Appendix B: BRFSS Questionnaire

Health Status

1.1 Would you say that in general your health is—
   1 Excellent
   2 Very good
   3 Good
   4 Fair
   5 Poor
   Don’t know / Not sure
   Refused

Healthy Days

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
   _ Number of days
   None
   Don’t know / Not sure
   Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   _ Number of days
   None
   Don’t know / Not sure
   Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
   _ Number of days
   None
   Don’t know / Not sure
   Refused

Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?
   1 Yes
   2 No
   Don’t know / Not sure
   Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?
   If No, ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?
   1 Yes, only one
   2 More than one
   3 No
   Don’t know / Not sure
   Refused
3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
   1. Yes
   2. No
   Don't know / Not sure
   Refused

3.4 About how long has it been since you last visited a doctor for a routine checkup?
   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
   Don't know / Not sure
   Never
   Refused

Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
   1. Yes
   2. No
   Don't know / Not sure
   Refused

Inadequate Sleep

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

   Note: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes.
   _ _ Number of hours
   Don't know / Not sure
   Refused

Chronic Health Conditions

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

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?
   1. Yes
   2. No
   Don't know / Not sure
   Refused

6.2 (Ever told) (you had) angina or coronary heart disease?
   1. Yes
   2. No
   Don't know / Not sure
   Refused
6.3 (Ever told) (you had) a stroke?
1  Yes
2  No
Don't know / Not sure
Refused

6.4 (Ever told) (you had) asthma?
1  Yes
2  No  [Go to Q6.6]
Don't know / Not sure [Go to Q6.6]
Refused [Go to Q6.6]

6.5 Do you still have asthma?
1  Yes
2  No
Don't know / Not sure
Refused

6.6 (Ever told) (you had) skin cancer?
1  Yes
2  No
Don't know / Not sure
Refused

6.7 (Ever told) (you had) any other types of cancer?
1  Yes
2  No
Don't know / Not sure
Refused

6.8 (Ever told) (you had) chronic obstructive pulmonary disease or C.O.P.D., emphysema or chronic bronchitis?
1  Yes
2  No
Don't know / Not sure
Refused

6.9 Has a doctor, nurse or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
1  Yes
2  No  [Go to next section]
Don't know / Not sure [Go to next section]
Refused [Go to next section]

Note: Arthritis diagnoses include:
• rheumatism, polymyalgia rheumatica
• osteoarthritis (not osteoporosis)
• tendonitis, bursitis, bunion, tennis elbow
• carpal tunnel syndrome, tarsal tunnel syndrome
• joint infection, Reiter’s syndrome
• ankylosing spondylitis; spondylosis
• rotator cuff syndrome
• connective tissue disease, scleroderma, polymyositis, Raynaud’s syndrome
• vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener’s granulomatosis,
• polyarteritis nodosa)

6.10 (Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?
1 Yes
2 No
Don’t know / Not sure
Refused

6.11 Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease? Note: Incontinence is not being able to control urine flow.
1 Yes
2 No
Don’t know / Not sure
Refused

6.12 (Ever told) (you had) diabetes?
1 Yes
2 Yes, but female told only during pregnancy [Go To Pre-diabetes Module]
3 No [Go To Pre-diabetes Module]
4 No, pre-diabetes or borderline diabetes [Go To Pre-diabetes Module]
Don’t know / Not sure [Go To Pre-diabetes Module]
Refused [Go To Pre-diabetes Module]

6.12 How old were you when you were told you have diabetes?
_ _ Code age in years
Don’t know / Not sure
Refused

Diabetes

7.1 Are you now taking insulin?
1 Yes
2 No
Don’t know/ not sure
Refused

7.2 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.
1 _ _ Times per day
2 _ _ Times per week
3 _ _ Times per month
4 _ _ Times per year
Never
Don’t know / Not sure
Refused
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.’

7.3 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
   2 _ _ Times per week
   3 _ _ Times per month
   4 _ _ Times per year
   No feet
   Never
   Don’t know / Not sure
   Refused

7.4 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
   None
   Don’t know / Not sure
   Refused

7.5 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.
   _ _ Number of times
   None
   Never heard of “A one C” test
   Don’t know / Not sure
   Refused

7.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
   _ _ Number of times
   None
   Don’t know / Not sure
   Refused

7.7 When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?
   1 Within the past month (anytime less than 1 month ago)
   2 Within the past year (1 month but less than 12 months ago)
   3 Within the past 2 years (1 year but less than 2 years ago)
   4 2 or more years ago
   Don’t know / Not sure
   Never
   Refused
7.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?
   1 Yes
   2 No
   Don't know / Not sure
   Refused

7.9 Have you ever taken a course or class in how to manage your diabetes yourself?
   1 Yes
   2 No
   Don't know / Not sure
   Refused

**Oral Health**

8.1 Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?
   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
   Don't know / Not sure
   Never
   Refused

