



2021

**Behavioral Risk Factor Surveillance System
Questionnaire**

Delaware

English & Spanish (state-added only)

December 8, 2020

Table of Contents

OMB Header and Introductory Text	4
Landline Introduction.....	5
Cell Phone Introduction	11
Core Section 1: Health Status	16
Core Section 2: Healthy Days	17
Core Section 3: Health Care Access	19
Core Section 4: Exercise.....	21
Core Section 5: Hypertension Awareness.....	22
Core Section 6: Cholesterol Awareness	23
Core Section 7: Chronic Health Conditions	25
Module 1: Prediabetes.....	27
Core Section 6: Chronic Health Conditions (continued).....	27
Module 2: Diabetes	28
Core Section 8: Arthritis.....	31
Core Section 9: Demographics.....	33
Core Section 10: Disability	39
Core Section 11: Tobacco Use	41
Core Section 12: Alcohol Consumption.....	42
Core Section 13: Immunization.....	43
Core Section 14: H.I.V./AIDS	46
Core Section 15: Fruits and Vegetables	47
Closing Statement/ Transition to Modules	50
Optional Modules	51
Module 5: HPV – Vaccination	51
Module 13: Cancer Survivorship: Type of Cancer	52
Module 14: Cancer Survivorship: Course of Treatment	54
Module 15: Cancer Survivorship: Pain Management	57
Module 16: Home/ Self-measured Blood Pressure	58
Module 19: Caregiver	60
Module 21: Marijuana Use	64
Module 22: Tobacco Cessation	66
Delaware State-Added 1: The Preconception Health/Family Planning (2020, DE STATE-ADDED 3)	67
Delaware State-Added 2: Food Insecurity (NEW)	74
Delaware State-Added 3: COVID-19 (NEW)	75
Delaware State-Added 4: Adult Well Being Assessment (2020, DE STATE-ADDED 1).....	77

Closing Statement 80

OMB Header and Introductory Text

Read if necessary	Read	Interviewer instructions (not read)
<p>Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).</p>		<p>Form Approved OMB No. 0920-1061 Exp. Date 3/31/2021</p> <p>Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.</p>
	<p>HELLO, I am calling for the Delaware division of public health. My name is (name). We are gathering information about the health of US residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.</p>	

Landline Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
LL01.	Is this [PHONE NUMBER]?	CTELENM1	1 Yes	Go to LL02	Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.	63
			2 No	TERMINATE		
LL02.	Is this a private residence?	PVTRES1	1 Yes	Go to LL04	Read if necessary: By private residence we mean someplace like a house or apartment. Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	64
			2 No	Go to LL03	If no, business phone only: thank you very much but we are only interviewing persons on residential phones lines at this time.	

					NOTE: Business numbers which are also used for personal communication are eligible.	
			3 No, this is a business		Read: Thank you very much but we are only interviewing persons on residential phones at this time. TERMINATE	
LL03.	Do you live in college housing?	COLGHOUS	1 Yes	Go to LL04	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	65
			2 No	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in private residences or college housing at this time.	
LL04.	Do you currently live in __Delaware__ ?	STATERE1	1 Yes	Go to LL05		66
			2 No	TERMINATE	Thank you very much but we are only interviewing persons who live in Delaware at this time.	
LL05.	Is this a cell phone?	CELLPHONE	1 Yes, it is a cell phone	TERMINATE	Read: Thank you very much but we are only interviewing by landline	67

					telephones in private residences or college housing at this time.	
			2 Not a cell phone	Go to LL06	Read if necessary: By cell phone we mean a telephone that is mobile and usable outside your neighborhood. Do not read: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).	
LL06.	Are you 18 years of age or older?	LADULT1	1 Yes	IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]		68
			2 No	IF COLLEGE HOUSING = "YES," Terminate; OTHERWISE GO TO ADULT RANDOM SELECTION]	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
LL07.	Are you male or female?	COLGSEX	1 Male 2 Female	ONLY for respondents who are LL and COLGHOUS= 1.		69

			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL08.	I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?	NUMADULT	1	Go to LL09	Read: Are you that adult? If yes: Then you are the person I need to speak with. If no: May I speak with the adult in the household?	70-71
			2-6 or more	Go to LL10.		
LL09.	Are you male or female?	LANDSEX	1 Male 2 Female	GO to Transition Section 1.		72
			7 Don't know/Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	
LL10.	How many of these adults are men?	NUMMEN	__ Number 77 Don't know/ Not sure 99 Refused			73-74
LL11.	So the number of women in the household is [X]. Is that correct?	NUMWOMEN			Do not read: Confirm the number of adult women or clarify the total number of adults in the household. Read: The persons in your household that I need to speak with is [Oldest/Youngest / Middle//Male /Female] Adult.	75-76

LL12	The person in your household that I need to speak with is [Oldest/Youngest/Middle//Male/Female]. Are you the [Oldest/Youngest/Middle//Male/Female] in this household?	RESPLCT	1 Male 2 Female	If person indicates that they are not the selected respondent, ask for correct respondent and re-ask LL12. (See CATI programming)	77
			7 Don't know/Not sure 9 Refused	TERMINATE Thank you for your time, your number may be selected for another survey in the future.	
Transition to Section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information . If you have any	Do not read: Introductory text may be reread when selected respondent is reached. Do not read: The sentence "Any information you give me will not be connected to any personal information" may be replaced by "Any personal information that you provide will not be used to identify you." If the state coordinator approves the change.	

			questions about the survey, please call 877-551- 6138.			
--	--	--	---	--	--	--

Cell Phone Introduction

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CP01.	Is this a safe time to talk with you?	SAFETIME	1 Yes	Go to CP02		78
			2 No	Go to CP02 ([set appointment if possible]) TERMINATE]	Thank you very much. We will call you back at a more convenient time.	
CP02.	Is this [PHONE NUMBER]?	CTELNUM1	1 Yes	Go to CP03		79
			2 No	TERMINATE		
CP03.	Is this a cell phone?	CELLFON5	1 Yes	Go to CADULT1		80
			2 No	TERMINATE	If "no": thank you very much, but we are only interviewing persons on cell telephones at this time	
CP04.	Are you 18 years of age or older?	CADULT1	1 Yes			81
			2 No	TERMINATE	Read: Thank you very much but we are only interviewing persons aged 18 or older at this time.	
CP05.	Are you male or female?	CELLSEX	1 Male 2 Female			82
			7 Don't Know/ Not sure 9 Refused	TERMINATE	Thank you for your time, your number may be selected for another survey in the future.	

