



2023

**Texas Behavioral Risk Factor Surveillance System
Questionnaire**

Behavioral Risk Factor Surveillance System

2023 Questionnaire

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Core Sections

Section 1: Health Status

S1Q1. Section 1: Health Status

Would you say that in general your health is —

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 2: Healthy Days

S2Q1. Section 2: Healthy Days

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

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

- ___ Number of days (1-30)
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

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

- ___ Number of days (1-30)
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

____ Number of days (1-30)
88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 3: Healthcare Access

S3Q1. Section 3: Healthcare Access

What is the current source of your primary health insurance?

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

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

- 01 A plan purchased through an employer or union (including plans purchased through another person's employer)
- 02 A private nongovernmental plan that you or another family member buys on your own
- 03 Medicare
- 04 Medigap
- 05 Medicaid
- 06 Children's Health Insurance Program (CHIP)
- 07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP-VA
- 08 Indian Health Service
- 09 State sponsored health plan
- 10 Other government program
- 88 No coverage of any type
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

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

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

INTERVIEWER NOTE: If the respondent had multiple doctor groups then it would be more than one. 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

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S3Q4. 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

Section 4: Exercise

S4Q1. Section 4: Exercise

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

INTERVIEWER NOTE: If respondent does not have a regular job or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

Physical activity done at a work gym during the workday would count

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S4Q2. What type of physical activity or exercise did you spend the most time doing during the past month?

INTERVIEWER NOTE: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S4Q3. How many times per week or per month did you take part in this activity during the past month?

INTERVIEWER NOTE: If respondent is confused, probe by explaining "this is not asking for days per week or per month, but times per week or per month."

- 1__ Times per week (RANGE 101-150)
- 2__ Times per month (RANGE 201-250)
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

S4Q4. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- ____ (RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959)
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

S4Q5. What other type of physical activity gave you the next most exercise during the past month?

INTERVIEWER NOTE: If the respondent's activity is not included in the physical activity coding list, choose the option listed as "other".

- 01 Walking
- 02 Running or jogging
- 03 Gardening or yard work
- 04 Bicycling or bicycling machine exercise
- 05 Aerobics video or class
- 06 Calisthenics
- 07 Elliptical/EFX machine exercise
- 08 Household activities
- 09 Weight lifting
- 10 Yoga, Pilates, or Tai Chi
- 11 Other
- 88 No other activity
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S4Q6. How many times per week or per month did you take part in this activity during the past month?

- 1__ Times per week (RANGE 101-150)
- 2__ Times per month (RANGE 201-250)
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

S4Q7. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

EXAMPLE: 30 minutes is coded as 30
60 minutes is coded as 100
1 hour is coded as 100
2 hours and 30 minutes is coded as 230

____ (RANGE=1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959)
777 DON'T KNOW / NOT SURE
999 REFUSED

S4Q8. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?

INTERVIEWER NOTE: Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1__ Times per week (RANGE 101-150)
- 2__ Times per month (RANGE 201-250)
- 888 NEVER
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

Section 5: Hypertension Awareness

S5Q1. Section 5: Hypertension Awareness

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

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 Told borderline high or pre-hypertensive or elevated blood pressure
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section 1: Self-measured Blood Pressure

TX1_1. State Added Section 1: Self-measured Blood Pressure

Has your doctor, nurse or other healthcare professional recommended you check your blood pressure outside of the office or at home?

INTERVIEWER NOTE: By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

TX1_2. Do you regularly check your blood pressure outside of your healthcare professional's office or at home?

- 1 Yes
- 2 No

7 DON'T KNOW / NOT SURE
9 REFUSED

TX1_3. Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?

- 1 At home
- 2 On a machine at a pharmacy, grocery, or similar location
- 3 Do not check it

7 DON'T KNOW / NOT SURE
9 REFUSED

TX1_4. How do you share your blood pressure numbers that you collected with your healthcare professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?