8.2 Not including teeth lost for injury or orthodontics, how many of your permanent teeth have been removed because of tooth decay or gum disease? 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.
   1 1 to 5
   2 6 or more but not all
   3 All
   None
   Don't know / Not sure
   Refused

**Demographics**

9.1 What is your age?
   ___Code age in years
   Don't know / Not sure
   Refused

9.2 Are you Hispanic, Latino/a, or Spanish origin? If yes, ask: Are you…
   1 Mexican, Mexican American, Chicano/a
   2 Puerto Rican
   3 Cuban
   4 Another Hispanic, Latino/a, or Spanish origin
   No
   Don't know / Not sure
   Refused
9.3 Which one or more of the following would you say is your 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
   52  Guamanian or Chamorro
   53  Samoan
   54  Other Pacific Islander

Other
No additional choices
Don't know / Not sure
Refused

9.4 Which one of these groups would you say best represents your race? Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

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

Other
Don't know / Not sure
Refused

9.5 Are you…?

1  Married
2  Divorced
3  Widowed
4  Separated
5  Never married
6  A member of an unmarried couple
Refused
9.6 What is the highest grade or year of school you completed?
1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
Refused

9.7 Do you own or rent your home?
1 Own
2 Rent
3 Other arrangement
Don't know / Not sure
Refused

9.8 In what county do you currently live?
_ _ _ ANSI County Code (formerly FIPS county code)
Don't know / Not sure
Refused

9.9 What is the ZIP Code where you currently live?
_ _ _ _ ZIP Code
Don't know / Not sure
Refused

9.10 Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?
1 Yes
2 No [Go to Q9.12]
Don't know / Not sure [Go to Q9.12]
Refused [Go to Q9.12]

9.11 How many of these telephone numbers are residential numbers?
_ Residential telephone numbers
6 Six or more
Don't know / Not sure
None
Refused

9.12 How many cell phones do you have for personal use?
Enter number
6 Six or more
Don't know / Not sure
None
Refused

9.13 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
Don't know / Not sure
Refused
9.14 Are you currently…?
1 Employed for wages
2 Self-employed
3 Out of work for 1 year or more
4 Out of work for less than 1 year
5 A Homemaker
6 A Student
7 Retired
8 Unable to work
Refused

9.15 How many children less than 18 years of age live in your household?
Number of children
None
Refused

9.16 Is your annual household income from all sources—
If respondent refuses at ANY income level, code Refused
0 4 Less than $25,000 If no, ask 05; if yes, ask 03
($20,000 to less than $25,000)
0 3 Less than $20,000 If no, code 04; if yes, ask 02
($15,000 to less than $20,000)
0 2 Less than $15,000 If no, code 03; if yes, ask 01
($10,000 to less than $15,000)
0 1 Less than $10,000 If no, code 02
0 5 Less than $35,000 If no, ask 06
($25,000 to less than $35,000)
0 6 Less than $50,000 If no, ask 07
($35,000 to less than $50,000)
0 7 Less than $75,000 If no, code 08
($50,000 to less than $75,000)
0 8 $75,000 or more
Don’t know / Not sure
Refused

9.17 To your knowledge, are you now pregnant?
1 Yes
2 No
Don’t know / Not sure
Refused

9.18 About how much do you weigh without shoes?
Weight (pounds/kilograms)
Don’t know / Not sure
Refused

9.19 About how tall are you without shoes?
Height (ft / inches/meters/centimeters)
Don’t know / Not sure
Refused
Disability

10.1 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
   Don't know / Not sure
   Refused

10.2 Are you blind or do you have serious difficulty seeing, even when wearing glasses?
   1  Yes
   2  No
   Don't know / Not sure
   Refused

10.3 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
   1  Yes
   2  No
   Don't know / Not sure
   Refused

10.4 Do you have serious difficulty walking or climbing stairs?
   1  Yes
   2  No
   Don't know / Not sure
   Refused

10.5 Do you have difficulty dressing or bathing?
   1  Yes
   2  No
   Don't know / Not sure
   Refused

10.6 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
   Don't know / Not sure
   Refused

Tobacco Use

11.1 Have you smoked at least 100 cigarettes in your entire life? Note: 5 packs = 100 cigarettes
   1  Yes
   2  No  [Go to Q11.5]
   Don't know / Not sure [Go to Q11.5]
   Refused  [Go to Q11.5]
11.2 Do you now smoke cigarettes every day, some days, or not at all?
   1  Every day
   2  Some days
   3  Not at all  [Go to Q11.4]
      Don't know / Not sure  [Go to Q11.5]
      Refused  [Go to Q11.5]

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
   1  Yes  [Go to Q11.5]
   2  No  [Go to Q11.5]
      Don't know / Not sure  [Go to Q11.5]
      Refused  [Go to Q11.5]

