

Texas Behavioral Risk Factor Surveillance System Questionnaire

2022

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Introduction

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

We are gathering information about the health of Texas residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention.

Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

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 that you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call **(512) 776-6579**.

Core Sections

Section 1: Health Status

C01Q01

Would you say that in general your health is -

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

Section 2: Healthy Days - Health-Related Quality of Life

C02Q01

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 (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q02

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 (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C02Q03

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?

Skip Pattern: If C02Q01=88 and C02Q02=88, go to C03Q01.

- Number of days (1-30)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 3: Health Care Access

C03Q01

What is the current primary source of your health insurance?

Interviewer Note: If respondent has multiple sources of insurance, ask for the one used most often. If respondent gives the name of a health plan rather than the type of coverage, ask whether this is insurance provided independently, through their employer, or whether it is through Medicaid or CHIP.

- 1 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 2 A private nongovernmental plan that you or another family member buys on your own
- 3 Medicare
- 4 Medigap
- 5 Medicaid
- 6 Children's Health Insurance Program (CHIP)
- 7 Military-related health care: TRICARE(CHAMPUS)/VA health care/CHAMP-VA
- 8 Indian Health Service
- 9 State-sponsored health plan
- 10 Other government program
- 88 None
- 77 Don't know/Not sure
- 99 Refused

C03Q02

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

Interviewer Note 1: 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?"

Interviewer Note 2: If the respondent had multiple doctor groups, then it would be more than one; but if they had more than one doctor in the same group, it would be one.

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

C03Q03

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

C03Q04

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

Interviewer Note: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Refused
- 8 Never
- 9 Refused

Section 4: Exercise

C04Q01

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 5: Inadequate Sleep

C05Q01

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

Interviewer Note: Enter hours of sleep in whole numbers, rounding 30 minutes or more up to the next whole hour and dropping 29 or fewer minutes.

- _ _ Number of hours (1-24)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 6: Oral Health

C06Q01

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
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

C06Q02

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

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

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know/Not sure
- 9 Refused

Section 7: Chronic Health Conditions

C07Q01

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q02

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q03

(Ever told) you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q04

(Ever told) you had asthma?

- 1 Yes
- 2 No [GO TO C06Q06]
- 7 Don't know/Not sure [GO TO C06Q06]
- 9 Refused [GO TO C06Q06]

C07Q05

Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q06

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q07

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q08

(Ever told) you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q09

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q10

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

Interviewer Note: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q11

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C07Q12

(Ever told) you had diabetes?

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

- 1 Yes [GO TO C07Q12]
- 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

C07Q13

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

- __ Age in years (97=97 and older)
- 9 8 Don't know/Not sure
- 9 9 Refused

Section 8: Demographics

C08Q01

What is your age?

- __ Age in years
- 7 Don't know/Not sure
- 9 Refused

C08Q02

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

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes [GO TO C09Q02b]
- 7 Don't know/Not sure
- 9 Refused

C08Q02b

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
- 5 Not Hispanic
- 7 Don't know/Not sure
- 9 Refused

C08Q03

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

Interviewer Note: Select all that apply.

Skip Pattern: If more than one response, continue to C08Q04, otherwise go to M26Q01.

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q04

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

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

Module 26: Sexual Orientation and Gender Identity

M26Q01

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

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

Interviewer Note 1: We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

Interviewer Note 2: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Lesbian or Gay
- 2 Straight, that is, not gay
- 3 Bisexual
- 4 Something else
- 7 Don't know/Not sure
- 9 Refused

M26Q02

Do you consider yourself to be transgender?

Interviewer Note 1: If Yes: ask: Do you consider yourself to be 1. male-to-female, 2. female-to-male, or 3. gender non-conforming?"

Interviewer Note 2: 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 3: 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 4: Please say the number before the text response. Respondent can answer with either the number or the text/word.

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female-to-male
- 3 Yes, Transgender, gender non-conforming
- 4 No
- 7 Don't know/Not sure
- 9 Refused

C08Q05

Are you. . .?

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

C08Q06

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 Grades 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

C08Q07

Do you own or rent your home?