- 1 Telephone
- 2 Other methods such as email, internet portal or fax
- 3 In person

4 DO NOT SHARE INFORMATION

7 DON'T KNOW / NOT SURE
9 REFUSED

Section 6: Cholesterol Awareness

S6Q1. Section 6: Cholesterol Awareness

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

- 1 Never
- 2 Within the past year (anytime less than one year ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 3 years (2 years but less than 3 years ago)
- 5 Within the past 4 years (3 years but less than 4 years ago)
- 6 Within the past 5 years (4 years but less than 5 years ago)
- 8 5 or more years ago
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

INTERVIEWER: If respondent questions why they might take drugs without having high cholesterol read: "Doctors might prescribe statin for those without high cholesterol but with high atherosclerotic cardiovascular disease risk."

- 1 Yes
- 2 No
- 7 DON'T KNOW
- 9 REFUSED

Section 7: Chronic Health Conditions

S7Q1. Section 7: Chronic Health Conditions

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

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q3. (Ever told you had) a stroke?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q4. (Ever told you had) asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q5. Do you still have asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q6. (Ever told you had) skin cancer that is not melanoma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE

9 REFUSED

S7Q11. (Ever told you had) some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S7Q12. (Ever told you had) diabetes?

INTERVIEWER: If yes and respondent is female ask: "Was this only when you were pregnant?" If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 1: Prediabetes

MOD1_1. Module 1: Prediabetes

When was the last time you had a blood test for high blood sugar or diabetes by a doctor, nurse, or other health professional?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the last 2 years (1 year but less than 2 years ago)
- 3 Within the last 3 years (2 years but less than 3 years ago)
- 4 Within the last 5 years (3 to 4 years ago but less than 5 years ago)
- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)

- 6 10 years ago or more
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD1_2. Has a doctor or other health professional ever told you that you had prediabetes or borderline diabetes?

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

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD1_2A. INTERVIEWER: You recorded that the respondent was told by a doctor during pregnancy that she had pre-diabetes or borderline diabetes. Are you sure? The respondent selected was male.

S7Q13. How old were you when you were first told you had diabetes?

INTERVIEWER: 97 = 97 or older

- __ (RANGE 1-97)
- 98 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 2: Diabetes

MOD2_1. Module 2: Diabetes

According to your doctor or other health professional, what type of diabetes do you have?

- 1 Type 1
- 2 Type 2
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_2. Insulin can be taken by shot or pump. Are you now taking insulin?

- 1 Yes

- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_3. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?

INTERVIEWER: 76 = 76 or more

- __(RANGE 1-76)
- 88 None
- 98 Never heard of A-one-C test
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD2_4. 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
- 8 Never
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD2_5. When was the last time a doctor, nurse or other health professional took a photo of the back of your eye with a specialized camera?

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

MOD2_6. When was the last time you took a course or class in how to manage your diabetes yourself?

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

- 5 Within the last 10 years (5 to 9 years but less than 10 years ago)
- 6 10 years ago or more

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

MOD2_7. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section 2: Diabetes Family History

TX2_1: State Added Section 2: Diabetes Family History

Including living and deceased, which of your biological or blood relatives including grandparents, parents, brothers, or sisters were ever told by a health professional that they had diabetes? Do not include adopted relatives or those related only by marriage.

INTERVIEWER NOTE: If respondent reports “grandparent”, “grandmother”, or “grandfather” please probe to determine is it’s “mother’s mother”, “mother’s father”, “father’s mother”, or “father’s father”.

- 01 Mother
- 02 Father
- 03 Maternal grandmother (mother’s mother)
- 04 Maternal grandfather (mother’s father)
- 05 Paternal grandmother (father’s mother)
- 06 Paternal grandfather (father’s father)
- 07 Sister (**INTERVIEWER NOTE:** include half-sister)
- 08 Brother (**INTERVIEWER NOTE:** include half-brother)
- 09 None
- 66 Other (specify): _____
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 8: Demographics

S8Q1. Section 8: Demographics

What is your age?

- ___ (RANGE 18-99)
- 07 DON'T KNOW / NOT SURE
- 09 REFUSED

S8Q2. Are you Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q2B. Are you...