11.4 How long has it been since you last smoked a cigarette, even one or two puffs?
   0  1  Within the past month (less than 1 month ago)
   0  2  Within the past 3 months (1 month but less than 3 months ago)
   0  3  Within the past 6 months (3 months but less than 6 months ago)
   0  4  Within the past year (6 months but less than 1 year ago)
   0  5  Within the past 5 years (1 year but less than 5 years ago)
   0  6  Within the past 10 years (5 years but less than 10 years ago)
   0  7  10 years or more
   0  8  Never smoked regularly
      Don't know / Not sure
      Refused

11.5 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
      Don't know / Not sure
      Refused

Alcohol Consumption

12.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
   1 _ _ Days per week
   2 _ _ Days in past 30 days
      No drinks in past 30 days  [Go to next section]
      Don't know / Not sure  [Go to next section]
      Refused  [Go to next section]

12.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
   _ _ Number of drinks
      Don't know / Not sure
      None
      Refused
12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?

   None
   Don’t know / Not sure
   Refused

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

   Don’t know / Not sure
   Refused

Immunization

13.1 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?

   1 Yes
   2 No  [Go to Q13.3]
   Don’t know / Not sure [Go to Q13.3]
   Refused  [Go to Q13.3]

13.2 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?

   Don’t know / Not sure
   Refused

13.3 Have you received a tetanus shot in the past 10 years?
   If yes, ask: Was this Tdap, the tetanus shot that also has pertussis or whooping cough vaccine?

   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
   Don’t know / Not sure
   Refused

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

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

Falls

14.1 In the past 12 months, how many times have you fallen? Read if necessary: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

   None  [Go to next section]
   Don’t know / Not sure  [Go to next section]
   Refused  [Go to next section]
14.2 How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go to see a doctor? Read if necessary: By an injury, we mean the fall caused you to limit your regular activities for at least a day or caused you to go to see a doctor.

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<thead>
<tr>
<th>Number of falls</th>
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<tbody>
<tr>
<td>None</td>
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<tr>
<td>Don’t know / Not sure</td>
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<td>Refused</td>
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**Seat Belt Use and Drinking and Driving**

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

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<th>Don’t know / Not sure</th>
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Never drive or ride in a car [Go to next section]

Refused

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

<table>
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<th>Number of times</th>
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<tbody>
<tr>
<td>None</td>
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<tr>
<td>Don’t know / Not sure</td>
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<tr>
<td>Refused</td>
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**Breast and Cervical Cancer Screening**

Note: If Male, Go to Next Section
The next questions are about breast and cervical cancer.

16.1 Have you ever had a mammogram? Note: A mammogram is an x-ray of each breast to look for breast cancer.

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<th>Don’t know / Not sure</th>
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16.2 How long has it been since you had your last mammogram?

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</table>

<table>
<thead>
<tr>
<th>Don’t know / Not sure</th>
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<tr>
<td>Refused</td>
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</tbody>
</table>
16.3 Have you ever had a Pap test? Note: A Pap test is a test for cancer of the cervix.
   1 Yes
   2 No [Go to Q16.5]
   Don't know / Not sure [Go to Q16.5]
   Refused [Go to Q16.5]

16.4 How long has it been since you had your last Pap test?
   1 Within the past year (anytime less than 12 months ago)
   2 Within the past 2 years (1 year but less than 2 years ago)
   3 Within the past 3 years (2 years but less than 3 years ago)
   4 Within the past 5 years (3 years but less than 5 years ago)
   5 5 or more years ago
   Don't know / Not sure
   Refused

16.5 An H.P.V. test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an H.P.V. test? Note: Human Papillomavirus (pap-ul-loh-muh-virus)
   1 Yes
   2 No [Go to Q16.7]
   Don't know / Not sure [Go to Q16.7]
   Refused [Go to Q16.7]

16.6 How long has it been since you had your last H.P.V. test?
   1 Within the past year (anytime less than 12 months ago)
   2 Within the past 2 years (1 year but less than 2 years ago)
   3 Within the past 3 years (2 years but less than 3 years ago)
   4 Within the past 5 years (3 years but less than 5 years ago)
   5 5 or more years ago
   Don't know / Not sure
   Refused

If response to Q9.17= 1 (is pregnant); then go to next section.

16.7 Have you had a hysterectomy? Read if necessary: A hysterectomy is an operation to remove the uterus (womb).
   1 Yes
   2 No
   Don't know / Not sure
   Refused

**Prostate Cancer Screening**

Note: If respondent is ≤39 years of age, or female, go to next section.