CP06.	Do you live in a private residence?	PVTRESD3	1 Yes	Go to CP08	Read if necessary: By private residence we mean someplace like a house or apartment Do not read: Private residence includes any home where the respondent spends at least 30 days including vacation homes, RVs or other locations in which the respondent lives for portions of the year.	83
			2 No	Go to CP07		
CP07.	Do you live in college housing?	CCLGHOUS	1 Yes	Go to CP08	Read if necessary: By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.	84
			2 No	TERMINATE		

					persons who live in private residences or college housing at this time.	
CP08.	Do you currently live in <u> </u> Delaware <u> </u> ?	CSTATE1	1 Yes	Go to CP10		85
			2 No	Go to CP09		
CP09.	In what state do you currently live?	RSPSTAT1	1 Alabama 2 Alaska 4 Arizona 5 Arkansas 6 California 8 Colorado 9 Connecticut 10 Delaware 11 District of Columbia 12 Florida 13 Georgia 15 Hawaii 16 Idaho 17 Illinois 18 Indiana 19 Iowa 20 Kansas 21 Kentucky 22 Louisiana 23 Maine 24 Maryland 25 Massachusetts 26 Michigan 27 Minnesota 28 Mississippi 29 Missouri 30 Montana 31 Nebraska 32 Nevada 33 New Hampshire 34 New Jersey 35 New Mexico 36 New York 37 North Carolina 38 North Dakota 39 Ohio			86-87

			40 Oklahoma 41 Oregon 42 Pennsylvania 44 Rhode Island 45 South Carolina 46 South Dakota 47 Tennessee 48 Texas 49 Utah 50 Vermont 51 Virginia 53 Washington 54 West Virginia 55 Wisconsin 56 Wyoming 66 Guam 72 Puerto Rico 78 Virgin Islands			
			77 Live outside US and participating territories 99 Refused	TERMINATE	Read: Thank you very much, but we are only interviewing persons who live in the US.	
CP10.	Do you also have a landline telephone in your home that is used to make and receive calls?	LANDLINE	1 Yes 2 No 7 Don't know/ Not sure 9 Refused		Read if necessary: By landline telephone, we mean a regular telephone in your home that is used for making or receiving calls. Please include landline phones used for both business and personal use.	88

CP11.	How many members of your household, including yourself, are 18 years of age or older?	HHADULT	__ Number 77 Don't know/ Not sure 99 Refused	If CP07 = yes then number of adults is automatically set to 1		89-90
Transition to section 1.			I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will not be connected to any personal information. If you have any questions about the survey, please call 877-551-6138.			

Core Section 1: Health Status

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHS.01	Would you say that in general your health is—	GENHLTH	Read: 1 Excellent 2 Very Good 3 Good 4 Fair 5 Poor Do not read: 7 Don't know/Not sure 9 Refused			101

Core Section 2: Healthy Days

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHD.01	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	PHYSHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	102-103
CHD.02	Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	MENTHLTH	__ Number of days (01-30) 88 None 77 Don't know/not sure 99 Refused		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.	104-105
				Skip CHD.03 if CHD.01, PHYSHLTH, is 88 and CHD.02, MENTHLTH, is 88		
CHD.03	During the past 30 days, for about how many days did poor physical	POORHLTH	__ Number of days (01-30) 88 None		88 may be coded if respondent says "never" or "none" It is not necessary to ask	106-107

	or mental health keep you from doing your usual activities, such as self-care, work, or recreation?		77 Don't know/not sure 99 Refused		respondents to provide a number if they indicate that this never occurs.	
--	---	--	--------------------------------------	--	--	--

Core Section 3: Health Care Access

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHCA.01	What is the current primary source of your health insurance?	PRIMINSR	<p><u>Read if necessary:</u></p> <p>01 A plan purchased through an employer or union (including plans purchased through another person's employer)</p> <p>02 A private nongovernmental plan that you or another family member buys on your own</p> <p>03 Medicare</p> <p>04 Medigap</p> <p>05 Medicaid</p> <p>06 Children's Health Insurance Program (CHIP)</p> <p>07 Military related health care: TRICARE (CHAMPUS) / VA health care / CHAMP- VA</p> <p>08 Indian Health Service</p> <p>09 State sponsored health plan</p> <p>10 Other government program</p> <p>88 No coverage of any type</p>		<p>If respondent has multiple sources of insurance, ask for the one used most often.</p> <p>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.</p>	108-109

			77 Don't Know/Not Sure 99 Refused			
CHCA.02	Do you have one person or a group of doctors that you think of as your personal health care provider?	PERSDOC3	1 Yes, only one 2 More than one 3 No 7 Don't know / Not sure 9 Refused		If no, read: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?	110
CHCA.03	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?	MEDCOST1	1 Yes 2 No 7 Don't know / Not sure 9 Refused			111
CHCA.04	About how long has it been since you last visited a doctor for a routine checkup?	CHECKUP1	Read if necessary: 1 Within the past year (anytime less than 12 months ago) 2 Within the past 2 years (1 year but less than 2 years ago) 3 Within the past 5 years (2 years but less than 5 years ago) 4 5 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused		Read if necessary: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	112

Core Section 4: Exercise

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CEX.01	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	EXERANY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Do not read: If respondent does not have a regular job or is retired, they may count any physical activity or exercise they do	113

Core Section 5: Hypertension Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C05.01	Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?	BPHIGH6	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	Go to next section	If "Yes" and respondent is female, ask: "Was this only when you were pregnant?" By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	114
C05.02	Are you currently taking prescription medicine for your high blood pressure?	BPMEDS	1 Yes 2 No 7 Don't know / Not sure 9 Refused			115

Core Section 6: Cholesterol Awareness

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C06.01	Cholesterol is a fatty substance found in the blood. About how long has it been since you last had your cholesterol checked?	CHOLCHK3	1 Never	Go to next section.		116
			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	Go to next section		
			9 Refused			

C06.02	Have you ever been told by a doctor, nurse or other health professional that your cholesterol is high?	TOLDHI3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	117
C06.03	Are you currently taking medicine prescribed by your doctor or other health professional for your cholesterol?	CHOLMED2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent questions why they might take drugs without having high cholesterol read: 'High' cholesterol is just one group recommended statin therapy for cholesterol management in the 2013 and 2018 Cholesterol Guidelines.	118

Core Section 7: Chronic Health Conditions

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
Prologue	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.					
CCHC.01	Ever told you that you had a heart attack also called a myocardial infarction?	CVDINFR4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			119
CCHC.02	(Ever told) (you had) angina or coronary heart disease?	CVDCRHD4	1 Yes 2 No 7 Don't know / Not sure 9 Refused			120
CCHC.03	(Ever told) (you had) a stroke?	CVDSTRK3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			121
CCHC.04	(Ever told) (you had) asthma?	ASTHMA3	1 Yes			122
			2 No 7 Don't know / Not sure 9 Refused	Go to CCHC.06		
CCHC.05	Do you still have asthma?	ASTHNOW	1 Yes 2 No 7 Don't know / Not sure 9 Refused			123

CCHC.06	(Ever told) (you had) skin cancer?	CHCSCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			124
CCHC.07	(Ever told) (you had) any other types of cancer?	CHCOCNCR	1 Yes 2 No 7 Don't know / Not sure 9 Refused			125
CCHC.08	(Ever told) (you had) C.O.P.D. (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?	CHCCOPD3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			126
CCHC.09	(Ever told) (you had) a depressive disorder (including depression, major depression, dysthymia, or minor depression)?	ADDEPEV3	1 Yes 2 No 7 Don't know / Not sure 9 Refused			127
CCHC.10	Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?	CHCKDNY2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Incontinence is not being able to control urine flow.	128
CCHC.11	(Ever told) (you had) diabetes?	DIABETE4	1 Yes		If yes and respondent is female, ask: was this only when you were pregnant? If respondent says pre-diabetes or borderline diabetes, use response code 4.	129