INTERVIEWER NOTE: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q3. Which one or more of the following would you say is your race?

INTERVIEWER NOTE: Select all that apply.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
- 50 Pacific Islander
- 60 Other
- 88 No Additional choices
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S8Q3A. Is that ...

INTERVIEWER NOTE: Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S8Q3PI. Is that...

INTERVIEWER NOTE: Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Module 22: Sexual Orientation and Gender Identity (SOGI)

MOD22_1A. Module 22: Sexual Orientation and Gender Identity (SOGI)

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

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

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

- 1 1- Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else
- 7 I don't know the answer
- 9 REFUSED

MOD22_1B. The next two questions are about sexual orientation and gender identity.

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

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

- 1 1- Lesbian or Gay
- 2 2- Straight, that is, not gay
- 3 3- Bisexual
- 4 4- Something else
- 7 I don't know the answer
- 9 REFUSED

MOD22_2. Do you consider yourself to be transgender?

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

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

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

- 1 1 - Yes, Transgender, male-to-female
- 2 2 - Yes, Transgender, female to male
- 3 3 - Yes, Transgender, gender nonconforming
- 4 4 - No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S8Q4. Are you...?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

6 A member of an unmarried couple

9 REFUSED

S8Q5. 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)
- 9 REFUSED

S8Q6. Do you own or rent your home?

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

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

INTERVIEWER READ IF NECESSARY: 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

[TX State-Added Section: County](#)

CNTY. In what county do you currently live?

____ ANSI County Code (formerly FIPS county code)
777 DON'T KNOW / NOT SURE
999 REFUSED

S8Q8. What is the ZIP Code where you currently live?

____ (RANGE 00000-99999)
77777 DON'T KNOW / NOT SURE
99999 REFUSED

S8Q9. 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?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S8Q10. How many of these landline telephone numbers are residential numbers?

__ (RANGE 1-5)
6 Six or more
7 DON'T KNOW / NOT SURE
8 None
9 REFUSED

S8Q11. How many cell phones do you have for personal use?

__ (RANGE 1-5)
6 Six or more
7 DON'T KNOW / NOT SURE
8 NONE
9 REFUSED

S8Q12. 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

S8Q13. 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
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- \$ Or
- 8 Unable to work
- 9 REFUSED

Module 18: Industry and Occupation

MOD18_1. Module 18: Industry and Occupation

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

INTERVIEWER NOTE: If respondent is unclear, ask: What is your job title?

INTERVIEWER NOTE: If respondent has more than one job ask: What is your main job?

- 01 Enter Response
- 99 REFUSED

MOD18_2. What kind of business or industry do/did you work in? For example, hospital, elementary school, clothing manufacturing, restaurant.

INTERVIEWER NOTE: IF RESPONSE IS "health care", ASK: "What sector of health care is that? For example a hospital, health clinic, or nursing home?"

INTERVIEWER NOTE: IF RESPONSE IS "manufacturing", ASK "What does the business manufacture?"

01 Enter Response

99 REFUSED

S8Q14. How many children less than 18 years of age live in your household?

___ (RANGE 1-87)

88 NONE

99 REFUSED

S8Q15. Aggregated response to income question

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

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

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

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

01 Less than \$10,000

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

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

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

09 Less than \$150,000 (\$100,000 to less than \$150,000)

10 Less than \$200,000 (\$150,000 to less than \$200,000)

11 \$200,000 or more

77 DON'T KNOW / NOT SURE

99 REFUSED

S8Q16. To your knowledge, are you now pregnant?

1 Yes

2 No

7 DON'T KNOW / NOT SURE

9 REFUSED

S8Q17. About how much do you weigh without shoes?

INTERVIEWER NOTE: Round fractions up

___ Weight in pounds or kilograms

7777 DON'T KNOW / NOT SURE

9999 REFUSED

S8Q18. About how tall are you without shoes?

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

____ Height in centimeters or feet
7777 DON'T KNOW / NOT SURE
9999 REFUSED

Section 9: Disability

S9Q1. Section 9: Disability

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

Are you deaf or do you have serious difficulty hearing?