17.1 Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the Prostate-Specific Antigen or P.S.A. test? Read if necessary: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer.
   1 Yes
   2 No
   Don't Know / Not sure
   Refused
17.2 Has a doctor, nurse, or other health professional ever talked with you about the disadvantages of the P.S.A. test?
  1 Yes
  2 No
  Don’t Know / Not sure
  Refused

17.3 Has a doctor, nurse, or other health professional ever recommended that you have a P.S.A. test?
  1 Yes
  2 No
  Don’t Know / Not sure
  Refused

17.4 Have you ever had a P.S.A. test?
  1 Yes
  2 No [Go to next section]
  Don’t Know / Not sure [Go to next section]
  Refused [Go to next section]

17.5 How long has it been since you had your last P.S.A. test?
  1 Within the past year (anytime less than 12 months ago)
  2 Within the past 2 years (1 year but less than 2 years ago)
  3 Within the past 3 years (2 years but less than 3 years ago)
  4 Within the past 5 years (3 years but less than 5 years ago)
  5 5 or more years ago
  Don’t know / Not sure
  Refused

17.6 What was the main reason you had this P.S.A. test – was it …?
  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
  Don’t know / Not sure
  Refused

Colorectal Cancer Screening

Note: If respondent is less than 45 years of age, go to next section.

The next questions are about the five different types of tests for colorectal cancer screening.

18.1 A colonoscopy checks the entire colon. 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. Have you ever had a colonoscopy?

Note: Do not include a virtual colonoscopy, where your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach.
18.2 How long has it been since you had this test?
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago
Don’t know / Not sure
Refused

18.3 A sigmoidoscopy checks part of the colon and you are fully awake. Have you ever had a sigmoidoscopy?
1. Yes
2. No [Go to Q18.5]
Don’t Know / Not sure [Go to Q18.5]
Refused [Go to Q18.5]

18.4 How long has it been since you had this test?
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 5 years (2 years but less than 5 years ago)
4. Within the past 10 years (5 years but less than 10 years ago)
5. 10 or more years ago
Don’t know / Not sure
Refused

18.5 Another test uses a special kit to obtain a small amount of stool at home to determine whether the stool contains blood and returns the kit to the doctor or the lab. Have you ever had this test using a home kit?

Note: This is also called a fecal immunochemical test or F.I.T. or a guaiac-based fecal occult blood test also known as gFOBT. The FIT test uses antibodies to detect blood in the stool. The gFOBT uses a chemical called guaiac to detect blood in the stool.

1. Yes
2. No [Go to Q18.7]
Don’t Know / Not sure [Go to Q18.7]
Refused [Go to Q18.7]

18.6 How long has it been since you had this test?
1. Within the past year (anytime less than 12 months ago)
2. Within the past 2 years (1 year but less than 2 years ago)
3. Within the past 3 years (2 years but less than 3 years ago)
4. Within the past 5 years (3 years but less than 5 years ago)
5. 5 or more years ago
Don’t know / Not sure
Refused
18.7 Another test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test?

Note: This is also called a FIT-DNA test, a stool DNA test, or a Cologuard test. This test combined the FIT with a test that detects altered DNA in the stool.

1 Yes
2 No [Go to Q18.9]
Don’t Know / Not sure [Go to Q18.9]
Refused [Go to Q18.9]

18.8 How long has it been since you had this test?

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

18.9 For a virtual colonoscopy, your colon is filled with air and you are moved through a donut shaped X-ray machine as you lie on your back and then on your stomach. Have you ever had a virtual colonoscopy?

Note: Unlike a regular colonoscopy, you do not need medication to make you sleepy during the test.

1 Yes
2 No [Go to next section]
Don’t Know / Not sure [Go to next section]
Refused [Go to next section]

18.10 How long has it been since you had this test?

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

HIV/AIDS

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.

19.1 Including fluid testing from your mouth, but not including tests you may have had for blood donation, have you ever been tested for HIV?

1 Yes
2 No [Go to Q19.3]
Don’t know / Not sure [Go to Q19.3]
Refused [Go to Q19.3]
19.2 Not including blood donations, in what month and year was your last HIV test?
   ___ / ___ Code month and year
   Don't know / Not sure
   Refused

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

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

19.3 Do any of these situations apply to you?
   1 Yes
   2 No
   Don't know / Not sure
   Refused

E-Cigarettes

20.1 Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?
   1 Yes
   2 No [Go to next module]
   Don't know / Not sure [Go to next module]
   Refused [Go to next module]

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.

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. E-cigarettes may also be known as JUUL, Vuse, Suorin, MarkTen, and blu.

20.2 Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all? 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
   Don't know / Not sure
   Refused

Lung Cancer Screening

Note: [If Q11.1=1 (yes) and Q11.2 = 1, 2, or 3 (every day, some days, or not at all) continue, otherwise go to question Q21.4]
21.1 You’ve told us that you have smoked in the past or are currently smoking. The next questions are about screening for lung cancer. How old were you when you first started to smoke cigarettes regularly?

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

_ _ _Age in years
Don’t know / Not sure
Never smoked cigarettes regularly [Go to Q21.4]
Refused

21.2 How old were you when you last smoked cigarettes regularly?

_ _ _Age in years
Don’t know / Not sure
Refused

21.3 On average, when you [smoke/smoked] regularly, about how many cigarettes [do/did] you usually smoke each day? Note: Regularly is at least one cigarette or more on days that a respondent smokes (either every day or some days) or smoked (not at all).