Interviewer Note 1: Other arrangement may include group home, staying with friends or family without paying rent.

Interviewer Note 2: Home is defined as the place where you live most of the time/majority of the year.

Interviewer Note 3: We ask this question in order to compare health indicators among people with different housing situations.

- 1 Own
- 2 Rent
- 3 Other arrangement
- 7 Don't know/Not sure
- 9 Refused

C08Q08

In what county do you currently live?

- __ __ __ ANSI County Code (formerly FIPS county code)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C08Q09

What is the ZIP Code where you currently live?

- __ __ __ __ __ Zip code
- 7 7 7 7 7 Don't know/Not sure
- 9 9 9 9 9 Refused

C08Q10

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

Skip Pattern: If cell interview, go to C08Q12.

- 1 Yes
- 2 No [GO TO C08Q12]
- 7 Don't know/Not sure [GO TO C08Q12]
- 9 Refused [GO TO C08Q12]

C08Q11

How many of these landline telephone numbers are residential numbers?

- Residential telephone numbers (1-6, 6=6 or more)
- 7 Don't know/Not sure
- 9 Refused

C08Q12

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

Interviewer Note 1: Include cell phones used for both business and personal use.

Interviewer Note 2: Do not include cell phones that are used exclusively by other members of your household.

- Number (1-5)
- 6 6 or more
- 7 Don't know/Not sure
- 8 None
- 9 Refused

C08Q13

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

C08Q14

Are you currently. . .?

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

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more [GO TO C08Q15]
- 4 Out of work for less than 1 year
- 5 A homemaker [GO TO C08Q15]
- 6 A student [GO TO C08Q15]
- 7 Retired [GO TO C08Q15]
- 8 Unable to work [GO TO C08Q15]
- 9 Refused [GO TO C08Q15]

Module 22: Industry and Occupation

M22Q01

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

Interviewer Note 1: If respondent is unclear, ask: "What is your job title?"

Interviewer Note 2: If respondent has more than one job, ask: "What is your main job?"

- 1 Gave answer
- 9 9 Refused

M22Q02

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

Interviewer Note 1: If response is "health care", ask: "What sector of health care is that? For example, a hospital, health clinic, or nursing home?"

Interviewer Note 2: If response is "manufacturing", ask: "What does the business manufacture?"

- 1 Gave answer
- 9 9 Refused

C08Q15

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

- _ _ Number of children (1-87)
- 8 8 None
- 9 9 Refused

C08Q16

Is your annual household income from all sources?

Interviewer Note: If respondent refuses at ANY income level, code '99' (Refused).

- 1 Less than \$10,000
- 2 Less than \$15,000 (\$10,000 to less than \$15,000)
- 3 Less than \$20,000 (\$15,000 to less than \$20,000)
- 4 Less than \$25,000 (\$20,000 to less than \$25,000)
- 5 Less than \$35,000 (\$25,000 to less than \$35,000)
- 6 Less than \$50,000 (\$35,000 to less than \$50,000)
- 7 Less than \$75,000 (\$50,000 to less than \$75,000)
- 8 Less than \$100,000 (\$75,000 to less than \$100,000)
- 9 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
- 7 7 Don't know/Not sure
- 9 9 Refused

C08Q17

To your knowledge, are you now pregnant?

Interviewer Note: If Male or Female over the age of 49, go to C08Q18

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C08Q18

About how much do you weigh without shoes?

Interviewer Note: Round fractions up.

- ___ Weight
- 7 7 7 7 Don't know/Not sure
- 9 9 9 9 Refused

C08Q19

About how tall are you without shoes?

Interviewer Note: Round fractions down.

- __ / __ Height
- 7 7 7 7 Don't know/Not sure
- 9 9 9 9 Refused

Section 9: Disability

C09Q01

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

C09Q02

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

C09Q03

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

C09Q04

Do you have serious difficulty walking or climbing stairs?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C09Q05

Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C09Q06

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 10: Breast and Cervical Cancer Screening

C10Q01

Skip pattern: If Male, go to C11Q01

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 [GO TO C10Q03]
- 7 Don't know/Not sure [GO TO C10Q03]
- 9 Refused [GO TO C10Q03]

C10Q02

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

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

C10Q03

Have you ever had a cervical cancer screening test?