			2 Yes, but female told only during pregnancy 3 No 4 No, pre-diabetes or borderline diabetes 7 Don't know / Not sure 9 Refused	Go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.		
--	--	--	---	--	--	--

Module 1: Prediabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M01.01	Have you had a test for high blood sugar or diabetes within the past three years?	PDIABTST	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Skip if Section CCHC.12, DIABETE4, is coded 1		258
M01.02	Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?	PREDIAB1	1 Yes 2 Yes, during pregnancy 3 No 7 Don't know / Not sure 9 Refused	Skip if Section CCHC.12, DIABETE4, is coded 1; If CCHC.12, DIABETE4, is coded 4 automatically code M01.02, PREDIAB1, equal to 1 (yes);	If Yes and respondent is female, ask: Was this only when you were pregnant?	259

Core Section 6: Chronic Health Conditions (continued)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
-----------------	---------------	----------------	-------------------------------	----------------------	----------------------	-----------

OTHERWISE NOTED)						
CCHC.12	How old were you when you were told you have diabetes?	DIABAGE3	__ Code age in years [97 = 97 and older] 98 Don't know / Not sure 99 Refused	Go to Diabetes Module if used, otherwise go to next section.		130-131

Module 2: Diabetes

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				To be asked following Core CCHC.12; if response to CCHC.11 is Yes (code = 1)		
M02.01	Are you now taking insulin?	INSULIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			260
M02.02	About how often do you check your blood for glucose or sugar?	BLDSUGAR	1 __ Times per day 2 __ Times per week 3 __ Times per month 4 __ Times per year 888 Never		Read if necessary: Include times when checked by a family member or friend, but do not include times when checked by a health professional. Do not read: If the respondent uses a continuous glucose monitoring system	261-263

			777 Don't know / Not sure 999 Refused		(a sensor inserted under the skin to check glucose levels continuously), fill in '98 times per day.'	
M02.03	Including times when checked by a family member or friend, about how often do you check your feet for any sores or irritations?	FEETCHK3	1 _ _ Times per day 2 _ _ Times per week 3 _ _ Times per month 4 _ _ Times per year 555 No feet 888 Never 777 Don't know / Not sure 999 Refused			264-266
M02.04	About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?	DOCTDIAB	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure 99 Refused			267-268
M02.05	About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for A-one-C?	CHKHEMO3	_ _ Number of times [76 = 76 or more] 88 None 98 Never heard of A-one-C test 77 Don't know / Not sure 99 Refused		Read if necessary: A test for A-one-C measures the average level of blood sugar over the past three months.	269-270
M02.06	About how many times in the past 12 months has a health professional checked your	FEETCHK	_ _ Number of times [76 = 76 or more] 88 None 77 Don't know / Not sure	If M02.03 = 555 (No feet), go to M02.07		271-272

	feet for any sores or irritations?		99 Refused			
M02.07	When was the last time you had an eye exam in which the pupils were dilated, making you temporarily sensitive to bright light?	EYEEEXAM1	Read if necessary: 1 Within the past month (anytime less than 1 month ago) 2 Within the past year (1 month but less than 12 months ago) 3 Within the past 2 years (1 year but less than 2 years ago) 4 2 or more years ago Do not read: 7 Don't know / Not sure 8 Never 9 Refused			273
M02.08	Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?	DIABEYE	1 Yes 2 No 7 Don't know/ not sure 9 Refused			274
M02.09	Have you ever taken a course or class in how to manage your diabetes yourself?	DIABEDU	1 Yes 2 No 7 Don't know/ not sure 9 Refused			275

Core Section 8: Arthritis

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
C08.01	Has a doctor, nurse or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	HAVARTH5	1 Yes			132
			2 No 7 Don't know / Not sure 9 Refused	Go to next section		
C08.02	Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?	ARTHEXER	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If the respondent is unclear about whether this means increase or decrease in physical activity, this means increase.	133
C08.03	Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?	ARTHEDU	1 Yes 2 No 7 Don't know / Not sure 9 Refused			134
C08.04	Are you now limited in any way in any of your usual activities because of	LMTJOIN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If a respondent question arises about medication, then the interviewer should reply: "Please answer the	135

	arthritis or joint symptoms?				question based on your current experience, regardless of whether you are taking any medication or treatment”	
C08.05	In the next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?	ARTHDIS2	1 Yes 2 No 7 Don't know / Not sure 9 Refused		If respondent gives an answer to each issue (whether works, type of work, or amount of work), then if any issue is "yes" mark the overall response as "yes." If a question arises about medications or treatment, then the interviewer should say: "Please answer the question based on your current experience, regardless of whether you are taking any medication or treatment."	136
C08.06	Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where 0 is no pain and 10 is pain or aching as bad as it can be?	JOINPAI2	___ Enter number [00-10] 77 Don't know/ Not sure 99 Refused			137-138

Core Section 9: Demographics

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDEM.01	What is your age?	AGE	__ Age 7 Don't know 9 Refused			139-140
CDEM.02	Are you Hispanic, Latino/a, or Spanish origin?	HISPANC3	If yes, read: Are you... 1 Mexican, Mexican American, Chicano/a 2 Puerto Rican 3 Cuban 4 Another Hispanic, Latino/a, or Spanish origin Do not read: 5 No 7 Don't know / Not sure 9 Refused		One or more categories may be selected.	141-144
CDEM.03	Which one or more of the following would you say is your race?	MRACE1	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 88 No additional choices 77 Don't know / Not sure 99 Refused	.	If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. One or more categories may be selected.	145-172

				If more than one response to CDEM.03; continue. Otherwise, go to CDEM.05		
CDEM.04	Which one of these groups would you say best represents your race?	ORACE3	Please read: 10 White 20 Black or African American 30 American Indian or Alaska Native 40 Asian 41 Asian Indian 42 Chinese 43 Filipino 44 Japanese 45 Korean 46 Vietnamese 47 Other Asian 50 Pacific Islander 51 Native Hawaiian 52 Guamanian or Chamorro 53 Samoan 54 Other Pacific Islander Do not read: 60 Other 77 Don't know / Not sure 99 Refused		If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading. If respondent has selected multiple races in previous and refuses to select a single race, code refused	173-174
CDEM.05	Are you...	MARITAL	Please read: 1 Married 2 Divorced 3 Widowed 4 Separated 5 Never married Or 6 A member of an unmarried couple Do not read: 9 Refused			175
CDEM.06	What is the highest grade or year of school you	EDUCA	Read if necessary: 1 Never attended school or only attended kindergarten 2 Grades 1 through 8 (Elementary)			176

	completed?		3 Grades 9 through 11 (Some high school) 4 Grade 12 or GED (High school graduate) 5 College 1 year to 3 years (Some college or technical school) 6 College 4 years or more (College graduate) Do not read: 9 Refused			
CDEM.07	Do you own or rent your home?	RENTHOM 1	1 Own 2 Rent 3 Other arrangement 7 Don't know / Not sure 9 Refused		Other arrangements may include group home, staying with friends or family without paying rent. Home is defined as the place where you live most of the time/the majority of the year. Read if necessary: We ask this question in order to compare health indicators among people with different housing situations.	177
CDEM.08	In what county do you currently live?	CTYCODE2	__ _ _ ANSI County Code 777 Don't know / Not Sure 888 County from another state 999 Refused			178-180