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

S9Q2. 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

S9Q3. 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

S9Q4. Do you have serious difficulty walking or climbing stairs?

1 Yes

- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S9Q5. Do you have difficulty dressing or bathing?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S9Q6. 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: Falls

S10Q1. Section 10: Falls

In the past 12 months, how many times have you fallen?

Interviewer note: Code any number more than 76 as 76

- __ (RANGE 1-76)
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

S10Q2. How many of these falls caused an injury that limited your regular activities for at least a day or caused you to go see a doctor?

INTERVIEWER NOTE: 76= 76 or more

- __ (RANGE 1-76)
- 88 None
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

Section 11: Tobacco Use

S11Q1. Section 11: Tobacco Use

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

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

INTERVIEWER NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S11Q2. 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

Module 15: Tobacco Cessation

MOD15_1. Module 15: Tobacco Cessation

How long has it been since you last smoked a cigarette, even one or two puffs?

- 01 Within the past month (less than 1 month ago)
- 02 Within the past 3 months (1 month but less than 3 months ago)
- 03 Within the past 6 months (3 months but less than 6 months ago)
- 04 Within the past year (6 months but less than 1 year ago)
- 05 Within the past 5 years (1 year but less than 5 years ago)
- 06 Within the past 10 years (5 years but less than 10 years ago)
- 07 10 years or more
- 08 Never smoked regularly
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD15_2. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S11Q3. Do you currently use chewing tobacco, snuff, or use 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

S11Q4. 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: These questions concern electronic vaping products for nicotine use. The use of electronic vaping products for marijuana use is not included in these questions.

INTERVIEWER NOTE: If respondent says "Not at all" ask that they do not mean "Never used e-cigs in your entire life"

- 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

Module 16: Other Tobacco Use

MOD16_1. Module 16: Other Tobacco Use

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE

9 REFUSED

MOD16_2. 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

MOD16_3. The next question is about heated tobacco products. Some people refer to these as “heat not burn” tobacco products. These heat tobacco sticks or capsules to produce a vapor. Some brands of heated tobacco products include IQOS (EYE-KOS), Glo, and Eclipse.

Before today, have you heard of heated tobacco products?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 12: Alcohol Consumption

S12Q1. Section 12: Alcohol Consumption

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?

- 1__ Days per week (RANGE 101-107)
- 2__ Days in past 30 days (RANGE 201-230)
- 888 No drinks in past 30 days
- 777 DON'T KNOW / NOT SURE
- 999 REFUSED

S12Q2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

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

___ RANGE 1-76
88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

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

___ (RANGE 1-76)
88 None
77 DON'T KNOW / NOT SURE
99 REFUSED

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

___ (RANGE 1-76)
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 13: Immunization

S13Q1. Section 13: Immunization

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

1 Yes
2 No
7 DON'T KNOW / NOT SURE
9 REFUSED

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

___ / ___ (MONTH/YEAR)
77 DON'T KNOW / NOT SURE
99 REFUSED

S13Q3. Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

INTERVIEWER NOTE: Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as pneumovax, and conjugate, also known as Prevnar.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S13Q4. Have you ever had the shingles or zoster vaccine?

READ ONLY IF NECESSARY: Shingles is an illness that results in a rash or blisters on the skin and is usually painful. There are two vaccines now available for shingles; Zostavax, which requires 1 shot, and Shingrix which requires 2 shots.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Section 14: H.I.V./AIDS

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

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

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

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

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

INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

___ / ___ (MONTH/YEAR)
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 15: Seat Belt Use and Drinking and Driving

S15Q1. Section 15: Seat Belt Use and Drinking and Driving

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

1 Always
2 Nearly always
3 Sometimes
4 Seldom
5 Never
8 Never drive or ride in a car
7 DON'T KNOW / NOT SURE
9 REFUSED

S15Q2. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

___ (RANGE 1-76)
77 DON'T KNOW / NOT SURE
99 REFUSED

Section 16: Long-term COVID Effects

S16Q1. Section 16: Long-term COVID Effects

Have you ever tested positive for COVID-19 (using a rapid point-of-care test, self-test, or laboratory test) or been told by a doctor or other health care provider that you have or had COVID-19?