Respondents may answer in packs instead of number of cigarettes. Below is a conversion table:
0.5 pack = 10 cigarettes
0.75 pack = 15 cigarettes
1 pack = 20 cigarettes
1.25 pack = 25 cigarettes
1.5 pack = 30 cigarettes
1.75 pack = 35 cigarettes
2 packs = 40 cigarettes
2.5 packs = 50 cigarettes
3 packs = 60 cigarettes

_ _ _Number of cigarettes
Don’t know / Not sure
Refused

21.4 The next question is about CT or CAT scans. During this test, you lie flat 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?

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
Don’t know/not sure
Refused

Cancer Survivorship

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise go to next module
You’ve told us that you have had cancer. I would like to ask you a few more questions about your cancer.

22.1 How many different types of cancer have you had?
   1. Only one
   2. Two
   3. Three or more
   Don’t know / Not sure [Go To Next Section]
   Refused [Go To Next Section]

22.2 At what age were you told that you had cancer?
   If Q23.1 = 2 or 3 ask: At what age were you first diagnosed with cancer?
     _ _ Age in Years
     Don’t know/Not sure
     Refused

22.3 What type of cancer was it?

   If Q22.1 = 2 or 3 ask: With your most recent diagnosis of cancer, what type of cancer was it?

   If Q6.7 = 1 (Yes) and Q22.1 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code Q22.3 as a response of 21 if Melanoma or 22 if other skin cancer

   Note: If Q17.6 = 4 (Because you were told you had Prostate Cancer) and Q22.1 = 1 (Only one) then code Q22.3 as a response of 19.

   Note: If respondent says skin cancer, ask: Was it melanoma or another skin cancer?

   Note: Please read list only if respondent needs prompting for cancer type

   **Breast**
   0 1. Breast cancer

   **Female reproductive (Gynecologic)**
   0 2. Cervical cancer (cancer of the cervix)
   0 3. Endometrial cancer (cancer of the uterus)
   0 4. Ovarian cancer (cancer of the ovary)

   **Head/Neck**
   0 5. Head and neck cancer
   0 6. Oral cancer
   0 7. Pharyngeal (throat) cancer
   0 8. Thyroid
   0 9. Larynx

   **Gastrointestinal**
   1 0. Colon (intestine) cancer
   1 1. Esophageal (esophagus)
   1 2. Liver cancer
   1 3. Pancreatic (pancreas) cancer
   1 4. Rectal (rectum) cancer
   1 5. Stomach

   **Leukemia/Lymphoma (lymph nodes and bone marrow)**
   1 6. Hodgkin's Lymphoma (Hodgkin’s disease)
<table>
<thead>
<tr>
<th></th>
<th>Cancer (blood) cancer</th>
<th></th>
<th>Non-Hodgkin’s Lymphoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 7</td>
<td>Male reproductive</td>
<td>1 8</td>
<td></td>
</tr>
<tr>
<td>1 8</td>
<td>Prostate cancer</td>
<td>2 0</td>
<td>Testicular cancer</td>
</tr>
<tr>
<td>1 9</td>
<td>Skin</td>
<td>2 1</td>
<td>Melanoma</td>
</tr>
<tr>
<td>2 0</td>
<td>Skin</td>
<td>2 2</td>
<td>Other skin cancer</td>
</tr>
<tr>
<td>2 1</td>
<td>Skin</td>
<td>2 3</td>
<td>Heart</td>
</tr>
<tr>
<td>2 2</td>
<td>Skin</td>
<td>2 4</td>
<td>Lung</td>
</tr>
<tr>
<td>2 3</td>
<td>Thoracic</td>
<td>2 5</td>
<td>Bladder cancer</td>
</tr>
<tr>
<td>2 4</td>
<td>Thoracic</td>
<td>2 6</td>
<td>Renal (kidney) cancer</td>
</tr>
<tr>
<td>2 5</td>
<td>Urinary cancer:</td>
<td>2 7</td>
<td>Bone</td>
</tr>
<tr>
<td>2 6</td>
<td>Urinary cancer:</td>
<td>2 8</td>
<td>Brain</td>
</tr>
<tr>
<td>2 7</td>
<td>Urinary cancer:</td>
<td>2 9</td>
<td>Neuroblastoma</td>
</tr>
<tr>
<td>2 8</td>
<td>Urinary cancer:</td>
<td>3 0</td>
<td>Other</td>
</tr>
<tr>
<td>2 9</td>
<td>Others</td>
<td>3 1</td>
<td>Bone</td>
</tr>
<tr>
<td>3 0</td>
<td>Others</td>
<td>3 2</td>
<td>Brain</td>
</tr>
<tr>
<td>3 1</td>
<td>Others</td>
<td>3 3</td>
<td>Neuroblastoma</td>
</tr>
<tr>
<td>3 2</td>
<td>Others</td>
<td>3 4</td>
<td>Other</td>
</tr>
<tr>
<td>3 3</td>
<td>Others</td>
<td>3 5</td>
<td>Treatment was not necessary</td>
</tr>
<tr>
<td>3 4</td>
<td>Others</td>
<td>3 6</td>
<td>Other</td>
</tr>
<tr>
<td>3 5</td>
<td>Others</td>
<td>3 7</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>3 6</td>
<td>Others</td>
<td>3 8</td>
<td>Refused</td>
</tr>
</tbody>
</table>