CDEM.09	What is the ZIP Code where you currently live?	ZIPCODE1	----- 77777 Do not know 99999 Refused			181-185
				If cell interview go to CDEM12		
CDEM.10	Not including cell phones or numbers used for computers, fax machines or security systems, do you have more than one telephone number in your household?	NUMHHOL 3	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CDEM.12		186
CDEM.11	How many of these telephone numbers are residential numbers?	NUMPHON 3	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused			187
CDEM.12	How many cell phones do you have for personal use?	CPDEMO1 B	___ Enter number (1-5) 6 Six or more 7 Don't know / Not sure 8 None 9 Refused	Last question needed for partial complete.	Read if necessary: Include cell phones used for both business and	188

					personal use.	
CDEM.13	Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?	VETERAN3	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	189
CDEM.14	Are you currently ...?	EMPLOY1	Read: 1 Employed for wages 2 Self-employed 3 Out of work for 1 year or more 4 Out of work for less than 1 year 5 A Homemaker 6 A Student 7 Retired Or 8 Unable to work Do not read: 9 Refused		If more than one, say "select the category which best describes you".	190
CDEM.15	How many children less than 18 years of age live in your household?	CHILDREN	_ _ Number of children 88 None 99 Refused			191-192
CDEM.16	Is your annual household income	INCOME3	Read if necessary: 01 Less than \$10,000?	SEE CATI information of order of coding;	If respondent refuses at ANY income	193-194

	from all sources—		02 Less than \$15,000? (\$10,000 to less than \$15,000) 03 Less than \$20,000? (\$15,000 to less than \$20,000) 04 Less than \$25,000 05 Less than \$35,000 If (\$25,000 to less than \$35,000) 06 Less than \$50,000 If (\$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 Do not read: 77 Don't know / Not sure 99 Refused	Start with category 05 and move up or down categories.	level, code '99' (Refused)	
				Skip if Male (MSAB.01, BIRTHSEX, is coded 1). If MSAB.01=missing and (CP05=1 or LL12=1; or LL09 = 1 or LL07 =1). or Age >49		
CDEM.17	To your knowledge, are you now pregnant?	PREGNANT	1 Yes 2 No 7 Don't know / Not sure 9 Refused			195
CDEM.18	About how much do you	WEIGHT2	_ _ _ _ Weight (pounds/kilograms) 7777 Don't know / Not sure		If respondent answers in metrics, put	196-199

	weigh without shoes?		9999 Refused		9 in first column. Round fractions up	
CDEM.19	About how tall are you without shoes?	HEIGHT3	__ / __ Height (ft / inches/meters/centimeters) 77/ 77 Don't know / Not sure 99/ 99 Refused		If respondent answers in metrics, put 9 in first column. Round fractions down	200-203

Core Section 10: Disability

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CDIS.01	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?	DEAF	1 Yes 2 No 7 Don't know / Not sure 9 Refused			204
CDIS.02	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	BLIND	1 Yes 2 No 7 Don't know / Not sure 9 Refused			205
CDIS.03	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	DECIDE	1 Yes 2 No 7 Don't know / Not sure 9 Refused			206

CDIS.04	Do you have serious difficulty walking or climbing stairs?	DIFFWALK	1 Yes 2 No 7 Don't know / Not sure 9 Refused			207
CDIS.05	Do you have difficulty dressing or bathing?	DIFFDRES	1 Yes 2 No 7 Don't know / Not sure 9 Refused			208
CDIS.06	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	DIFFALON	1 Yes 2 No 7 Don't know / Not sure 9 Refused			209

Core Section 11: Tobacco Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CTOB.01	Have you smoked at least 100 cigarettes in your entire life?	SMOKE100	1 Yes		Do not include: electronic cigarettes (e-cigarettes, njoy, bluetip, JUUL), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana. 5 packs = 100 cigarettes.	210
			2 No 7 Don't know/Not Sure 9 Refused	Go to CTOB.03		
CTOB.02	Do you now smoke cigarettes every day, some days, or not at all?	SMOKDAY2	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused			211
CTOB.03	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	USENOW3	1 Every day 2 Some days 3 Not at all 7 Don't know / Not sure 9 Refused		Read if necessary: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.	212
CTOB.04	Do you now use e-cigarettes or other electronic vaping products every	ECIGNOW	1 Every day 2 Some days 3 Not at all 4 Never smoked e-cigs		Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs (e-	213

	day, some days or not at all?		7 Don't know / Not sure 9 Refused		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. Snus (rhymes with 'goose')	
--	-------------------------------	--	--------------------------------------	--	--	--

Core Section 12: Alcohol Consumption

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CALC.01	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	ALCDAY5	1 __ Days per week 2 __ Days in past 30 days		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.	214-216
			888 No drinks in past 30 days 777 Don't know / Not sure 999 Refused	Go to next section		
CALC.02	One drink is equivalent to a 12-ounce beer, a 5-ounce glass	AVEDRNK3	__ Number of drinks 88 None		Read if necessary: A 40-ounce beer would count as 3 drinks, or a cocktail	217-218

	of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?		77 Don't know / Not sure 99 Refused		drink with 2 shots would count as 2 drinks.	
CALC.03	Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?	DRNK3GE5	__ Number of times 77 Don't know / Not sure 99 Refused	CATI X = 5 for men, X = 4 for women (states may use sex at birth to determine sex if module is adopted)		219-220
CALC.04	During the past 30 days, what is the largest number of drinks you had on any occasion?	MAXDRNKS	__ Number of drinks 77 Don't know / Not sure 99 Refused			221-222

Core Section 13: Immunization

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CIMM.01	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?	FLUSHOT7	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to CIMM.04	Read if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.	223

C1MM.02	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?	FLSHTMY3	__ / ____ Month / Year 77 / 7777 Don't know / Not sure 09 / 9999 Refused			224-229
C11.03	At what kind of place did you get your last flu shot or vaccine?	IMFVPLAC	Read if necessary: 01 A doctor's office or health maintenance organization (HMO) 02 A health department 03 Another type of clinic or health center (a community health center) 04 A senior, recreation, or community center 05 A store (supermarket, drug store) 06 A hospital (inpatient) 07 An emergency room 08 Workplace 09 Some other kind of place 11 A school Do not read: 12 A drive though location at some other place than listed above 10 Received vaccination in Canada/Mexico		Read if necessary: How would you describe the place where you went to get your most recent flu vaccine? If the respondent indicates that it was a drive through immunization site, ask the location of the site. If the respondent remembers only that it was drive through and cannot identify the location, code "12"	230-231

			77 Don't know / Not sure 99 Refused			
CIMM.04	Have you ever had a pneumonia shot also known as a pneumococcal vaccine?	PNEUVAC4	1 Yes 2 No 7 Don't know / Not sure 9 Refused		Read if necessary: There are two types of pneumonia shots: polysaccharide, also known as Pneumovax, and conjugate, also known as Prevnar.	232

