?

1 Yes
2 No

[ASK IF S13Q2Y=CYEAR AND S13Q2M>CMONTH AND NOT(S13Q2M=77,99)]

S13Q2CHK2. I'm sorry, but you said you had a flu vaccination within the past 12 months, but you have just given me a date for your most recent vaccination that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S13Q2M]

[ASK IF S13Q1=1 AND CSTATE NE 2]

S13Q3. At what kind of place did you get your last flu shot or vaccine?

READ IF NECESSARY: How would you describe the place where you went to get your most recent flu vaccine?

INTERVIEWER NOTE: If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12".

READ IF NECESSARY:

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (a community health center)
- 04 A senior, recreation, or community center
- 05 A store (supermarket, drug store)
- 06 A hospital (inpatient or outpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 11 A school

DO NOT READ:

- 12 A drive through location at some other place than listed above
- 10 RECEIVED VACCINATION IN CANADA/MEXICO
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

[ASK ALL]

S13Q4. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

READ IF NECESSARY: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No

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

Section 14: H.I.V./AIDS

[ASK ALL]

S14Q1. Section 14: H.I.V./AIDS

Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for H.I.V.?

INTERVIEWER NOTE: Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 1 Yes
- 2 No

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

[ASK IF S14Q1=1]

S14Q2M. Not including blood donations, in what month and year was your last H.I.V. test?

INTERVIEWER NOTE: If response is before January 1985, code "Don't know."

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.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July

08 August
09 September
10 October
11 November
12 December

Code MONTH (RANGE 01-12) [NUMBER BOX]

77 DON'T KNOW / NOT SURE
99 REFUSED

[ASK IF S14Q1=1]

S14Q2Y.

Code YEAR (RANGE 1985-2021) [NUMBER BOX]

7777 DON'T KNOW / NOT SURE
9999 REFUSED

[ASK IF S14Q2Y=CYEAR AND S14Q2M>CMONTH AND NOT(S14Q2M=77,99)]

S14Q2CHK. I'm sorry, but you said you had a H.I.V. test within the past 12 months, but you have just given me a date for your most recent test that is in the future. I must go back and correct this inconsistency.

1 CONTINUE [GO BACK TO S14Q2M]

Section 15: Fruits and Vegetables

[ASK ALL]

S15Q1. Section 15: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': "Include fresh, frozen or canned fruit. Do not include dried fruits."

INTERVIEWER NOTE: If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or times per month. **Do not enter times per day unless the respondent reports that he/she consumed that food item each day during the past month.**

INTERVIEWER NOTE: Enter quantity in days, weeks, or months

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q2. Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "Do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and Sunny Delight. Include only 100% pure juices or 100% juice blends."

INTERVIEWER NOTE: Enter quantity in days, weeks, or months. If a respondent gives a number without a time frame, ask "Was that per day, week or month?"

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q3. How often did you eat a green leafy or lettuce salad, with or without other vegetables?

READ IF RESPONDENT ASKS ABOUT SPINACH: “Include spinach salads.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. If respondent gives a number without a time frame, ask “Was that per day, week or month?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q4. How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: “Do not include potato chips”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “**WAS THAT PER DAY, WEEK, OR MONTH?**”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q5. How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE: “Include all types of potatoes except fried. Include potatoes au gratin and scalloped potatoes.”

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

[ASK ALL]

S15Q6. Not including lettuce salads and potatoes, how often did you eat other vegetables?

INTERVIEWER NOTE: ENTER QUANTITY IN DAYS, WEEKS, OR MONTHS. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK “WAS THAT PER DAY, WEEK, OR MONTH?”

- 1__ Days (RANGE 101-199)
- 2__ Weeks (RANGE 201-299)
- 3__ Months (RANGE 301-399) [NUMBER BOX]

300 Less than once a month
555 Never
777 DON'T KNOW / NOT SURE
999 REFUSED

Optional Modules

[Module 13: Cancer Survivorship : Type of Cancer](#)

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

MOD13_1. Module 13: Cancer Survivorship

You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.

How many different types of cancer have you had?

- 1 Only one
- 2 Two
- 3 Three or more

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

[ASK IF MOD13_1=1,2,3]

MOD13_2. At what age were you [IF MOD13_1=1 INSERT "told that you had cancer?"; IF MOD13_1=2,3 INSERT "first diagnosed with cancer?"]

INTERVIEWER NOTE: This question refers to the first time they were told about their first cancer.

RANGE 1-97 [NUMBER BOX]

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

[ASK IF MOD13_2>S9Q1 AND S9Q1 NE 07,09 AND MOD1_2 NE 7,9 AND CSTATE NE 2]

MOD13_2C. You said you were [S9Q1] years of age and told that you had cancer at age [MOD13_2]. I must correct this inconsistency.