- 1 Yes
- 2 No [GO TO C10Q07]
- 7 Don't know/Not sure [GO TO C10Q07]
- 9 Refused [GO TO C10Q07]

C10Q04

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure [GO TO C10Q06]
- 9 Refused [GO TO C10Q06]

C10Q05

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

C10Q06

At your most recent cervical cancer screening, did you have an HPV test?

Interviewer Note: HPV stands for Human papillomavirus.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C10Q07

Skip Pattern: If respondent answered 'Yes' to currently pregnant, GO TO C11Q01

Have you had a hysterectomy?

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 11: Colorectal Cancer Screening

C11Q01

Skip pattern: If Age < 45 years, go to C12Q01

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

- 1 Yes
- 2 No [GO TO C11Q06]
- 7 Don't know/Not sure [GO TO C11Q06]
- 9 Refused [GO TO C11Q06]

C11Q02

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

- 1 Colonoscopy
- 2 Sigmoidoscopy [GO TO C11Q04]
- 3 Both [GO TO C11Q05]
- 7 Don't know/Not sure [GO TO C11Q05]
- 9 Refused [GO TO C11Q06]

C11Q03

How long has it been since your most recent colonoscopy?

- 1 Within the past year (anytime less than 12 months ago) [GO TO C11Q06]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO C11Q06]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO C11Q06]
- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO C11Q06]
- 5 10 or more years ago [GO TO C11Q06]
- 7 Don't know/Not sure [GO TO C11Q06]
- 9 Refused [GO TO C11Q06]

C11Q04

How long has it been since your most recent sigmoidoscopy?

- 1 Within the past year (anytime less than 12 months ago) [GO TO C11Q06]
- 2 Within the past 2 years (1 year but less than 2 years ago) [GO TO C11Q06]
- 3 Within the past 5 years (2 years but less than 5 years ago) [GO TO C11Q06]
- 4 Within the past 10 years (5 years but less than 10 years ago) [GO TO C11Q06]
- 5 10 or more years ago [GO TO C11Q06]
- 7 Don't know/Not sure [GO TO C11Q06]
- 9 Refused [GO TO C11Q06]

C11Q05

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C11Q06

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

- 1 Yes
- 2 No [GO TO C12Q01]
- 7 Don't know/Not sure [GO TO C12Q01]
- 9 Refused [GO TO C12Q01]

C11Q07

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

Interviewer Note: CT colonography, sometimes called virtual colonoscopy, is a new type of test that looks for cancer in the colon. Unlike regular colonoscopies, you do not need medication to make you sleepy during the test. In this new test, your colon is filled with air and you are moved through a donut-shaped X-ray machine as you lie on your back and then your stomach.

- 1 Yes
- 2 No [GO TO C11Q09]
- 7 Don't know/Not sure [GO TO C11Q09]
- 9 Refused [GO TO C11Q09]

C11Q08

When was your most recent CT colonography or virtual colonoscopy?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

C11Q09

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

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

- 1 Yes
- 2 No [GO TO C11Q11]
- 7 Don't know/Not sure [GO TO C11Q11]
- 9 Refused [GO TO C11Q11]

C11Q10

How long has it been since you had this test?

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

C11Q11

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

- 1 Yes
- 2 No [GO TO C12Q01]
- 7 Don't know/Not sure [GO TO C12Q01]
- 9 Refused [GO TO C12Q01]

C11Q12

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C11Q13

How long has it been since you had this test?

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

Section 12: Tobacco Use

C12Q01

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

Interviewer Note 1: For cigarettes, do not include electronic cigarettes (e-cigarettes, njoy, bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana.