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

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CHIV.01	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.?	HIVTST7	1 Yes		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.	233
			2 No 7 Don't know/ not sure 9 Refused	Go to Next section		
CHIV.02	Not including blood donations, in what month and year was your last H.I.V. test?	HIVTSTD3	___/____ Code month and year 77/ 7777 Don't know / Not sure 99/ 9999 Refused	If response is before January 1985, code "777777".	INTERVIEWER NOTE: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.	234-239

Core Section 15: Fruits and Vegetables

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
CFV.01	<p>Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.</p> <p>Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month.</p>	FRUIT2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		<p>If a respondent indicates that they consume a food item every day then enter the number of times per day. If the respondent indicates that they eat a food less than daily, then enter times per week or time per month. Do not enter time per day unless the respondent reports that he/she consumed that food item each day during the past month.</p> <p>Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "was that per day, week, or month?"</p> <p>Read if respondent asks what to include or says 'i don't know': include fresh, frozen or canned fruit. Do not include dried fruits.</p>	240-242

CFV.02	Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice?	FRUITJU2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Read if respondent asks about examples of fruit-flavored drinks: "do not include fruit-flavored drinks with added sugar like cranberry cocktail, Hi-C, lemonade, Kool-Aid, Gatorade, Tampico, and sunny delight. Include only 100% pure juices or 100% juice blends." Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	243-245
CFV.03	How often did you eat a green leafy or lettuce salad, with or without other vegetables?	FVGREEN1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about spinach: "Include spinach salads."	246-248
CFV.04	How often did you eat any kind of fried potatoes, including French fries, home fries, or hash browns?	FRENCHF1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?"	249-251

			999 Refused		Read if respondent asks about potato chips: "Do not include potato chips."	
CFV.05	How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?	POTATOE1	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what types of potatoes to include: "Include all types of potatoes except fried. Include potatoes au gratin, scalloped potatoes."	252-254
CFV.06	Not including lettuce salads and potatoes, how often did you eat other vegetables?	VEGETAB2	1__ Day 2__ Week 3__ Month 300 Less than once a month 555 Never 777 Don't Know 999 Refused		Enter quantity in times per day, week, or month. If respondent gives a number without a time frame, ask "Was that per day, week, or month?" Read if respondent asks about what to include: "Include tomatoes, green beans, carrots, corn, cabbage, bean sprouts, collard greens, and broccoli. Include raw, cooked, canned, or frozen vegetables. Do not include rice."	255-257

Closing Statement/ Transition to Modules

Read if necessary	Read	CATI instructions (not read)
That was my last question. Everyone’s answers will be combined to help us provide information about the health practices of people in Delaware. Thank you very much for your time and cooperation.		Read if no optional modules follow, otherwise continue to optional modules.

Optional Modules

Module 5: HPV – Vaccination

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Columns
M05.01	Have you ever had an H.P.V. vaccination?	HPVADVC4	1 Yes	To be asked of respondents between the ages of 18 and 49 years; otherwise, go to next module	Human Papillomavirus (Human Pap-uh-loh-muh virus); Gardasil (Gar-duh-seel); Cervarix (Sir-var-icks) Read if necessary: A vaccine to prevent the human papillomavirus or H.P.V. infection is available and is called the cervical cancer or genital warts vaccine, H.P.V. shot, [Fill: if female GARDASIL or CERVARIX; if male: GARDASIL]. If respondent comments that this question was already asked, clarify that the earlier questions was about HPV testing, and this question is about vaccination.	285
			2 No 3 Doctor refused when asked 7 Don't know / Not sure 9 Refused	Go to next module		
M05.02	How many HPV shots did you receive?	HPVADSHT	__ Number of shots (1-2) 3 All shots 77 Don't know / Not sure 99 Refused			286-287

Module 13: Cancer Survivorship: Type of Cancer

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) or CPCS.06 = 4 continue, else go to next module.		
MTOC.01	<p>You've told us that you have had cancer. I would like to ask you a few more questions about your cancer.</p> <p>How many different types of cancer have you had?</p>	CNCRDIFF	<p>1 Only one 2 Two 3 Three or more</p> <p>7 Don't know / Not sure 9 Refused</p>	<p>Go to next module</p>		342
MTOC.02	At what age were you told that you had cancer?	CNCRAGE	<p>__ Age in Years (97 = 97 and older) 98 Don't know/Not sure 99 Refused</p>		<p>If MTOC.01= 2 (Two) or 3 (Three or more), ask: At what age were you first diagnosed with cancer? Read if necessary: This question refers to the first time they were told about their first cancer.</p>	343-344

				If CCHC.06 = 1 (Yes) and MTOC.01 = 1 (Only one): ask Was it Melanoma or other skin cancer? then code MTOC.03 as a response of 21 if Melanoma or 22 if other skin cancer		
MTOC.03	What type of cancer was it?	CNCRTYP1	<p>Read if respondent needs prompting for cancer type:</p> <p>01 Breast cancer</p> <p>Female reproductive (Gynecologic)</p> <p>02 Cervical cancer (cancer of the cervix)</p> <p>03 Endometrial cancer (cancer of the uterus)</p> <p>04 Ovarian cancer (cancer of the ovary)</p> <p>Head/Neck</p> <p>05 Head and neck cancer</p> <p>06 Oral cancer</p> <p>07 Pharyngeal (throat) cancer</p> <p>08 Thyroid</p> <p>09 Larynx</p> <p>Gastrointestinal</p> <p>10 Colon (intestine) cancer</p> <p>11 Esophageal (esophagus)</p> <p>12 Liver cancer</p> <p>13 Pancreatic (pancreas) cancer</p> <p>14 Rectal (rectum) cancer</p>		If MTOC.01 = 2 (Two) or 3 (Three or more), ask: With your most recent diagnoses of cancer, what type of cancer was it?	345-346

			15 Stomach Leukemia/Lymphoma (lymph nodes and bone marrow) 16 Hodgkin's Lymphoma (Hodgkin's disease) 17 Leukemia (blood) cancer 18 Non-Hodgkin's Lymphoma Male reproductive 19 Prostate cancer 20 Testicular cancer Skin 21 Melanoma 22 Other skin cancer Thoracic 23 Heart 24 Lung Urinary cancer 25 Bladder cancer 26 Renal (kidney) cancer Others 27 Bone 28 Brain 29 Neuroblastoma 30 Other Do not read: 77 Don't know / Not sure 99 Refused			
--	--	--	---	--	--	--

Module 14: Cancer Survivorship: Course of Treatment

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue,		

				else go to next module.		
MCOT.01	Are you currently receiving treatment for cancer?	CSRVRT3	Read if necessary: 1 Yes	Go to next module	Read if necessary: By treatment, we mean surgery, radiation therapy, chemotherapy, or chemotherapy pills.	347
			2 No, I've completed treatment	Continue		
			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	Go to next module		
MCOT.02	What type of doctor provides the majority of your health care? Is it a....	CSRVDOC1	Read: 01 Cancer Surgeon 02 Family Practitioner 03 General Surgeon 04 Gynecologic Oncologist 05 General Practitioner, Internist 06 Plastic Surgeon, Reconstructive Surgeon 07 Medical Oncologist 08 Radiation Oncologist 09 Urologist 10 Other Do not read: 77 Don't know / Not sure 99 Refused		If the respondent requests clarification of this question, say: We want to know which type of doctor you see most often for illness or regular health care (Examples: annual exams and/or physicals, treatment of colds, etc.). Read if necessary: An oncologist is a medical doctor who manages a person's care and treatment after a cancer diagnosis.	348-349