- 1 Continue [GO BACK TO MOD13_2]

[ASK IF S7Q6=1 AND MOD13_1=1 AND CSTATE NE 2]

MOD13_3A. Was it "Melanoma" or "other skin cancer"?

- 21 Melanoma
- 22 Other Skin Cancer

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

[ASK IF MOD13_1=2,3 OR (MOD13_1=1 AND S7Q6<>1)]

MOD13_3. [IF MOD13_1=1 AND S7Q6 NE 1 INSERT "What type of cancer was it?"; IF MOD13_1=2,3 INSERT "With your most recent diagnoses of cancer, what type of cancer was it?"]

INTERVIEWER NOTE: Please read list only if respondent needs prompting for cancer type (i.e., name of cancer)

\$ Breast

01 Breast cancer

\$ Female reproductive (Gynecologic)

02 Cervical cancer (cancer of the cervix)

03 Endometrial cancer (cancer of the uterus)

04 Ovarian cancer (cancer of the ovary)

\$ Head/Neck

05 Head and neck cancer

06 Oral cancer

07 Pharyngeal (throat) cancer

08 Thyroid

09 Larynx

\$ Gastrointestinal

10 Colon (intestine) cancer

11 Esophageal (esophagus)

12 Liver cancer

13 Pancreatic (pancreas) cancer

14 Rectal (rectum) cancer

15 Stomach

\$ Leukemia/Lymphoma (lymph nodes and bone marrow)

16 Hodgkin's Lymphoma (Hodgkin's disease)

17 Leukemia (blood) cancer

18 Non-Hodgkin's Lymphoma

\$ Male reproductive

19 Prostate cancer

20 Testicular cancer

\$ Skin

- 21 Melanoma
- 22 Other skin cancer

\$ Thoracic

- 23 Heart
- 24 Lung

\$ Urinary cancer

- 25 Bladder cancer
- 26 Renal (kidney) cancer

\$ Others

- 27 Bone
- 28 Brain
- 29 Neuroblastoma
- 30 Other

77 DON'T KNOW / NOT SURE
99 REFUSED

AR State Added Section 3: Cancer Survivorship: Course of Treatment

[ASK IF STATE=AR AND (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

AR3_1. State Added Section: Cancer Survivorship: Course of treatment

Are you currently receiving treatment for cancer?

READ ONLY IF NECESSARY: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

READ ONLY IF NECESSARY:

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE=AR AND AR3_1=2]

AR3_2. What type of doctor provides the majority of your health care? Is it a ...

INTERVIEWER NOTE: 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.

PLEASE 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

[ASK IF STATE= AR AND AR3_1=2]

AR3_3. Did any doctor, nurse, or other health professional EVER give you a written summary of all the cancer treatments that you received?

READ ONLY IF NECESSARY: "By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional."

1 Yes
2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE= AR AND AR3_1=2]

AR3_4. 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

[ASK IF STATE= AR AND AR3_4=1]

AR3_5. Were these instructions written down or printed on paper for you?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF STATE= AR AND AR3_1=2]

AR3_6. With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?

READ ONLY IF NECESSARY: "Health insurance" also includes Medicare, Medicaid, or other types of state health programs.

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

Module 15: Cancer Survivorship: Pain Management

[ASK IF (S7Q6=1 OR S7Q7=1) AND CSTATE NE 2]

MOD15_1. Module 15: Cancer Survivorship: Pain Management

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

[ASK IF MOD15_1=1]

MOD15_2. Would you say your pain is currently under control ...?

PLEASE READ:

- 1 With medication (or treatment)
- 2 Without medication (or treatment)
- 3 Not under control, with medication (or treatment)
- 4 Not under control, without medication (or treatment)

DO NOT READ:

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

Module 19: Caregiver

[ASK IF CSTATE NE 2]

MOD19_1. Module 19: Caregiver

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 08 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No

- 8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_2. What is his or her relationship to you?

INTERVIEWER NOTE: If more than one person, say: Please refer to the person to whom you are giving the most care.

- 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

[ASK OF MOD19_1=1 AND CSTATE NE 2]

MOD19_3. 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

DO NOT READ:

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_4. 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

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_5. What is the main health problem, long-term illness, or disability that the person you care for has?

READ ONLY IF NECESSARY: Please tell me which one of these conditions would you say is the major problem?

- 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, 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

ASK IF MOD19_1=1 AND MOD19_5=01,02,03,04,06,07,08,09,10,11,12,13,14,15,77,99
CSTATE NE 2]

MOD19_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_7. 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

[ASK IF MOD19_1=1 AND CSTATE NE 2]

MOD19_8. 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

[ASK IF CSTATE NE 2]

MOD19_9. 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

Module 20: Adverse Childhood Experiences

[ASK IF CSTATE NE 2]

MOD20_T. Module 20: Adverse Childhood Experiences

I'd like to ask you some questions about events that happened during your childhood. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age.