**Cancer Treatment**

Note: If Q6.6 or Q6.7 = 1 (Yes) or Q17.6 = 4 (Because you were told you had prostate cancer) continue, otherwise go to next module

23.1 Are you currently receiving treatment for cancer? Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>[Go To Next Section]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No, I've completed treatment</td>
<td>[Continue]</td>
</tr>
<tr>
<td>2</td>
<td>No, I've refused treatment</td>
<td>[Go To Next Section]</td>
</tr>
<tr>
<td>3</td>
<td>No, I haven’t started treatment</td>
<td>[Go To Next Section]</td>
</tr>
<tr>
<td>4</td>
<td>Treatment was not necessary</td>
<td>[Go To Next Section]</td>
</tr>
<tr>
<td>5</td>
<td>Don’t know / Not sure</td>
<td>[Go To Next Section]</td>
</tr>
<tr>
<td>6</td>
<td>Refused</td>
<td>[Go To Next Section]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Cancer Surgeon</th>
<th></th>
<th>Family Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Cancer Surgeon</td>
<td>02</td>
<td>Family Practitioner</td>
</tr>
<tr>
<td>02</td>
<td>General Surgeon</td>
<td>03</td>
<td>General Surgeon</td>
</tr>
<tr>
<td>03</td>
<td>Gynecologic Oncologist</td>
<td>04</td>
<td>Gynecologic Oncologist</td>
</tr>
<tr>
<td>04</td>
<td>General Practitioner, Internist</td>
<td>05</td>
<td>General Practitioner, Internist</td>
</tr>
<tr>
<td>05</td>
<td>Plastic Surgeon, Reconstructive Surgeon</td>
<td>06</td>
<td>Plastic Surgeon, Reconstructive Surgeon</td>
</tr>
<tr>
<td>06</td>
<td>Plastic Surgeon, Reconstructive Surgeon</td>
<td>07</td>
<td>Medical Oncologist</td>
</tr>
<tr>
<td>07</td>
<td>Medical Oncologist</td>
<td>08</td>
<td>Radiation Oncologist</td>
</tr>
<tr>
<td>08</td>
<td>Radiation Oncologist</td>
<td>09</td>
<td>Urologist</td>
</tr>
<tr>
<td>09</td>
<td>Urologist</td>
<td>10</td>
<td>Other</td>
</tr>
<tr>
<td>10</td>
<td>Other</td>
<td>11</td>
<td>Don’t know / Not sure</td>
</tr>
<tr>
<td>11</td>
<td>Refused</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
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.

23.3 Did any doctor, nurse, or other health professional ever give you a written summary of
all the cancer treatments that you received?
  1  Yes
  2  No
  Don’t know/ not sure
  Refused

Read if necessary: By ‘other healthcare professional’, we mean a nurse practitioner, a physician’s
assistant, social worker, or some other licensed professional.

23.4 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  [Go To Q23.6]
  Don’t know/ not sure  [Go To Q23.6]
  Refused  [Go To Q23.6]

23.5 Were these instructions written down or printed on paper for you?
  1  Yes
  2  No
  Don’t know/ not sure
  Refused

23.6 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
  Don’t know/ not sure
  Refused

Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health
programs.

23.7 Were you ever denied health insurance or life insurance coverage because of your cancer?
  1  Yes
  2  No
  Don’t know/ not sure
  Refused
23.8 Did you participate in a clinical trial as part of your cancer treatment?
   1 Yes
   2 No
   Don’t know/ not sure
   Refused

**Random Child Selection**

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

24.1 What is the birth month and year of the Xth child?
   _ _ / _ _ _ _ Code month and year
   Don’t know / Not sure
   Refused

24.2 Is the child a boy or a girl?
   1 Boy
   2 Girl
   Refused

24.3 Is the child Hispanic, Latino/a, or Spanish origin?
   If yes, ask: Are they…
   1 Mexican, Mexican American, Chicano/a
   2 Puerto Rican
   3 Cuban
   4 Another Hispanic, Latino/a, or Spanish origin
   5 No
   Don’t know / Not sure
   Refused