MCOT.03	Did any doctor, nurse, or other health professional ever give you a written summary of all the cancer treatments that you received?	CSRVSUM	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: By 'other healthcare professional', we mean a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.	350
MCOT.04	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?	CSRVRTRN	1 Yes			351
			2 No 7 Don't know/ not sure 9 Refused	Go to MCOT.06		
MCOT.05	Were these instructions written down or printed on paper for you?	CSRVINST	1 Yes 2 No 7 Don't know/ not sure 9 Refused			352
MCOT.06	With your most recent diagnosis of cancer, did you have health insurance that paid for all or part of your cancer treatment?	CSRVINSR	1 Yes 2 No 7 Don't know/ not sure 9 Refused		Read if necessary: Health insurance also includes Medicare, Medicaid, or other types of state health programs.	353

MCOT.07	Were you ever denied health insurance or life insurance coverage because of your cancer?	CSRVEIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			354
MCOT.08	Did you participate in a clinical trial as part of your cancer treatment?	CSRVCIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused			355

Module 15: Cancer Survivorship: Pain Management

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				If CCHC.06 or CCHC.07 = 1 (Yes) continue, else go to next module.		
MCPM.01	Do you currently have physical pain caused by your cancer or cancer treatment?	CSRVPAIN	1 Yes 2 No 7 Don't know/ not sure 9 Refused	Go to next module		356
MCPM.02	Would you say your pain is currently under control...?	CSRVCTL2	Read: 1 With medication (or treatment) 2 Without medication (or treatment) 3 Not under control, with			357

			medication (or treatment) 4 Not under control, without medication (or treatment) Do not read: 7 Don't know / Not sure 9 Refused			
--	--	--	---	--	--	--

Module 16: Home/ Self-measured Blood Pressure

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M16.01	Has your doctor, nurse or other health professional recommended you check your blood pressure outside of the office or at home?	HOMBPCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused		By other healthcare professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.	358
M16.02	Do you regularly check your blood pressure outside of your healthcare professional's office or at home?	HOMRGCHK	1 Yes 2 No 7 Don't know / Not sure 9 Refused	Go to next module		359
M16.03	Do you take it mostly at home or on a machine at a pharmacy, grocery or similar location?	WHEREBP	1 At home 2 On a machine at a pharmacy, grocery or similar location 3 Do not check it			360

			7 Don't know / Not sure 9 Refused			
M16.04	How do you share your blood pressure numbers that you collected with your health professional? Is it mostly by telephone, other methods such as emails, internet portal or fax, or in person?	SHAREBP	Do not read: 1 Telephone 2 Other methods such as email, internet portal, or fax, or 3 In person Do not read: 4 Do not share information 7 Don't know / Not sure 9 Refused			361

Module 19: Caregiver

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M19.01	During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?	CAREGIV1	1 Yes		If caregiving recipient has died in the past 30 days, code 8 and say: I'm so sorry to hear of your loss	370
			2 No	Go to M19.09		
			7 Don't know/Not sure			
			8 Caregiving recipient died in past 30 days	Go to next module		
			9 Refused	Go to M19.09		
M19.02	What is his or her relationship to you?	CRGVREL3	01 Mother 02 Father 03 Mother-in-law 04 Father-in-law 05 Child 06 Husband 07 Wife 08 Live-in partner 09 Brother or brother-in-law 10 Sister or sister-in-law 11 Grandmother 12 Grandfather 13 Grandchild 14 Other relative 15 Non-relative/ Family friend 77 Don't know/Not sure 99 Refused		If more than one person, say: Please refer to the person to whom you are giving the most care.	371-372
M19.03	For how long have you provided care for that person?	CRGVLNG1	Read if necessary: 1 Less than 30 days 2 1 month to less than 6 months			373

			<p>3 6 months to less than 2 years</p> <p>4 2 years to less than 5 years</p> <p>5 More than 5 years</p> <p>Do not read:</p> <p>7 Don't Know/ Not Sure</p> <p>9 Refused</p>			
M19.04	In an average week, how many hours do you provide care or assistance?	CRGVHRS1	<p>Read if necessary:</p> <p>1 Up to 8 hours per week</p> <p>2 9 to 19 hours per week</p> <p>3 20 to 39 hours per week</p> <p>4 40 hours or more</p> <p>Do not read:</p> <p>7 Don't know/Not sure</p> <p>9 Refused</p>			374
M19.05	What is the main health problem, long-term illness, or disability that the person you care for has?	CRGVPRB3	<p>01 Arthritis/ rheumatism</p> <p>02 Asthma</p> <p>03 Cancer</p> <p>04 Chronic respiratory conditions such as emphysema or COPD</p> <p>05 Alzheimer's disease, dementia or other cognitive impairment disorder</p> <p>06 Developmental disabilities such as autism, Down's Syndrome, and spina bifida</p> <p>07 Diabetes</p> <p>08 Heart disease, hypertension, stroke</p> <p>09 Human Immunodeficiency Virus Infection (H.I.V.)</p>	If M19.05 = 5 (Alzheimer's disease, dementia or other cognitive impairment disorder), go to M19.07. Otherwise, continue		375-376

			<p>10 Mental illnesses, such as anxiety, depression, or schizophrenia</p> <p>11 Other organ failure or diseases such as kidney or liver problems</p> <p>12 Substance abuse or addiction disorders</p> <p>13 Injuries, including broken bones</p> <p>14 Old age/ infirmity/frailty</p> <p>15 Other</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p>			
M19.06	Does the person you care for also have Alzheimer's disease, dementia or other cognitive impairment disorder?	CRGVALZD	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ Not sure</p> <p>9 Refused</p>			377
M19.07	In the past 30 days, did you provide care for this person by managing personal care such as giving medications, feeding, dressing, or bathing?	CRGVPER1	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			378
M19.08	In the past 30 days, did you provide care for this person by managing household tasks such as	CRGVHOU1	<p>1 Yes</p> <p>2 No</p> <p>7 Don't know/ not sure</p> <p>9 Refused</p>			379

	cleaning, managing money, or preparing meals?					
				If M19.01 = 1 or 8, go to next module		
M19.09	In the next 2 years, do you expect to provide care or assistance to a friend or family member who has a health problem or disability?	CRGVEXPT	1 Yes 2 No 7 Don't know/ not sure 9 Refused			380

Module 21: Marijuana Use

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
M21.01	During the past 30 days, on how many days did you use marijuana or cannabis?	MARIJAN1	_ _ 01-30 Number of days	Go to next module	If asked, participants should be advised NOT to include hemp-based CBD products.	394-395
			88 None 77 Don't know/not sure 99 Refused			
M21.02	During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually...	USEMRJN2	Read: 1 Smoke it (for example, in a joint, bong, pipe, or blunt). 2 Eat it (for example, in brownies, cakes, cookies, or candy) 3 Drink it (for example, in tea, cola, or alcohol) 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) 5 Dab it (for example, using a dabbing rig, knife, or dab pen), or		Select one. If respondent provides more than one say: Which way did you use it most often? Read parentheticals only if asked for more detail.	396