Interviewer Note 2: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [GO TO C12Q03]
- 7 Don't know/Not sure [GO TO C12Q03]
- 9 Refused [GO TO C12Q03]

C12Q02

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

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 1: Menthol Tobacco Use

TX01Q01

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

C12Q03

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

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

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know/Not sure
- 9 Refused

C12Q04

Would you say you have never used e-cigarettes or other electronic vaping products in your entire life or now use them every day, use them some days, or used them in the past but do not currently use them at all?

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

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

- 1 Never used e-cigarettes in your entire life
- 2 Use them every day
- 3 Use them some days
- 4 Not at all (right now)
- 7 Don't know/Not sure
- 9 Refused

TX01Q02

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 13: Lung Cancer Screening

C13Q01

Skip pattern: If C12Q01=2 or C12Q02=3, 7, or 9, go to C14Q01

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

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

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

- — — Age (1-100)
- 8 8 8 Never smoke cigarettes regularly [GO TO C14Q01]
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C13Q02

How old were you when you last smoked cigarettes regularly?

- — — Age (1-100)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C13Q03

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

- — — # of cigarettes (1-300)
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

C13Q04

The next question is about CT or CAT scans of your chest area. During this test, you lie flat on your back and are moved through an open, donut-shaped x-ray machine.

Have you ever had a CT or CAT scan of your chest area?

- 1 Yes
- 2 No [GO TO C14Q01]
- 7 Don't know/Not sure [GO TO C14Q01]
- 9 Refused [GO TO C14Q01]

C13Q05

Were any of the CT or CAT scans of your chest area done mainly to check or screen for lung cancer?

- 1 Yes
- 2 No [GO TO C14Q01]
- 7 Don't know/Not sure [GO TO C14Q01]
- 9 Refused [GO TO C14Q01]

C13Q06

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

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Section 14: Alcohol Consumption

C14Q01

The next questions concern alcohol consumption. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

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

Interviewer Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- 1 _ _ Days per week
- 2 _ _ Days in past 30 days
- 8 8 8 No drinks in past 30 days [GO TO C15Q01]
- 7 7 7 Don't know/Not sure [GO TO C15Q01]
- 9 9 9 Refused [GO TO C15Q01]

C14Q02

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

Interviewer Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- _ _ Number of drinks (1-76)
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

C14Q03

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

- _ _ Number of times (1-76)
- 8 8 No days
- 7 7 Don't know/Not sure
- 9 9 Refused

C14Q04

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

- _ _ Number of drinks (1-76)
- 7 7 Don't know/Not sure
- 9 9 Refused

Section 15: Immunization

C15Q01

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?

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

- 1 Yes
- 2 No [GO TO C15Q03]
- 7 Don't know/Not sure [GO TO C15Q03]
- 9 Refused [GO TO C15Q03]

C15Q02

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

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

C15Q03

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

Interviewer Note: 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

C15Q04

Have you received a tetanus shot in the past 10 years?

Interviewer Note: 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
- 7 Don't know/Not sure
- 9 Refused

Section 16: HIV/AIDS

C16Q01

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

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

- 1 Yes
- 2 No [GO TO C15Q01]
- 7 Don't know/Not sure [GO TO C15Q01]
- 9 Refused [GO TO C15Q01]

C16Q02

Not including blood donations, in what month and year was your last HIV test?

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.

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

C16Q03

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

You have injected any drug other than those prescribed for you in the past year.

You have been treated for a sexually transmitted disease or STD in the past year.

You have given or received money or drugs in exchange for sex in the past year.

You had anal sex without a condom in the past year.

You had four or more sex partners in the past year.

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 17: Long-term COVID Effects

C17Q01

Has a doctor, nurse, or other health professional ever told you that you tested positive for COVID-19?

Interviewer Note: Positive tests include antibody or blood testing as well as other forms of testing for COVID, such as nasal swabbing or throat swabbing including home tests. Do not include instances where a healthcare professional told you that you likely had the virus without a test to confirm.

- 1 Yes
- 2 No [GO TO M07Q01]
- 3 Tested positive using home test without health professional
- 7 Don't know/Not sure [GO TO M07Q01]
- 9 Refused [GO TO M07Q01]

C17Q02

Did you have any symptoms lasting 3 months or longer that you did not have prior to having coronavirus or COVID-19?