24.4 Which one or more of the following would you say is the race of the child?
   Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.
   10 White
   20 Black or African American
   30 American Indian or Alaska Native
   40 Asian
   41 Asian Indian
   42 Chinese
   43 Filipino
   44 Japanese
   45 Korean
   46 Vietnamese
   47 Other Asian
   50 Pacific Islander
   51 Native Hawaiian
   52 Guamanian or Chamorro
   53 Samoan
   54 Other Pacific Islander
   60 Other
No additional choices
Don’t know / Not sure
Refused

24.5 Which one of these groups would you say best represents the child’s race?
Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

<table>
<thead>
<tr>
<th>Code</th>
<th>Race Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>White</td>
</tr>
<tr>
<td>20</td>
<td>Black or African American</td>
</tr>
<tr>
<td>30</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>40</td>
<td>Asian</td>
</tr>
<tr>
<td>41</td>
<td>Asian Indian</td>
</tr>
<tr>
<td>42</td>
<td>Chinese</td>
</tr>
<tr>
<td>43</td>
<td>Filipino</td>
</tr>
<tr>
<td>44</td>
<td>Japanese</td>
</tr>
<tr>
<td>45</td>
<td>Korean</td>
</tr>
<tr>
<td>46</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>47</td>
<td>Other Asian</td>
</tr>
<tr>
<td>50</td>
<td>Pacific Islander</td>
</tr>
<tr>
<td>51</td>
<td>Native Hawaiian</td>
</tr>
<tr>
<td>52</td>
<td>Guamanian or Chamorro</td>
</tr>
<tr>
<td>53</td>
<td>Samoan</td>
</tr>
<tr>
<td>54</td>
<td>Other Pacific Islander</td>
</tr>
<tr>
<td>60</td>
<td>Other</td>
</tr>
</tbody>
</table>

Don’t know / Not sure
Refused

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Relationship Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Parent (include biologic, step, or adoptive parent)</td>
</tr>
<tr>
<td>2</td>
<td>Grandparent</td>
</tr>
<tr>
<td>3</td>
<td>Foster parent or guardian</td>
</tr>
<tr>
<td>4</td>
<td>Sibling (include biologic, step, and adoptive sibling)</td>
</tr>
<tr>
<td>5</td>
<td>Other relative</td>
</tr>
<tr>
<td>6</td>
<td>Not related in any way</td>
</tr>
</tbody>
</table>

Don’t know / Not sure
Refused
State-Added Questions

**Health Care Coverage**

If “1” to Q. 3.1, continue. Otherwise go to SD02.

SD01 Earlier you indicated that you have health care coverage. What type of coverage pays for most of your medical care? Is it coverage through:
- 01 Your employer
- 02 Someone else’s employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
  - None
  - Don’t know/Not sure
  - Refused

SD02 Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:
- 01 Your employer
- 02 Someone else’s employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 The Indian Health Service
- 08 Some other source
  - None
  - Don’t know/Not sure
  - Refused

**Tobacco**

This question includes the use of combustibles, like cigarettes and cigars, smokeless tobacco, electronic cigarettes, and vaping products.

Note: If respondent had a routine checkup in the past year AND they smoke everyday or some days, or use chewing tobacco or snuff every day or some days, or use E-cigarettes every day or some days, continue. Otherwise go to SD04.

SD03 In the past 12 months, has a doctor, nurse, or other health professional advised you to quit using tobacco?
- 1 Yes
- 2 No
  - Don’t know/Not sure
  - Refused
Note: If respondent is employed for wages or self-employed, continue. Otherwise, go to SD06

SD04 While working at your job, are you indoors most of the time?
   1 Yes
   2 No [Go to SD06]
   Don't know / Not sure [Go to SD06]
   Refused [Go to SD06]

SD05 Which of the following best describes your place of work's official smoking policy for work areas?
   1 Not allowed in any work areas
   2 Allowed in some work areas
   3 Allowed in all work areas
   4 No official policy

SD06 Which statement best describes the rules about smoking inside your home? Do not include decks, garages, or porches or the use of electronic cigarettes or vaping products inside the home.
   1 Smoking is not allowed anywhere inside your home [Go to SD08]
   2 Smoking is allowed in some places or at some times
   3 Smoking is allowed anywhere inside your home
   4 There are no rules about smoking inside your home
   Don't know/not sure [Go to SD08]
   Refused [Go to SD08]

SD07 On how many of the past 7 days did someone smoke a combustible tobacco product, like a cigarette or cigar, in your home while you were there?
   ___ Number of days
   Not at home in the past 7 days
   None
   Don’t know/not sure
   Refused

**Colorectal Cancer Screening**

Note: If respondent is <45 years of age, go to next section.

SD08 Has a doctor, nurse, or other health professional ever recommended that you be tested for colorectal or colon cancer?
   1 Yes
   2 No
   Don’t Know/not sure
   Refused
**Sun Exposure**

**SD09** When you are outside for more than one hour on a sunny day, how often do you wear sunblock or sunscreen with an SPF of 15 or higher?