INTERVIEWER NOTE: Be aware of the level of stress introduced by questions in this section and be familiar with the crisis plan.

1 Continue

[ASK IF CSTATE NE 2]

MOD20_1. Now, looking back before you were 18 years of age--- Did you live with anyone who was depressed, mentally ill, or suicidal?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_2. Did you live with anyone who was a problem drinker or alcoholic?

1 Yes
2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_3. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married

7 DON'T KNOW / NOT SURE
9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_6. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_7. Not including spanking, (before age 18), how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_8. How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_10. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_11. How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it --

PLEASE READ:

- 1 Never
- 2 Once
- 3 More than Once

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_12. For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

DO NOT READ:

- 7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF CSTATE NE 2]

MOD20_13. For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

DO NOT READ:

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

[ASK IF CSTATE NE 2]

MOD20_C. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

- 1 Yes
- 2 No

[ASK IF (MOD20_C=1 AND CSTATE NE 2)]

MOD20_HOT. Would you like for me to provide a toll-free number for an organization that can provide information and referral for the issues in the last few questions?

Rape, Abuse and Incest National Network Hotline: 1-800-656-HOPE (4673)

- 1 Continue

Arkansas State Added Sections

AR State Added Section 4: Physical Activity

[ASK IF STATE=AR AND CSTATE NE 2]

AR4_1. State Added Section: Physical Activity

What type of physical activity or exercise did you spend the most time doing during the past month?

- 01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)
- 02 Aerobics video or class
- 03 Backpacking
- 04 Badminton
- 05 Basketball
- 06 Bicycling machine exercise
- 07 Bicycling
- 08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)
- 09 Bowling
- 10 Boxing
- 11 Calisthenics
- 12 Canoeing/rowing in competition
- 13 Carpentry
- 14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.
- 15 Elliptical/EFX machine exercise
- 16 Fishing from river bank or boat
- 17 Frisbee
- 18 Gardening (spading, weeding, digging, filling)
- 19 Golf (with motorized cart)
- 20 Golf (without motorized cart)
- 21 Handball
- 22 Hiking – cross-country
- 23 Hockey
- 24 Horseback riding
- 25 Hunting large game – deer, elk
- 26 Hunting small game – quail
- 27 Inline Skating
- 28 Jogging
- 29 Lacrosse
- 30 Mountain climbing
- 31 Mowing lawn
- 32 Paddleball
- 33 Painting/papering house
- 34 Pilates

- 35 Racquetball
- 36 Raking lawn/trimming hedges
- 37 Running
- 38 Rock climbing
- 39 Rope skipping
- 40 Rowing machine exercises
- 41 Rugby
- 42 Scuba diving
- 43 Skateboarding
- 44 Skating – ice or roller
- 45 Sledding, tobogganing
- 46 Snorkeling
- 47 Snow blowing
- 48 Snow shoveling by hand
- 49 Snow skiing
- 50 Snowshoeing
- 51 Soccer
- 52 Softball/Baseball
- 53 Squash
- 54 Stair climbing/Stair master
- 55 Stream fishing in waders
- 56 Surfing
- 57 Swimming
- 58 Swimming in laps
- 59 Table tennis
- 60 Tai Chi
- 61 Tennis
- 62 Touch football
- 63 Volleyball
- 64 Walking
- 66 Waterskiing
- 67 Weight lifting
- 68 Wrestling
- 69 Yoga
- 71 Childcare
- 72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
- 73 Household Activities (vacuuming, dusting, home repair, etc.)
- 74 Karate/Martial Arts
- 75 Upper Body Cycle (wheelchair sports, ergometer
- 76 Yard work (cutting/gathering wood, trimming, etc.)

88 Other [TEXT BOX]

77 DON'T KNOW / NOT SURE

99 REFUSED

AR State Added Section 5: Breast and Cervical Cancer Screening

[ASK IF STATE=AR AND HGENDER=2 AND CSTATE NE 2]

AR5_1. State Added Section: Breast and Cervical Cancer Screening

The next questions are about breast and cervical cancer.

Have you ever had a mammogram?

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

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK STATE = AR AND AR5_1=1]

AR5_2. How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY:

1 Within the past year (anytime less than 12 months ago)

2 Within the past 2 years (1 year but less than 2 years ago)

3 Within the past 3 years (2 years but less than 3 years ago)

4 Within the past 5 years (3 years but less than 5 years ago)

5 5 or more years ago

DO NOT READ:

7 DON'T KNOW / NOT SURE

9 REFUSED

[ASK IF STATE=AR AND HGENDER=2 AND CSTATE NE 2]

AR5_3. How long has it been since you had your last cervical cancer screening test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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

[ASK IF STATE=AR AND HGENDER=2 AND CSTATE NE 2]

AR5_4. At your most recent cervical cancer screening, did you have a PAP test?