Interviewer Note: Long-term conditions may be an indirect effect of COVID-19. These long-term conditions may not be related to the virus itself.

- 1 Yes
- 2 No [GO TO M07Q01]
- 7 Don't know/Not sure [GO TO M07Q01]
- 9 Refused [GO TO M07Q01]

C17Q03

Which of the following was the primary symptom that you experienced? Was it...

- 1 Tiredness or fatigue
- 2 Difficulty thinking or concentrating or forgetfulness / memory problems (Sometimes referred to as "brain fog")
- 3 Difficulty breathing or shortness of breath
- 4 Joint or muscle pain
- 5 Fast-beating or pounding heart (also known as heart palpitations) or chest pain
- 6 Dizziness on standing
- 7 Depression, anxiety, or mood changes
- 8 Symptoms that get worse after physical or mental activities
- 9 You did not have any long-term symptoms that limited your activities
- 10 Loss of taste or smell
- 11 Some other symptom
- 7 7 Don't know/Not sure
- 9 9 Refused

Module 7: COVID-19 Vaccination

M07Q01

Have you received at least one dose of a COVID-19 vaccination?

- 1 Yes [GO TO M07Q03]
- 2 No
- 7 Don't know/Not sure [GO TO M16Q01]
- 9 Refused [GO TO M16Q01]

M07Q02

Would you say you will definitely get a vaccine, will probably get a vaccine, will probably not get a vaccine, will definitely not get a vaccine, or are you not sure?

- 1 Will definitely get a vaccine [GO TO M16Q01]
- 2 Will probably get a vaccine [GO TO M16Q01]
- 3 Will probably not get a vaccine [GO TO M16Q01]
- 4 Will definitely not get a vaccine [GO TO M16Q01]
- 7 Don't know/Not sure [GO TO M16Q01]
- 9 Refused [GO TO M16Q01]

M07Q03

How many COVID-19 vaccinations have you received?

- 1 One
- 2 Two [GO TO M07Q05]
- 3 Three [GO TO M07Q05]
- 4 Four or more [GO TO M07Q05]
- 7 Don't know/Not sure
- 9 Refused

M07Q04

Which of the following best describes your intent to take the recommended COVID vaccinations...would you say you have already received all recommended doses, plan to receive all recommended doses, or do not plan to receive all recommended doses?

- 1 Already received all recommended doses
- 2 Plan to receive all recommended doses
- 3 Do not plan to receive all recommended doses
- 7 Don't know/Not sure
- 9 Refused

M07Q05

During what month and year did you receive your (first) COVID-19 vaccination?

- __ / ____ Month/Year
- 7 7 / 7 7 7 7 Don't know/Not sure
- 9 9 / 9 9 9 9 Refused

M07Q06

During what month and year did you receive your second COVID-19 vaccination?

- __ / ____ Month/Year
- 7 7 / 7 7 7 7 Don't know/Not sure
- 9 9 / 9 9 9 9 Refused

Module 16: Social Determinants and Health Equity

M16Q01

In general, how satisfied are you with your life? Are you...

- 1 Very satisfied
- 2 Satisfied
- 3 Dissatisfied
- 4 Very dissatisfied
- 7 Don't know/Not sure
- 9 Refused

M16Q02

How often do you get the social and emotional support that you need? Is that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M16Q03

How often do you feel socially isolated from others? Is it...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M16Q04

In the past 12 months, have you lost employment or had hours reduced?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

M16Q05

During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

M16Q06

During the past 12 months, how often did the food that you brought not last, and you didn't have money to get more? Was that...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

M16Q07

During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

M16Q08

During the last 12 months, was there a time when an electric, gas, oil, or water company threatened to shut off services?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

M16Q09

During the last 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

M16Q10

Stress means a situation in which a person feels tense, restless, nervous, or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

Module 23: Random Child Selection

[If C08Q15=1] Previously you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[If C08Q15>1, but not 88 or 99] Previously you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth. I would like to ask you some questions about that child.