1 Yes
2 No
7 DON'T KNOW / NOT SURE

9 REFUSED

S16Q2. Do you currently have 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.

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

S16Q3. Do these long-term symptoms reduce your ability to carry out day-to-day activities compared with the time before you had COVID-19?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all

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

Optional Modules

[Module 9: Cancer Survivorship: Course of Treatment](#)

MOD9_1. Module 9: Cancer Survivorship: Course of Treatment

Are you currently receiving treatment for cancer?

- 1 Yes
- 2 No, I've completed treatment
- 3 No, I've Refused treatment
- 4 No, I haven't started treatment
- 5 Treatment was not necessary
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_2. What type of doctor provides the majority of your health care? Is it a ...

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.).

- 01 Cancer Surgeon
- 02 Family Practitioner
- 03 General Surgeon
- 04 Gynecologic Oncologist
- 05 General Practitioner, Internist
- 06 Plastic Surgeon, Reconstructive Surgeon
- 07 Medical Oncologist
- 08 Radiation Oncologist
- 09 Urologist
- 10 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD9_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
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_4. Have you ever received instructions from a doctor, nurse, or other health professional about where you should return or who you should see for routine cancer check-ups after completing your treatment for cancer?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_5. Were these instructions written down or printed on paper for you?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_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
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_7. Were you ever denied health insurance or life insurance coverage because of your cancer?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD9_8. Did you participate in a clinical trial as part of your cancer treatment?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 13: Cognitive Decline

MOD13_1. Module 13: Cognitive Decline

The next few questions ask about difficulties in thinking or memory that can make a big difference in everyday activities. We want to know how these difficulties may have impacted you.

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD13_2. Are you worried about these difficulties with thinking or memory?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE

9 REFUSED

MOD13_3. Have you or anyone else discussed your difficulties with thinking or memory with a health care provider?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD13_4. During the past 12 months, have your difficulties with thinking or memory interfered with day-to-day activities, such as managing medications, paying bills, or keeping track of appointments?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD13_5. During the past 12 months, have your difficulties with thinking or memory interfered with your ability to work or volunteer?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 14: Caregiver

MOD14_1. Module 14: Caregiver

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

INTERVIEWER NOTE: If caregiving recipient has died in the past 30 days, code 8 and say: "I'm so sorry to hear of your loss."

- 1 Yes
- 2 No
- 8 CAREGIVING RECIPIENT DIED IN PAST 30 DAYS
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD14_2. What is his or her relationship to you?

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

- 01 Mother
- 02 Father
- 03 Mother-in-law
- 04 Father-in-law
- 05 Child
- 06 Husband
- 07 Wife
- 08 Live in partner
- 09 Brother or brother-in-law
- 10 Sister or sister-in-law
- 11 Grandmother
- 12 Grandfather
- 13 Grandchild
- 14 Other relative
- 15 Non-relative / Family friend
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD14_3. For how long have you provided care for that person?

- 1 Less than 30 days
- 2 1 month to less than 6 months
- 3 6 months to less than 2 years
- 4 2 years to less than 5 years
- 5 More than 5 years
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD14_4. In an average week, how many hours do you provide care or assistance?

- 1 Up to 8 hours per week
- 2 9 to 19 hours per week
- 3 20 to 39 hours per week
- 4 40 hours or more
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD14_5. What is the main health problem, long-term illness, or disability that the person you care for has?