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never
6. Don’t stay out for more than an hour
Don’t know/not sure
Refused

**Opioid Use**

**SD10** In the past 12 months, have you taken a prescription pain medication such as OxyContin, Percocet, Vicodin, Tramadol, or Fentanyl?

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

**Hepatitis C Testing**

**SD11** Have you ever been tested for Hepatitis C? Note: If respondent is hesitant or unsure, please do not push for yes or no response. Instead code 7 = don’t know/not sure

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

**Children’s Health Insurance**

Note: If the total number of children (ages 0-17) is equal to or greater than 1 continue. Otherwise go to ACE module.

**SD12** I’m now going to ask you some more questions about the child in the household [Note: Insert “that we talked about earlier” if total number of children is greater than one]. Does this child have health coverage?

1. Yes [Go to SD13]
2. No [Go to SD14]
Don’t know / Not sure [Go to SD15]
Refused [Go to SD15]

**SD13** What type of health coverage do you use to pay for most of this child’s medical care?

Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

01 Your employer or someone else’s employer
02 A plan you or someone else buys on your own
03 Medicaid, or CHIP
There are some types of coverage you may not have considered. Please tell me if this child is covered by any of the following:

Note: Military coverage includes CHAMPUS, TriCare, and/or the VA
Note: Indian Health Service is also known as IHS

SD14

01 Your employer or someone else’s employer
02 A plan you or someone else buys on your own
03 Medicaid, or CHIP
04 The Military
05 The Indian Health Service
06 Some other source

None
Don’t know/not sure
Refused

Children’s Oral Health

Note: If child’s age is greater than or equal to 6 in continue. Otherwise go to ACE Module.

SD15

In the past 12 months, has this child visited the dentist or a dental clinic for a routine check-up, exam, or teeth cleaning?

1 Yes [Go to SD17]
2 No [Go to SD16]
Don’t know / Not sure [Go to SD17]
Refused [Go to SD17]

SD16

What is the main reason this child has not visited the dentist or a dental clinic for routine dental care in the past 12 months?

1 Fear
2 Cost
3 Do not have/know a dentist
4 Cannot get to the office/clinic (too far away, no transportation, no appointments available)
5 No reason to go (no problems, no teeth)
6 Other priorities
7 Have not thought of it
8 Other Specify
Don’t Know/not sure
Refused
SD17  Do you have any kind of insurance coverage that pays for some or all of this child’s routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?
   1  Yes
   2  No
   Don’t know / Not sure
   Refused

SD18  In the past 12 months, did this child have a toothache, not caused by injury or trauma, on more than one occasion?
   1  Yes  [Continue to SD19]
   2  No  [Go To SD21]
   Don’t know / Not sure  [Go To SD21]
   Refused  [Go To SD21]

SD19  In the past 12 months, how many times did this toothache cause the child to miss school?
   _ _ Number of days
   None
   Don’t know / Not sure
   Refused

SD20  In the past 12 months, how many times did this child visit the hospital emergency room because of this toothache?
   _ _ Number of days
   None
   Don’t know / Not sure
   Refused

**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. Now, looking back before you were 18 years of age---.

SD21  Did you live with anyone who was depressed, mentally ill, or suicidal?
   1  Yes
   2  No
   Don’t know / Not sure
   Refused

SD22  Did you live with anyone who was a problem drinker or alcoholic?
   1  Yes
   2  No
   Don’t know / Not sure
   Refused
SD23 Did you live with anyone who used illegal street drugs or who abused prescription medications?
1 Yes
2 No
Don’t know / Not sure
Refused

SD24 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
Don’t know / Not sure
Refused

SD25 Were your parents separated or divorced?
1 Yes
2 No
8 Parents not married
Don’t know / Not sure
Refused

SD26 How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? Was it…
1 Never
2 Once
3 More than once
Don’t know / Not sure
Refused

SD27 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…
1 Never
2 Once
3 More than once
Don’t know / Not sure
Refused

SD28 How often did a parent or adult in your home ever swear at you, insult you, or put you down? Was it…
1 Never
2 Once
3 More than once
Don’t know / Not sure
Refused
SD29  How often did anyone at least 5 years older than you or an adult, ever touch you sexually? Was it…
   1  Never
   2  Once
   3  More than once
   Don’t know/Not Sure
   Refused

SD30  How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? Was it…
   1  Never
   2  Once
   3  More than once
   Don’t know/Not Sure
   Refused

SD31  How often did anyone at least 5 years older than you or an adult, force you to have sex? Was it…
   1  Never
   2  Once
   3  More than once
   Don’t know/Not Sure
   Refused

ACES Closing Statement:

We understand that answering questions about past sexual abuse may bring up emotions that some people will wish to discuss. The Rape, Abuse, & Incest National Network, (abbreviated R-A-I-N-N) is the country’s largest anti-sexual violence organization. If you would like to speak with one of this organization’s trained professionals, please call 800-656-HOPE (4673) or visit hotline.rainn.org. Would you like me to repeat this information?

Closing Statement

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