CATI Instruction: RANDOMLY SELECT ONE OF THE CHILDREN. This is the Xth child. Please substitute Xth child's number in all questions below.

Interviewer PLEASE READ: I have some additional questions about one specific child. The child I will be referring to is the Xth (CATI: please fill in correct number) child in your household. All following questions about children will be about Xth (CATI: please fill in) child.

Skip Pattern: If C08Q15=88 or 99, go to TX02Q01.

M23Q01

What is the birth month and year of the [Xth] child?

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

M23Q02

Is the child a boy or girl?

- 1 Boy
- 2 Girl
- 3 Nonbinary/other
- 9 Refused

M23Q03

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

- 1 Boy
- 2 Girl
- 9 Refused

M23Q04

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

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes [GO TO M23Q04b]
- 7 Don't know/Not sure
- 9 Refused

M23Q04b

Are they...

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 5 No
- 7 Don't know/Not sure
- 9 Refused

M23Q05

Which one or more of the following would you say is the race of the child?

Interviewer Note 1: Select all that apply.

Interviewer Note 2: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 8 8 Not additional choices
- 9 9 Refused

M23Q06

Which one of these groups would you say best represents the child's race?

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected, read and code subcategories underneath major heading.

- 1 0 White
- 2 0 Black or African American
- 3 0 American Indian or Alaska Native
- 4 0 Asian
- 4 1 Asian Indian
- 4 2 Chinese
- 4 3 Filipino
- 4 4 Japanese
- 4 5 Korean
- 4 6 Vietnamese
- 4 7 Other Asian
- 5 0 Pacific Islander
- 5 1 Native Hawaiian
- 5 2 Guamanian or Chamorro
- 5 3 Samoan
- 5 4 Other Pacific Islander
- 6 0 Other
- 7 7 Don't know/Not sure
- 9 9 Refused

M23Q07

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

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way
- 7 Don't know/Not sure
- 9 Refused

Module 24: Childhood Asthma Prevalence

M24Q01

The next two questions are about the Xth child.

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

- 1 Yes
- 2 No [GO TO TX02Q01]
- 7 Don't know/Not sure [GO TO TX02Q01]
- 9 Refused [GO TO TX02Q01]

M24Q02

Does the child still have asthma?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 2: Disordered Eating

TX02Q01

During the past 30 days, did you go without eating for 24 hours or more, also called fasting, to lose weight or to keep from gaining weight?

Interviewer Note: Do not include fasting for religious, cultural, or medical reasons.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX02Q02

During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not count meal replacement products such as Slim Fast).

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX02Q03

During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX02Q04

During the past 30 days, did you eat an amount of food that most people would consider to be very large in a short period of time, sometimes called binge eating?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX02Q05

Has a doctor, nurse, or other health professional ever told you that you have an eating disorder such as anorexia, bulimia, or binge eating disorder?

Interviewer Note: Anorexia (an-o-REK-see-uh), also called anorexia nervosa, is an emotional disorder characterized by an obsessive desire to lose weight by refusing to eat.

Bulimia (boo-LEE-me-uh), also called bulimia nervosa, is an emotional disorder involving an obsessive desire to lose weight in which bouts of extreme overeating are followed by depression and self-induced vomiting, purging, or fasting.

Binge Eating Disorder (BED) is an eating disorder characterized by recurring episodes of binge eating accompanied by a sense of lack of control and often negative feelings about oneself but without intervening periods of compensatory behavior (such as self-induced vomiting, purging by laxatives, fasting, or prolonged exercise).

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 3: Prescription Pain Medication

TX03Q01

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

Interviewer Note 1: We only want to know about prescription pain medication that is not available over the counter.