- 01 Arthritis/Rheumatism
- 02 Asthma
- 03 Cancer
- 04 Chronic respiratory conditions such as Emphysema or COPD
- 05 Alzheimer's disease, Dementia or other Cognitive Impairment Disorder
- 06 Developmental Disabilities such as Autism, Down's Syndrome, and Spina Bifida
- 07 Diabetes
- 08 Heart Disease, Hypertension, Stroke
- 09 Human Immunodeficiency Virus Infection (HIV)
- 10 Mental Illnesses, such as Anxiety, Depression, or Schizophrenia
- 11 Other organ failure or diseases such as kidney or liver problems
- 12 Substance Abuse or Addiction Disorders
- 13 Injuries, including broken bones
- 14 Old age/infirmity/frailty
- 15 Other
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD14_6. Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD14_7. In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD14_8. In the past 30 days, did you provide care for this person by managing household tasks such as cleaning, managing money, or preparing meals?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE

9 REFUSED

MOD14_9. In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Module 31: Random Child Selection

MOD31T2. Previously, you indicated there were [S8Q14] children age 17 or younger in your household. Think about those [S8Q14] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

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

MOD31_1M. What is the birth month and year of the [Xth] child?

- ___/___ (MONTH/YEAR)
- 77 DON'T KNOW / NOT SURE
 - 99 REFUSED

MOD31_2. Is the child a boy or a girl?

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

MOD31_3. What was the child's sex on their original birth certificate?

- 1 Boy
- 2 Girl
- 9 REFUSED

MOD31_4. Is the child Hispanic, Latino/a, or Spanish origin?

- 1 No, not of Hispanic, Latino/a, or Spanish origin
- 2 Yes
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD31_4B. Are they...

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 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD31_5. Which one or more of the following would you say is the race of the child?

INTERVIEWER NOTE: SELECT ALL THAT APPLY

- 10 [IF MOD31_4=2 INSERT "Hispanic"] White
- 20 [IF MOD31_4=2 INSERT "Hispanic"] Black or African American
- 30 [IF MOD31_4=2 INSERT "Hispanic"] American Indian or Alaska Native
- 40 [IF MOD31_4=2 INSERT "Hispanic"] Asian
- 50 [IF MOD31_4=2 INSERT "Hispanic"] Pacific Islander
- 60 Other
- 88 No additional choices
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD31_5A. Is that...

INTERVIEWER NOTE: Select all that apply.

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD31_5P. Is that...

INTERVIEWER NOTE: Select all that apply.

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander
- 77 DON'T KNOW / NOT SURE
- 99 REFUSED

MOD31_6. 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 32: Childhood Asthma Prevalence

MOD32_1. Module 32: Childhood Asthma Prevalence

The next two questions are about the [RNDCHILD] child. Has a doctor, nurse or other health professional EVER said that the child has asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

MOD32_2. Does the child still have asthma?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

Texas State Added Sections

TX State Added Section 3: Actions to Control Hypertension

TX3_1 State Added Section 3: Actions to Control Hypertension

Has a doctor or other health professional ever advised you to do any of the following to help lower or control your high blood pressure?

(Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX3_2 (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not use salt
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX3_3 (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 3 Do not drink
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX3_4 (Ever advised you to) exercise (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX3_5 (Ever advised you to) take medication (to help lower or control your high blood pressure)?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section 4: Sodium or Salt Intake

TX4_1. State Added Section 4: Sodium or Salt Intake

Are you currently watching or reducing your sodium or salt intake?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX4_2. Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX State Added Section 5: Suicide

TX5_1. TX State Added Section 5: Suicide

The next few questions relate to suicide. If these questions create a need for additional information, please call the National Suicide Prevention Lifeline (NSPL) at 988.

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

- 1 Yes
- 2 No
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

TX5_2. 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

AST1. Asthma Call Back Permission

We would like to call you again within the next 2 weeks to talk in more detail about [IF ACFLAG=01,02 INSERT “your”; IF ACFLAG=03,04 INSERT “your child’s”] experiences with asthma. The information will be used to help develop and improve the asthma programs in [STATE]. The information you gave us today and any you give us in the future will be kept confidential. If you agree to this, we will keep your first name or initials and phone number on file, separate from the answers collected today. Even if you agree now, you or others may refuse to participate in the future. Would it be okay if we called you back to ask additional asthma-related questions at a later time?

- 1 Yes
- 2 No