			6 Use it some other way. Do not read: 7 Don't know/not sure 9 Refused			
M21.03	When you used marijuana or cannabis during the past 30 days, was it usually:	RSNMRJN1	Read: 1 For medical reasons 2 For non-medical reasons or 3 For both medical and non-medical reasons. Do not read: 7 Don't know/Not sure 9 Refused			397

Module 22: Tobacco Cessation

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI Note	Interviewer Note (s)	Column(s)
				Ask if SMOKE100 = 1 and SMOKDAY2=3.		
M22.01	How long has it been since you last smoked a cigarette, even one or two puffs?	LASTSMK2	Read if necessary: 01 Within the past month (less than 1 month ago) 02 Within the past 3 months (1 month but less than 3 months ago) 03 Within the past 6 months (3 months but less than 6 months ago) 04 Within the past year (6 months but less than 1 year ago) 05 Within the past 5 years (1 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	Go to next module		398-399

				Ask if SMOKDAY2 = 1 or 2.		
M22.02	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	STOPSMK2	1 Yes 2 No 7 Don't know / Not sure 9 Refused			400

Delaware State-Added 1: The Preconception Health/Family Planning (2020, DE STATE-ADDED 3)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI NOTE	Interviewer Note (s)	Column(s)
INTRO SCREEN	<p>The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.</p> <p>Las siguientes preguntas son sobre sus pensamientos y experiencias con la planificación familiar. Por favor, recuerde que</p>			[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, IS PREGNANT (PREGNANT=1), Had a hysterectomy (HADHYST2=1) OR NOT A STATE RESIDENT (STATERE1=2) OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]		

	todas sus respuestas serán confidenciales					
DE1.1	<p>Did you or your partner do anything the last time you had sex to keep you from getting pregnant?</p> <p>La última vez que TUVIERON RELACIONES SEXUALES, ¿usted o su esposo/pareja hicieron algo para evitar un embarazo?</p>	DE1.1	<p>1 Yes 2 No 3 No partner/not sexually active 4 Same sex partner 5 Has had a hysterectomy 7 Don't know/Not sure 9 Refused</p>	<p>If DE1.1 = 2, 7, or 9, go to DE1.3.</p> <p>IF DE1.1 = 3, 4, or 5, go to DE1.4.</p>		901
DE1.2	<p>What did you or your partner do the last time to keep you from getting pregnant?</p> <p>La última vez que TUVIERON RELACIONES SEXUALES, ¿qué hicieron usted o su pareja para evitar un embarazo?</p>	DE1.2	<p>Read only if necessary: 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) 02 Male sterilization (vasectomy) 03 Contraceptive implant (ex. Implanon) 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) 05 Copper-bearing IUD (ex. ParaGard) 06 IUD, type unknown</p>	<p>If DE1.2 = 1 to 18, go to DE1.4.</p> <p>If DE1.2 = 77 or 99, go to next question DE1.3</p>	<p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR</p>	902-903

		<p>07 Shots (ex. Depo-Provera)</p> <p>08 Birth control pills, any kind</p> <p>09 Contraceptive patch (ex. Ortho Evra)</p> <p>10 Contraceptive ring (ex. NuvaRing)</p> <p>11 Male condoms</p> <p>12 Diaphragm, cervical cap, sponge</p> <p>13 Female condoms</p> <p>14 Not having sex at certain times (rhythm or natural family planning)</p> <p>15 Withdrawal (or pulling out)</p> <p>16 Foam, jelly, film, or cream</p> <p>17 Emergency contraception (morning after pill)</p> <p>18 Other method</p> <p>Do not read:</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 Esterilización femenina (p. ej., ligadura de trompas, Essure, Adiana)</p> <p>02 Esterilización masculina (vasectomía)</p> <p>03 Implante anticonceptivo (p. ej., Implanon)</p> <p>04 DIU de Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) u DIU hormonal (p. ej., Mirena)</p> <p>05 DIU de alambre de cobre (p. ej., ParaGard)</p>		<p>MALE CONDOMS.”</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN “IUD” PROBE TO DETERMINE IF “LEVONORGESTREL IUD” OR “COPPER-BEARING IUD.”</p> <p>INTERVIEWER NOTE: IF RESPONDENT REPORTS “OTHER METHOD,” ASK RESPONDENT TO “PLEASE BE SPECIFIC” AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p>	
--	--	--	--	---	--

			<p>06 DIU, de tipo desconocido</p> <p>07 Inyecciones (p. ej., Depo-Provera)</p> <p>08 Pastillas anticonceptivas de cualquier tipo</p> <p>09 Parche anticonceptivo (p. ej., Ortho Evra)</p> <p>10 Anillo anticonceptivo (p. ej., NuvaRing)</p> <p>11 Condones para hombres</p> <p>12 Diafragma, capuchón cervical, esponja</p> <p>13 Condones para mujeres</p> <p>14 No tiene relaciones sexuales en ciertos días (método de ritmo o método anticonceptivo natural)</p> <p>15 Retiro antes de la eyaculación (eyacula afuera)</p> <p>16 Espuma, gel, película o crema anticonceptiva</p> <p>17 Anticonceptivos de emergencia (pastilla de la "mañana siguiente")</p> <p>18 Otro método</p>			
DE1.3	Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able	DE1.3	<p>Read only if necessary:</p> <p>01 You didn't think you were going to have sex/no regular partner</p> <p>02 You just didn't think about it</p> <p>03 Don't care if you get pregnant</p> <p>04 You want a pregnancy</p>		<p>INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER</p>	904-905

	<p>to pay for birth control, or not thinking that you can get pregnant.</p> <p>What was your main reason for not doing anything the LAST TIME YOU HAD SEX to keep you from getting pregnant?</p> <p>Algunoas de las razones que pudo haber tenido para no evitar un embarazo la última vez que tuv relaciones sexuales pueden ser: desear un embarazo, no tener dinero para comprar un método anticonceptiv o o no pensar que puede quedar embarazada.</p> <p>LA ÚLTIMA VEZ QUE TUVO RELACIONES SEXUALES, ¿cuál fue la razón principal por la que usted no hizo nada</p>		<p>05 You or your partner don't want to use birth control</p> <p>06 You or your partner don't like birth control/side effects</p> <p>07 You couldn't pay for birth control</p> <p>08 You had a problem getting birth control when you needed it</p> <p>09 Religious reasons</p> <p>10 Lapse in use of a method</p> <p>11 Don't think you or your partner can get pregnant (infertile or too old)</p> <p>12 You had tubes tied (sterilization)</p> <p>13 You had a hysterectomy</p> <p>14 Your partner had a vasectomy (sterilization)</p> <p>15 You are currently breast-feeding</p> <p>16 You just had a baby/postpartum</p> <p>17 You are pregnant now</p> <p>18 Same sex partner</p> <p>19 Other reasons</p> <p>77 Don't know/Not sure</p> <p>99 Refused</p> <p>01 No pensaba que iba a tener una relación sexual/no tiene una pareja fija</p> <p>02 Simplemente no lo pensó</p> <p>03 No le importaba si quedaba embarazada</p>		<p>CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.</p>	
--	--	--	---	--	---	--