Interviewer Note 2: Examples of prescription pain relievers include Acetaminophen with Codeine, Actiq, Amitriptyline, Avinza, Axina, Butorphanol Tartrate, Carisoprodol, Celebrex, Celecoxib, Codeine, Cyclobenzaprine, Cymbalta, Darvocet, Darvon, Demerol, Depakote, Dilaudid, Dolophine, Duragesic, Duramorph, Elavil, Embeda, Exalgo, Fentanyl, Fentora, Flexeril, Gabapentin, Hydocan, Hydromorphone, Hydrocodone, Hydrocodone with Acetaminophen, Hydrocodone with Ibuprofen, Ibuprofen, Ibuprofen with Codeine, Kadian, Levorphanol, Lorcet, Lortab, Lyrica, Meloxicam, Meperidine, Methadone, Methadose, Methocarbamol, Metaxall, Metazalone, Morphine, Morphabond, Morphone, Motrin, MS Contin, Norco, Nurofen Plus, Naproxen, Narcan, Norpramin, Numorphan, Numorphone, Opana, Opium Tincture, Oxyado, Oxycodone, Oxycodone with Acetaminophen, OxyContin, Oxymorphone, Pamelor, Pentazocine, Percocet, Percodan, Propoxyphene, Robaxin, Roxanol, Roxicet, Soma, Stadol, Sublimnaze, Suboxone, Subutex, Topamax, Toradol, Tramadol, Tramadol with Acetaminophen, Tylenol with Codeine, Tylenol 2, Tylenol 3, Tylenol 4, Tylox, Ultram, Ultracet, Vicodin, Zohydro.

- 1 Yes
- 2 No [GO TO TX03Q07]
- 7 Don't know/Not sure [GO TO TX03Q07]
- 9 Refused [GO TO TX03Q07]

TX03Q02

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

- Specify from Prescription Pain Medication List
- 7 7 Don't know/Not sure
- 9 9 Refused

TX03Q03

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

- 1 Yes
- 2 No [GO TO TX03Q05]
- 7 Don't know/Not sure [GO TO TX03Q05]
- 9 Refused [GO TO TX03Q05]

TX03Q04

What did you do with the leftover prescription pain medication?

- 1 Kept it for future use
- 2 Disposed of it through Take-Back Program
- 3 Disposed of in trash or flushing down toilet
- 4 Gave or shared it with a family member or friend
- 5 Sold it
- 6 Took it for another unrelated pain or purpose
- 7 Still taking it
- 8 Other (specify)
- 7 7 Don't know/Not sure
- 9 9 Refused

TX03Q05

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX03Q06

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX03Q07

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

State-Added Section 4: Suicide Attempts

TX04Q01

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

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TX04Q02

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

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Asthma Call-Back Permission Script

CALLBACK

We would like to call you again within the next 2 weeks to talk in more detail about (your/your child's) experiences with asthma. The information will be used to help develop and improve asthma programs in Texas. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future.

Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No

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.

Prescription Pain Medication List

To be used for State-Added Section 3: Prescription Pain Medication Use (TX03Q02)

01	Amitriptyline	33	Methadone
02	Butorphanol Tartrate	34	Metaxall/Metaxalone
03	Carisoprodol	35	Morphine
04	Celebrex	36	Naproxen
05	Celecoxib	37	Narcan
06	Codeine	38	Neurontin
07	Cyclobenzaprine	39	Norpramin
08	Cymbalta	40	Opana
09	Darvocet	41	Opium Tincture
10	Darvon	42	Oxycodone
11	Demerol	43	Oxycontin
12	Depakote	44	Oxymorphone
13	Dilaudid	45	Pamelor
14	Duragesic	46	Pentazocine
15	Elavil	47	Percocet
16	Embeda	48	Percodan
17	Exalgo	49	Propoxyphene
18	Fentanyl	50	Robaxin
19	Fentora	51	Roxicet
20	Flexeril	52	Soma
21	Gabapentin	53	Stadol
22	Hydrocodone	54	Suboxone
23	Hydromorphone	55	Subutex
24	Ibuprofen/Motrin	56	Topamax
25	Kadian	57	Toradol
26	Levorphanol	58	Tramadol
27	Lortab	59	Tylenol with codeine / Tylenol #3
28	Lorcet	60	Tylox
29	Lyrica	61	Ultram
30	Meloxicam	62	Ultracet
31	Meperidine	63	Vicodin
32	Methocarbamol	64	Other (specify)