- 1 Yes
- 2 No

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

AR State Added Section 6: Colorectal Cancer Screening

[ASK IF STATE=AR AND (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

AR6_1. State Added Section: Colorectal Cancer Screening

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

- 1 Yes - Colonoscopy
- 2 Yes – Sigmoidoscopy
- 3 Yes – Both
- 4 No

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

[ASK IF STATE=AR AND AR6_1=1,3]

AR6_2. How long has it been since your most recent colonoscopy?

READ ONLY IF NECESSARY:

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

DO NOT READ:

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

[ASK IF STATE=AR AND AR6_1=2,3]

AR6_3. How long has it been since your most recent sigmoidoscopy?

READ ONLY IF NECESSARY:

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

DO NOT READ:

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

[ASK IF STATE=AR AND (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

AR6_4. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test?

- 1 Yes
- 2 No

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

[ASK IF STATE=AR AND (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

AR6_5. One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test?

INTERVIEWER NOTE: The blood stool or occult blood test, fecal immunochemical or FIT test determine whether you have blood in your stool or bowel movement and can be done at home using a kit. You use a stick or brush to obtain a small amount of stool at home and send it back to the doctor or lab. Have you ever had a blood stool or FIT test using a home test kit?

- 1 Yes
- 2 No

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

[ASK IF STATE=AR AND AR6_5=1]

AR6_6. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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

[ASK IF STATE=AR AND (S9Q1=45-99 OR S9Q1=07, 09) AND CSTATE NE 2]

AR6_7. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this Cologuard test?

INTERVIEWER NOTE: Cologuard is a new type of stool test for colon cancer. Unlike other stool tests, Cologuard looks for changes in DNA in addition to checking for blood in your stool. The Cologuard test is shipped to your home in a box that includes a container for your stool sample.

- 1 Yes
- 2 No

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

[ASK IF STATE=AR AND AR6_7=1]

AR6_8. Was the blood stool or FIT you reported earlier conducted as part of a Cologuard test?

- 1 Yes
- 2 No

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

[ASK IF STATE=AR AND AR6_7=1]

AR6_9. How long has it been since you had this test?

READ ONLY IF NECESSARY:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years 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

AR State Added Section 7: Family Planning

[ASK IF STATE=AR AND HGENDER=2 AND CSTATE NE 2]

AR7_1. State Added Section: Family Planning

The last time you had sex with a man, did you or your partner do anything to keep you from getting pregnant?

- 1 Yes
- 2 No

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

[ASK IF STATE=AR AND AR6_2=1,7,9]

AR7_2. The last time you had sex with a man, what did you or your partner do to keep you from getting pregnant?

INTERVIEWER NOTE: If respondent reports using more than one method, please code the method that occurs first on the list.

INTERVIEWER NOTE: If respondent reports using “Condoms,” probe to determine if “Female condoms” or “male condoms”

INTERVIEWER NOTE: If respondent reports using an “IUD” probe to determine if “levonorgestrel IUD” or “Copper-bearing IUD”

INTERVIEWER NOTE: If respondent reports “other method,” ask respondent to “please be specific” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana)
- 02 Male sterilization (vasectomy)
- 03 Contraceptive implant (ex. Nexplanon, Jadelle, Sino Implant, Implanon)
- 04 IUD, Levonorgestrel (LNG) or other hormonal (ex. Mirena, Skyla, Liletta, Kylena)
- 05 IUD, Copper-bearing (ex. ParaGard)
- 06 IUD, type unknown
- 07 Shots (ex. Depo-Provera or DMPA)
- 08 Birth control pills, any kind
- 09 Contraceptive patch (ex. Ortho Evra, Xulane)
- 10 Contraceptive ring (ex. NuvaRing)1 Yes
- 11 Male condoms
- 12 Diaphragm, cervical cap, sponge
- 13 Female condoms
- 14 Not having sex at certain times (rhythm or natural family planning)
- 15 Withdrawal (or pulling out)
- 16 Foam, jelly, film, or cream
- 17 Emergency contraception (morning after pill)
- 18 Other method

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

[ASK IF STATE=AR AND AR7_1=2]

AR7_3. Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

What was your main reason for not using a method to prevent pregnancy the last time you had sex with a man?

INTERVIEWER NOTE: If respondent reports “Other reason,” ask respondent to “please specify” and ensure that their response does not fit into another category. If response does fit into another category, please mark appropriately.

READ IF NECESSARY:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed it
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

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

[ASK IF NOT(AST1A=1)]

CLOSE. 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.

1 Continue