	para evitar un embarazo?	<p>04 Quería quedar embarazada</p> <p>05 Usted o su pareja no quieren usar métodos anticonceptivos</p> <p>06 A usted o a su pareja no les gustan los métodos anticonceptivos o sus efectos secundarios</p> <p>07 No tenía dinero para comprar un método anticonceptivo</p> <p>08 Tuvo un problemas para conseguir un método anticonceptivo cuando lo necesitaba</p> <p>09 Razones religiosas</p> <p>10 Interrumpió brevemente el uso de un método anticonceptivo</p> <p>11 No cree que usted o su pareja puedan tener hijos (infértil o edad avanzada)</p> <p>12 Tenía las trompas ligadas (esterilización)</p> <p>13 Le hicieron una histerectomía</p> <p>14 A su pareja le hicieron una vasectomía (esterilización)</p> <p>15 Está amamantando actualmente</p> <p>16 Acababa de tener un bebé/posparto</p> <p>17 Está embarazada ahora</p> <p>18 Su pareja es del mismo sexo</p> <p>19 Otra razón</p>			
--	--------------------------	---	--	--	--

<p>DE1.4</p>	<p>How do you feel about having a child now or sometime in the future? Would you say...</p> <p>¿Cómo se siente acerca de tener un hijo ahora o en algún momento en el futuro? Diría que...</p>	<p>DE1.4</p>	<p>Please read:</p> <p>01 You don't want to have one 02 You do want to have one, less than 12 months from now 03 You do want to have one, between 12 months & less than 2 years from now 04 You do want to have one, between 2 years to less than 5 years from now 05 You do want to have one, five or more years from now 06 You do want to have one, but you are not sure when 07 Unable to have children/hysterectomy Do Not Read 77 Don't Know/Not Sure 99 Refused</p> <p>01 No quieres tener uno 02 Desea tener uno, en menos de 12 meses a partir de ahora 03 Desea tener uno, entre 12 meses y menos de 2 años a partir de ahora 04 Desea tener uno, entre 2 años y menos de 5 años a partir de ahora 05 Desea tener uno, cinco o más años a partir de ahora 06 Desea tener uno, pero no está seguro de cuándo</p>			<p>906-907</p>
---------------------	--	--------------	---	--	--	----------------

			07 No puede tener hijos / histerectomía			
--	--	--	---	--	--	--

Delaware State-Added 2: Food Insecurity (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI NOTE	Interviewer Note (s)	Column(s)
DE2.1	Within the past 12 months, how often did you worry whether your food would run out before you got money to buy more?	DE2.1	Please read 1 Often 2 Sometimes 3 Never 7 Don't know/Not sure 9 Refused	If DE 2.1 = 1 or 2, go to next question. If not, go to DE2.3.		908
DE2.2	Was it because of COVID?	DE2.2	1 Yes 2 No 7 Don't know/Not sure 9 Refused			909
DE2.3	Within the past 12 months, how often did the food you buy not last and you didn't have money to get more?	DE2.3	Please read 1 Often 2 Sometimes 3 Never 7 Don't know/Not sure 9 Refused	If DE 2.3 = 1 or 2, go to next question. If not, go to next section.	.	910
DE2.4	Was it because of COVID?	DE2.4	1 Yes 2 No 7 Don't know/Not sure 9 Refused			911

Delaware State-Added 3: COVID-19 (NEW)

Question Number	Question text	Variable names	Responses (DO NOT READ UNLESS OTHERWISE NOTED)	SKIP INFO/ CATI NOTE	Interviewer Note (s)	Column(s)
DE3.1a	Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus? Washing your hands more frequently in general?	DE3.1a	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			912
DE3.1b	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Use more disinfectants, such as hand sanitizers and cloth wipes?	DE3.1b	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			913
DE3.1c	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid shaking hands with others?	DE3.1c	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			914
DE3.1d	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Wear a face mask?	DE3.1d	1 Yes 2 No 7 Don't know/ Not sure 9 Refused			915
DE3.1e	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid touching your face?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1e			916

DE3.1f	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid crowds and public events?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1f			917
DE3.1g	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid friends and neighbors?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1g			918
DE3.1h	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Staying six feet from others?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1h			919
DE3.1i	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoiding bars and restaurants?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1i			920
DE3.1j	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid most retail stores?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1j			921
DE3.1k	(Which of the following actions, if any, are you currently taking to protect yourself from the coronavirus?) Avoid most public transportation?	1 Yes 2 No 7 Don't know/ Not sure 9 Refused	DE3.1k			922

DE3.2a	Social distancing, also called “physical distancing”, means keeping space between yourself and other people outside of your home. To practice social or physical distancing you must stay at least 6 feet (2 meters) from other people, do not gather in groups, stay out of crowded places and avoid mass gatherings. Are you following the guidelines of social distancing at home?	1 Yes 2 No 3 Somewhat 7 Don’t know/ Not sure 9 Refused	DE3.2a			923
DE3.2b	(Are you following the guidelines of social distancing) At work?	1 Yes 2 No 3 Somewhat 5 N/A 7 Don’t know/ Not sure 9 Refused	DE3.2b			924
DE3.2c	(Are you following the guidelines of social distancing) In the community?	1 Yes 2 No 3 Somewhat 7 Don’t know/ Not sure 9 Refused	DE3.2c			925

Delaware State-Added 4: Adult Well Being Assessment (2020, DE STATE-ADDED 1)

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

<p>DE4.1</p>	<p>For the <i>first three questions</i> please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.</p> <p>Para las primeras tres preguntas, imagínese una escalera con pasos numerados desde cero en la parte inferior hasta diez en la parte superior. La parte superior de la escalera representa la mejor vida posible para usted y la parte inferior de la escalera representa la peor vida posible para usted.</p> <p>Indicate where on the ladder you feel you personally stand right now.</p> <p>Indique en qué lugar de la escalera se encuentra personalmente en este momento.</p>	<p>DE4.1</p>	<p>__ (0-10)</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>	<p>ASK IF STATERE1=1</p>		<p>926-927</p>
<p>DE4.2</p>	<p>On which step of the ladder do you think you will stand about five years from now?</p> <p>¿En qué paso numérico cree que estará dentro de cinco años?</p>	<p>DE4.2</p>	<p>__ (0-10)</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			<p>928-929</p>
<p>DE4.3</p>	<p>Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.</p>	<p>DE4.3</p>	<p>__ (0-10)</p> <p>Do not read: 77 Don't know / Not sure 99 Refused</p>			<p>930-931</p>

	<p>Ahora imagínese que la parte superior de la escalera representa <u>la mejor situación financiera para usted</u>, y la parte inferior de la escalera representa <u>la peor situación financiera para usted</u>. Por favor indique en qué lugar de la escalera se encuentra en este momento.</p>					
--	---	--	--	--	--	--

Closing Statement

Read

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